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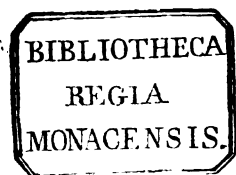
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## ZOONOMIA;

OR,

## THE LAW OF ANIMAL LIFE.

## A Lecture

DELIVERED AT

THE SMITHSONIAN INSTITUTE, WASHINGTON, D.C., U.S.,

ON MARCH THE 8TH, 1853.

By MARSHALL HALL, M.D., F.R.S., &amp;c.

GENTLEMEN,—I congratulate myself on the opportunity afforded me, by your kind invitation, to unfold a principle in physiology on which I have long meditated and experimented, and which I have ventured to designate the Law of Animal Life.

Many have been the attempts to define *life*. All have, I think, proved abortive. I shall not, in my turn, venture to attempt that in which so many have failed. My object will be rather to describe than to define.

Life, then, may be justly viewed as consisting in a comprehensive system of action and re-action;—of the action of certain physical and chemical influences, and the re-action of certain vital powers in organized beings.

Throughout the animal, and indeed the vegetable, kingdoms, the *primary* organic agents and re-agents are *pollen* and *ova*. Life first consists in the reciprocal action of these upon each other. Such is the very type and essence of life in its earliest dawn. Harvey said, *Omne vivum ab ovo*; he might, with equal truth, have said, *Omne vivum a polline*; and, with still greater truth, *Omne vivum a polline, et ovo*.

Each of them—the pollen, the ovum—was originally a *creation*. Their mutual and reciprocal action is a phenomenon which the Creator has impressed on this portion of His works as the *fact* of His will.

That this action is perfectly reciprocal is proved by the resemblance of the new being or offspring—be it animal or vegetable—to *both* parents. The event is at present as inscrutable in its nature and essence, as it is interesting to the physiologist and philosopher as a subject of observation and new inquiry.

Why this seed of the *Triticum Indicum*, or Indian corn, on which pollen has fallen, should, if planted in soil, and exposed to the genial influences of heat and moisture, become a noble and useful plant; and why this other, to which, from its mode of growth and treatment, no pollen has been allowed to have access, shall, under similar circumstances and influences undergo decay and decomposition, who can tell? Why *this* egg, which has been fertilized by pollen, should, under similar genial influences, become a bird, and eventually soar into the regions of the atmosphere; and why this other, unaffected by pollen, should pass into a state of putrefaction, who can declare? Who will attempt to explain why those “divine particule auree,” which exist in the form of pollen, can alone vivify these ova? Who can say *what* there is in these ova, and *what* there is in the appropriate pollen—for the two are *equally essential*—which develop growth, and form, and life?

Look at these ova and at these seeds. On *this* ovum, and on *this* seed, no pollen has ever been shed. They will, though placed in circumstances the most favourable for development, only pass the more readily into decay. But this other ovum, this other seed, on which pollen, life-giving pollen, has shed itself, will, under similar circumstances, germinate and pass into life, the whole subsequent being becoming expressly imbued with the equally inscrutable properties of the pollen, and of the ovum or seed.

What is the condition of this pollenized, this fructified ovum or seed, *before* active life begins? Is life in *abeyance*? Or is it in *actual existence*, only in its lowest and imperceptible form? Have eggs and seed a temperature of their own, above that of the medium in which they are placed? And what is

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the condition of this *offset* of an animal or animalcule, (as the planaria,) or of this plant? Both will continue to live independently of the original stem. Both may be multiplied and propagated by new and similar offsets. Both are, as I have stated, equally imbued with the properties of both the original pollen and ovum. All this is mysterious, inscrutable in its essence, constituting one of the arcana of organic nature, which may long, may for ever, be hidden from us.

But the *laws* of life, and those of the material and inorganic world, may be detected; and their detection and investigation are amongst the most legitimate, interesting, and important objects of philosophical inquiry. At present, I beg only to state, that whilst pollen places the ovum or seed under *vital* influences, its absence allows them to become the prey of mere physical or chemical agencies alone.

The further essential and distinctive characteristic of organized beings, that in which they differ from the objects of the inorganic world, is—*membrane*. Through this membrane, a special function of transition takes place, constituting endosmosis and exosmosis, or imbibition and exudation.

If this membrane be injured or broken down, the materials of organized beings are again immediately subtracted from the laws of organization, and delivered over to the ordinary principles of chemical action—decay or *ereimacausis*—from which that membrane had preserved them, whilst it placed them under the dominion or modification of vital influences. Examples of this fact are afforded by bruises of animal or vegetable tissues, which, if slight, are repaired by the vital powers; but if severe, lead to death or decay. How extraordinary are the changes which almost immediately take place in bruised flesh, or in a bruised orange or apple!

But I must hasten from these preliminary views, and pass on to the more express subject of this lecture. All living beings, from the serpent to the eagle, possess, in common, peculiar *dynamic* properties; in all, these properties respond to appropriate external and internal *stimuli*. On the reciprocal play, action and re-action, of these forces and agents, life, with all its varied phenomena, in all its varied forms, essentially depends.

These dynamics and these stimuli bear a relative proportion to each other. This proportion is *inverse*; the higher the dynamic, the lower the stimuli, and *vice versa*. Such is—the *Law of Animal Life*.

In the animal kingdom two forms of dynamics exist. The first has its seat in the nervous system, or, more definitely, in the spinal and ganglionic sub-systems: I venture to designate it by the term *neuro-dynamic*. The second has its seat in the muscular system; it may be designated *myo-dynamic*. The stimuli exist in greater numbers, for they consist in physical and chemical agents of the external world, such as air, food, water, heat, light, the galvanic influence, &c.

I must introduce the subject of the vital dynamics by showing those who are not familiar with physiology an experiment full of the deepest interest. I place before you a frog, prepared for the purpose; and you will observe how the most elevated principles of philosophy may be illustrated by what you may deem the humblest objects of creation. The physiologist knows and feels that his science, elevated as it is, is included in the most insignificant insect that lives—the caterpillar or the butterfly.

The nervous system consists in *three* sub-systems: the first is that of which the brain, or cerebrum, is the centre, and sensation and volition the special functions. I have removed this centre and these functions from this frog by removing the head, and with it, the very centre of the system, or sub-system, itself; the creature is thus entirely deprived of sensibility; the idea of suffering is excluded. It is also deprived of volition; all *spontaneous* movements are impossible.

Yet there is a source and power of movement remaining, for you observe the effect of irritation of the integument covering the toe or foot. This power resides in the spinal marrow, or spinal centre, and certain nerves proceeding to it and from it, termed therefore *eisodic* or in-going, and *exodic* or out-going. I have designated this power *neuro-dynamic*; it was formerly termed the *vis nervosa*; its English appellation would be *nerve-power*.

The nerves which proceed to the centre of this spinal system arise from the skin. I have removed the skin from the left foot, and you will observe that the same irritation which, applied to the right foot, induced contraction of the muscles, is inoperative when applied to this denuded limb; in effect, the origin of the eisodic nerve has been removed with the integument.

But I now irritate the spinal centre itself; you observe the convulsions produced.

Lastly, I irritate these, the lumbar nerves; they are exodic,

A

and proceed to the muscles; again the limbs are violently agitated by movements.

Here, then, are phenomena arising out of irritation of the nerves, *isodic* and *exodic*, and the centre of the spinal system. They attest the neuro-dynamic power of those several nervous tissues.

But there is still a third sub-system of the nervous system; it is termed the ganglionic, and it is connected with all that is *interior* or *within* us. I have here placed aside the viscera of the frog, and with them the ganglionic sub-system belonging to them—the heart, the stomach, the intestines, &c. If you were nearer you would see the heart pulsate, and the stomach and intestines move by what is termed peristaltic action. These phenomena are effected through the medium of the ganglionic portion of the nervous system in which the neuro-dynamic must also reside.

But besides the power residing in the nervous tissues, there is, as above stated, another dynamic. Its seat is the *muscular* tissue, for which reason it may be designated the *myo-dynamic*. You observe the effect of a very slight galvanic influence passed along this muscle; the muscle is immediately vigorously contracted. This is the *vis muscularis* of physiologists, the *muscle-power*.

These vital dynamics, and the physical and chemical stimuli to which I have alluded, bear an inverse ratio to each other. This is the case both primarily and secondarily—the first by creation; the second, by a natural operation and effect; for if stimulus be diminished, the dynamic becomes augmented; and if the stimulus be augmented, the dynamic becomes exhausted, and, in some degree, proportionately reduced, as natural events, causes and effects.

Thus the effect of hibernation, during which the stimuli of air, food, temperature, and nutrition are reduced to their minimum, is to lead to augmented dynamic and excitability, and to what may very appropriately be designated *vernation*, or the activity of spring; whilst the effect of the augmented stimulus in the summer months, that is, of augmented air, food, temperature, and nutrition, is to exhaust or lessen the dynamic of nervous and muscular fibre, however they may augment general activity and power of mass, and prepare the way for the next winter sleep.

By creation and the operation of natural causes, then, the *inverse ratio* between dynamic and stimulus, in animated creation, is—the *Law of Life*.

The attempt to invert this law in either direction, and *equally* in either direction, is to destroy life. Unduly to augment the stimulus when the dynamic is high, or unduly to diminish the stimulus when the dynamic is low, is equally to interrupt the vital actions.

I will again illustrate my subject by a reference to the interesting case of hibernation:—If you take a bat from its winter quarters, from its state of hibernation, in which its respiration is at the minimum, and its dynamic at the maximum, and make it fly about, and so augment the vital stimulus of respiration, it infallibly *dies*! If, on the other hand, you take the same creature in its condition of summer activity, and of high respiration and low dynamic, and deprive it of air by immersion in water, or in an irrespirable gas, it dies too. Invert in either way the inverse ratio of dynamic and stimulus, and the result is fatal.

Low dynamic requires high stimulus; high dynamic, low stimulus. The higher the dynamic, the more capable is the animal of the further abstraction of stimulus, and *vice versa*. If, instead of taking a bat from its summer activity, you take it in its state of hibernation, and now immerse it in water for ten minutes, or even longer, it is altogether uninjured. The bat, taken in its state of activity, and submerged in water, dies in two minutes and a half.

Thus, the hibernating animal dies if its respiration be augmented, whilst it can bear its suspension; the same animal, in its state of vernation, or of activity, can bear its respiration to be augmented, but dies speedily if it be suspended!

I will illustrate this view by another order of facts:—The tadpole of the frog breathes in water, and feeds on water-plants; the same tadpole, become a frog, breathes in atmospheric air, and feeds on insects. It has become a higher breather—a higher feeder. In the former state, the dynamic, in the latter, the stimulus, is comparatively greater. The tadpole would die if taken out of its element, the water; the young frog would drown if compelled to remain in it!

These facts are the results of innumerable experiments. I shall take occasion to revert to them hereafter.

Besides being *inverse*, to which there is no exception, the ratio between dynamic and stimulus may be higher or lower. It is in this manner that we are enabled to explain the *modes*

of life. As life in general is a result of stimulus *into* dynamics, we should, without a provision of this kind, see all animals *equally* active or inactive. Either the reptile would not creep slowly, or the bird tribe would not soar into the atmosphere. But we observe, in fact, that when the stimulus is *disproportionately* low, the animal is of low activity; and that when it is *disproportionately* high, the animal is in the enjoyment of an intense degree of activity.

Throughout animated nature, as I have already stated, in all the varied forms and modes of life, from the eagle to the serpent, the dynamic and the stimuli are in an inverse ratio to each other. Such, as I have observed and repeated, is the Law of Life. In the bird tribes the quantity of air and food imbibed is extreme, the degree of dynamic very low; in the reptile tribes the quantity of stimulus is low, and the degree of dynamic high.

The following formulæ may serve to express this general fact:—

Stimulus	...	8	...	4	...	2	...	1
Dynamic	...	1	...	2	...	4	...	8

The degree of activity, or of inactivity, in all these cases may be supposed to remain the same; but to explain the greater activity of the bird, and the inactivity of the reptile, a modification of the formula is required, which may be thus expressed:—

Stimulus	...	1	...	2+2	...	4+8	...	8+24
Dynamic	...	8	...	4	...	2	...	1

In this manner, whilst the inverse ratio between the stimulus and the dynamic, generally speaking, remains, that of the former may *augment* more rapidly, as we pass into the more active forms of living beings, than that of the latter *diminishes*; and thus the bird and the insect fly, whilst the reptile and caterpillar creep. With higher stimulus, the animal becomes more bird-like; with lower stimulus, it becomes more reptile.

With augmented air and food, other organs, besides those of respiration and digestion, become stimulated to greater action. There is especially a correlation between the rapidity of the action of the heart and of the acts of respiration, arising in a peculiar and reciprocal manner out of the play of stimulus and of the neuro-dynamic, which resides in the spinal and ganglionic sub-systems and the myo-dynamic in the muscles which are respectively under their dominion, and out of the law which binds them together, which deserves to be distinctly described. The blood flowing through the lungs exhales carbonic acid; this is the internal excitator of inspiration acting on the fine branches of the pneumogastric nerves spread over the lining membrane of the lungs; the more rapid the circulation, the greater the quantity of carbonic acid exhaled, and consequently the more rapid the respiration. But this respiration brings the oxygen of the atmosphere into contact with the pneumonic blood in its turn, through the same pulmonary membrane; this oxygen is absorbed by the blood, passes into the circulation, and stimulates the heart to augmented action, and augments the rapidity of the circulation. This last induces, in its turn, a greater exhalation of carbonic acid in the lungs, again augmenting respiration, &c. In proportion to the augmented stimulus the dynamic is diminished.

The *changes* which take place in regard to the ratio of dynamic and stimulus are of two kinds:—1, *Structural*; 2, *Physiological*. The former, in metamorphosis, is usually, if not always, upwards, to a state of higher activity,—and to a state of higher stimulus with diminished dynamic; the latter takes place in both directions, being to one of higher stimulus in vernation, and to one of higher dynamic in hibernation. Activity on the one hand, and repose, and especially sleep, on the other, induces similar, though less-marked, effects.

I think I have said enough to convince you, gentlemen, that there is, in this Law of Life, a most interesting and important fact—a vast generalization. This generalization embraces three great objects—1, The scale of animated being; 2, The metamorphosis, and, perhaps, mere development; 3, Physiological changes. I know of no law so general, so expansive.

I may now observe that it is of deep interest to trace the *criteria* of the ratio between dynamic and stimulus.

1. Galvanism is a test of neuro- and myo-dynamic, just as nerve and muscle in the animal in which these dynamics are high—as the frog—become galvanoscopic, or a test of galvanism.

2. In the animal in which the stimulus is high, the temperature, and its measurer, the thermometer, become a test of its degree, and of course of the inverse condition of the dynamic.

3. The degree of activity, or of inactivity, denotes the relative condition of the two elements of the Law of Life.

4. It has already been noticed, that, in proportion to the dynamic, and in the inverse proportion to the stimulus, the animal possesses the power of bearing the subtraction of stimulus, the privation of air and of food; and is, in more senses than one, endowed with *tenacity of life*.

The length of time during which an animal can bear the privation of air, or breathe a given limited quantity of air, is proportionate to the dynamic.

5. The quantity of respiration affords a measure of the stimulus. This is ascertained in various ways—1, By the structure and extent of the *lungs*; 2, By the number of the respirations; 3, By the quantity of oxygen imbibed, and of carbonic acid exhaled.

In proportion to the *surface* of the lungs on which the methamorous or blood-changing channels are spread, in proportion therefore to the complexity of the structure of the lungs is the quantity of respiration. The fish has a mere gill; the batrachian has a vesicular lung, with or without subdivisions or intersections, as we observe in the triton, or in the frog or toad respectively; the lung of the serpent, the tortoise, the tribes of the mammalia, and of the birds, becomes more and more complex and extended; in the insect and in the bird, the respiration is extended over the system, not being limited to one organ; in the insect, indeed, each articulate segment is furnished with an analogue of the medulla oblongata, as a central nervous organ of the respiration. The dynamic exists in an inverse proportion.

6. The quantity of food assimilated or respired is a stimulus in itself, and in its proportion to respiration becomes a measure and criterion of the degree of dynamic inversely. In speaking of the quantity of stimulus, as represented by the food, we must also bear in mind the quality as well as the quantity of that food, and its convertibility into calorific and nutrient principles. *Insect* food is, perhaps, of all kinds of food, the most stimulant, whilst vegetable food is the least so. It must also be a question how much of the food is really made available, and how much is excreted, unrespired, unassimilated.

7. We have in the circulation a criterion of the kind and character of life; slow and with methamorous vessels in the animal of low stimulus and high dynamic, it becomes quicker with more crowded vessels as the stimulus is greater. The structure of the lung and the degree of rapidity of the movement of the blood-globules must be carefully noted; as the former becomes more complicated and the latter augmented, the quantity of stimulus is higher, and, I need scarcely say, the degree of dynamic lower.

There is, indeed, no subject so replete with interest as the *circulatory apparatus*—*pneumonic and systemic*—in themselves, in the different orders of animated beings, and in reference to the Law of Life. The entire apparatus consists of—1, The minute arteries; 2, The minute veins; and 3, The intermediate blood channels, or, as I have proposed to denominate them—from the important fact that all the changes which take place in the blood take place in them—the methamorous, or blood-changing, channels. These vessels are specifically distinct, a distinction on which I have insisted on another occasion.

I must now, gentlemen, in the last place, bring before you certain results of that Law of Life which I have thus very inadequately sketched. In doing this, I shall be compelled to repeat some of the preceding remarks; but I prefer this to the alternative of leaving my sketch incomplete.

The first remark I have to make in regard to the results of the Law of Life, relates to the temperature of animals of high dynamic and of low respiration, and consequently of low temperature. Such animals are said to be of *cold blood*. This expression is inaccurate; no animal is positively of cold blood. The species of lowest temperature is still of a temperature higher than that which would subsist absolutely without respiration, and its blood is only *low* in temperature, without being as cold as the surrounding medium.

Even amongst fishes, some are high, others low, feeders and breathers, with a corresponding temperature. The trout can only live at the surface of a limpid stream, breathing highly oxygenated water, and feeding on the insects immediately on that surface; the carp, on the contrary, lives and breathes lowly, at the lowest parts of stagnant pools. The trout is comparatively a fish of high stimulus—food and respiration—and temperature, and of low dynamic; the carp of high dynamic and low stimulus. The trout dies almost immediately if taken out of its crystal element; the carp will live for days in wet moss—that is, out of its own element, abundantly supplied with moisture, or in a limited portion of water ill supplied with mixed atmospheric air.

As we rise in the scale of animated beings, from the fish to

the reptile, from this to the mammalia; and from these to birds, the respiration, and, with this, the temperature, also rises, the dynamic proportionately falling; the temperature of the fish and reptile is slightly above that of the medium in which they dwell respectively; that of the mammalia is about 98°; that of the bird tribes, about 102° Fahr.

The temperature accurately coincides with the quality and quantity of food, the quantity of respiration, and is, in effect, the development of an internal stimulus from stimulant ingesta.

With temperature, there is also, probably, the evolution of the galvanic agency.

The galvanic apparatus, the thermometer, the quantity of food, the quantity of oxygen, the power to bear the abstraction of these stimuli, or, in certain circumstances, their addition: all these are criteria of the place a given animal, in a given condition, ought to occupy in the zoological or physiological scale.

Growth, development, metamorphosis, nutrition, in ovo and extra ovum, are other results of the play of vital powers, dynamic and stimulus. With each of such changes in form, a change in kind of life, or a metabiosis, occurs.

Of these, hints have been dispersed in the preceding remarks. If I have succeeded in giving you, gentlemen, an adequate idea of them, and of the other topics involved in the development of the Law of Life, I shall feel much gratified. Pray accept my best thanks for your kind attention throughout this imperfect lecture.

Each part of my subject would afford scope for distinct discussion, and one object of my visit to the United States is to secure to myself both the leisure and the opportunity for further physiological inquiry in regard to it. In this object I know and feel that I shall be assisted by the liberal and generous people amongst whom it is my lot, for a time, to dwell, and by the noble and free institutions, the objects of which it may, as on the present occasion, be my proud privilege humbly to promote.

Of the Smithsonian Institute I can only most cordially say, may it prosper, and may it long be the means of the diffusion of knowledge, and of consequent good to mankind!

## LETTSONIAN LECTURES

ON *Medicine*.

DELIVERED BEFORE THE

MEDICAL SOCIETY OF LONDON,

DURING THE SESSION OF 1856-57.

BY THEOPHILUS THOMPSON, M.D., F.R.S.,

PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION.

### LECTURE I.

#### ON PULMONARY CONSUMPTION AS A LOCAL DISEASE.

*Minute anatomy of the lungs. Seat and nature of tubercle. Three varieties of hæmoptysis, and their causes. Relation of tubercle to epithelium. Changes in the expectoration detected by the microscope assisting the diagnosis, and indicating the progress of pulmonary disease. The spirometer.*

MR. PRESIDENT,—The science of medicine is broad—the mind of man is narrow. Rarely have I felt this truth more forcibly than while preparing to fulfil the honourable task with which this distinguished Society has entrusted me. In attempting to treat a special subject, I have continually found how the special becomes general in the laws which it illustrates; for every object spreads as it is scrutinized, and, as respects the structure of living beings, what is most minute in form seems greatest in the truths which it embodies. Many eminent men, on the continent and in this country, have, during the present century, devoted distinguished talents to the description and elucidation of the pathology of the lungs. It is not, however, my present intention to give an abstract of their views, but rather to invite your attention to the aid afforded in the investigation by the use of the microscope, and to show you that this instrument, by moving forward our station for



observation, seems to bring us nearer to the locality of those changes with which the primary processes of disease are connected.

The first anatomical characteristic of the lungs, connected with our inquiry, is their division into lobes, of the lobes into secondary lobes, and of these secondary lobes into lobules. To understand the structure of one of these lobules, is to understand the structure of the lungs. A lobule is wedge-shaped, it has an artery, nerve, and lymphatic vessel, entering at the small extremity of the wedge, and is composed of inter-cellular passages and air-vesicles. The inter-cellular passages appear cribriform from the openings of the cells. These cells communicate with one another, but not with the cells of contiguous lobules.

The changes in the anatomical conformation of the bronchial tubes, as they ramify in the respiratory organ, demand notice. A bronchus has five important laminae—first, a mucous membrane; secondly, a longitudinal layer of elastic tissue; thirdly, a layer of cartilaginous flakes; fourthly, circular muscular fibres; fifthly, areolar tissue. As a bronchial tube enters a lobule, it drops the cartilaginous flakes; in the inter-cellular passages, the muscular fibres disappear, but the elastic tissue is continued, to form the circumference of the cells.

The mucous membrane is divisible into three portions—namely, the epithelium, the basement membrane, and the areolar coat. The epithelium is again divisible into three layers—namely, the ciliated, the nucleated, and the non-nucleated, the first of which is not to be detected in the pulmonary vesicles.

The importance of these particulars, minute as they may appear, will become obvious as we proceed.

The hazy appearance produced by the tubercular deposit gradually filling the pulmonary vesicles, is well portrayed by Dr. William Addison.\* A successful injection of tubercular lungs assists us to determine the situation of the deposit. Mr. Rainey was in this way enabled to give an instructive delineation of the appearances presented by such deposit, and to show that the tubercular matter, being poured into the interior of the air-cells, the septa of contiguous cells are compressed, the vessels being thus gradually obliterated, and the supply of blood cut off. Imperfect examination of the vascular connexion of tubercle with the surrounding air-cells, led some pathologists into the mistake of supposing the deposit to be vascular. The vessels which appear are, however, only portions of plexuses which have been partially absorbed, for they are evidently arcs of circles, of the same radius as the plexuses between the air-cells. The natural appearances of the vessels close to the tubercular deposit, and in the cells, which are partially infiltrated, as compared with the tortuous state of vessels passing to air-cells filled with fibrine, in consequence of inflammation, while it supplies us with a reason for maintaining that the accumulation of the deposit by which the vessels are obliterated is effected gradually, at the same time furnishes evidence for the existence of a difference in essential character between pneumonia and phthisis.

A further contrast might be suggested between the appearance of the vessels in the neighbourhood of tubercle and that of the small vessels of an emphysematous portion of lung. The vessels which remain in an emphysematous portion of lung are hypertrophied; so that, although, making allowance for obliterated vessels, the quantity of blood circulating in an emphysematous lobule may not be reduced, much of the blood is not accessible to the aerating influence.

There has been, from time to time, considerable difference of opinion regarding the cause of hæmoptysis. There are, probably, three separate causes capable of producing this symptom. The dots and streaks of blood observed in the expectoration at an early period, when phthisis is only apprehended, may sometimes depend on deterioration of some of the extreme vessels of the lungs. The profuse and even fatal hæmorrhage now and then, although rarely, occurring, may be induced by yielding of considerable vessels in cavities, the infrequency of such an event being attributable to the fact, that arteries are inapt to ulcerate, and are usually fortified by extraneous deposit. The ordinary and average hæmoptysis occurring as a symptom of consumption may probably be referred to obliteration of vessels in the way above described—namely, by the pressure of tubercular deposit occasioning the blood to exude or overflow into the neighbouring bronchi. It is easy to understand that such deposit, by impairing the elasticity of the pulmonary vesicles, and thus rendering expiration less natural and easy, may occasion the prolonged expiratory murmur which, in the absence

of bronchial or other obstruction, is so significant a sign of the existence of tubercular affection.

If a portion of a lobule, such as is represented in Rainey's plate, be submitted to a high magnifying power, you will find the material with which the vesicles are permeated to consist in a great degree of cells differing from any which can be detected in the healthy lung. In the accompanying diagram from Schroeder van der Kolk, (the object being mag-

FIG. 1.



nified 420 diameters,) you observe the margin of some of the air vesicles exhibiting ordinary epithelial cells (*d*); in other vesicles you observe cells darker in tint, swollen, and spherical; and in the parts most involved in disease, these cells are still further enlarged and misshaped (*b*), also Fig. 2 (*d*), even shrivelled or burst, and setting free nuclei, as seen in Fig. 2 (*b*);

FIG. 2.



elastic fibres, pus cells, pigment cells, calcareous matter, and cholesterine are also frequently associated. The nuclei of tubercle cells are obvious, without the addition of acetic acid; they abound in fat granules, and possess a granular envelop. It is evident that this deposit is substituted for the under layers of epithelium, being an abortive, but hasty, production from the material which should form healthy granular corpuscles. The corpuscles of Lebert are probably enlarged nuclei of the morbid cells.

For the elucidation of this subject, a few remarks may be desirable, respecting cell formation. The proper material of any part of the body is not formed directly of exudation from the blood, but it requires the intervention of minute bodies, varying in size, but averaging about the 200th part of an inch in diameter, endowed by virtue of their vitality with a power of separating from the fluids the materials for their own proper growth, and also supplying the elements necessary for maintaining the structure and function of the organ in which they are placed; in one part, for example, supplying bile, in another mucus, in another fat. Whether granules of the same original character, carried over the frame, under the nervous or other influences of each part, adopt an office suited to the necessities of such part, or whether the blood is charged with myriads of granules of every variety, which, finding respectively their proper nidus, assume their pre-arranged office, science cannot yet inform us, and the subject is one which we can only regard with the wonder of broken knowledge. In reference to this subject, I cannot deny myself the pleasure of quoting a passage from Pascal, who, two centuries since, looking forward with the glance of genius, seeming to see what we are only beginning to discover, expressed the sentiments I now repeat:—"Show me, in a minute animal, a limb, in that limb a joint, in that joint a vessel, in that vessel blood, in that blood humours; in those humours I will show you wonder within wonder, which shall make you feel that man, whom before you regarded as a point almost invisible in the universe, is himself an universe compared with the minuteness to which you cannot reach."

\* On Healthy and Diseased Structure. London, 1849. Plate IV.

† Transactions of the Royal Medical and Chirurgical Society. 1845. Plate V., Fig. 4.

In the formation of epithelial cells we may trace three stages—first, that in which a granular nucleus is apparent; secondly, that in which a vesicle takes the place of the granular nucleus; and, thirdly, the period of decay. It would seem to be at the time when the albuminous element gains on that of the fatty or granular, that the first discoverable indications of phthisical deterioration occur; but whether the cell-granule is from its first formation faulty, or whether any influence arises subsequently to check its healthy progress, we cannot at present determine.

Let me proceed to a department of the inquiry regarding which more definite information can be obtained. You will presently perceive the grounds of transition to the subject of expectoration.

As respects the progress of consumption, the principal appearances of the expectoration may be described under three divisions:—

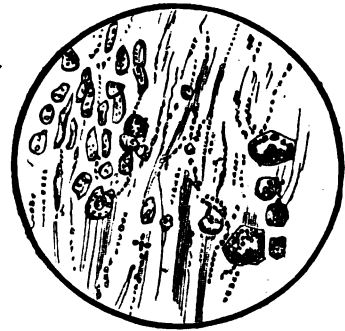
1. Frothy, characterizing irritation, which, however, may be produced by various causes, besides the presence of tubercular deposit in the cells.
2. Gelatinous. This variety is transparent, resembling a drop of isinglass; not stringy. It is indicative of a chronic form of irritation, unlike that from bronchitis or pneumonia, and is usually tubercular.
3. The purulent, of which there are three marked varieties:—
  - (a) Simple purulent.
  - (b) Flocculent; characteristic of secretion from a vomica, modified by absorption of the thinner constituents; very rarely occurring from any other cause.
  - (c) Non-coherent. This is thick, scanty, rather firmer than common pus; sometimes brought up without cough; often accompanied with slight hæmoptysis. It indicates a chronic form of tubercular affection, in which the diseased action is checked.

Can we, by the aid of the microscope, obtain more definite and positive information regarding these different kinds of expectoration? Microscopical observers have hitherto given us little encouragement in this attempt. Rainey concludes his paper on the minute structure of the lungs with the remark, that the expectoration in the phthisical "most probably is not to be distinguished from that in ordinary bronchitis." He adds, "It will be only during the breaking up of a tubercle that matter truly tuberculous will be expectorated; and this, I believe, can be recognised with certainty by no other character than its containing fragments of the membrane of the air-cells." Dr. William Addison, in an interesting work,\* published only five years since, observed—"Great attention used formerly to be paid to the expectoration, with a view to determine whether it was pus and came from a cavity in the lung, or whether it was only mucus from the air-tubes. More recently, it has been supposed that a microscopical examination would determine the point. But it is now known that the inquiry is useless, mucus and pus being only varieties of the excretion natural to all mucous or granulation fabrics." Only last year, I published a discouraging opinion† as respects the prospect of deriving any practical advantage from this application of the microscope. Since that time, however, I have been induced to change that opinion, and I now hope to show that, with careful attention, the microscope will afford definite and conclusive information regarding the disease in its progress, and open views of peculiar interest respecting its origin.

Frothy expectoration contains stringy mucus and the outer layer of epithelium, cilia being often observable. A gentleman whom I visited a few weeks since with Dr. Crosse, was affected with obstinate cough. There was some hereditary tendency to consumption; his aspect was rather unpromising, and there was dull percussion in the right subscapular region. It was doubtful whether this dull percussion depended on tubercular consolidation; but the absence of any tubercular element in the purely bronchial frothy sputum, when microscopically examined, encouraged us to give a favourable prognosis, which has happily been confirmed by the successful issue of the case.

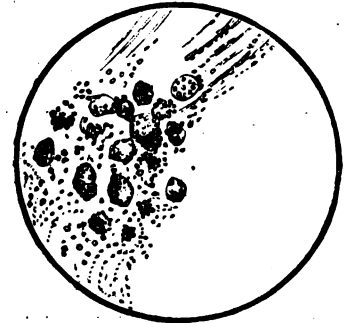
The second variety—namely, the gelatinous, is transparent, not stringy, and resists pressure between the glasses of the microscope. It contains granules, molecules, not aggregated, cells partly devoid of granules, and oil globules. (See Fig. 3.)

FIG. 3.



A more advanced stage is seen in Fig. 4.

FIG. 4.



Of the third kind—namely, the purulent—the flocculent is so characteristic of phthisis, that from its external appearances alone we may almost venture on a diagnosis. Under the microscope, the correctness of this opinion is usually established by the appearance, mixed with pus corpuscles, of the unmistakable shrivelled cells, granules, molecules, and oil globules, (see Fig. 5,) not unfrequently also of the curled elastic tissue surrounding the pulmonary vesicles.

FIG. 5.



FIG. 6.\*



Let me give you, however, a proof that exceptions to the general rule regarding flocculent expectoration may occur, particularly as it affords an instance of the advantage of microscopical investigation. I was recently attending with Mr. Clayton, a patient above sixty years of age, with emaciation, rapid pulse, and gurgling voice and cough near the apex of the right lung. The expectoration had the woolly aspect so often indicative of phthisis. The microscope, however, failing to exhibit shrivelled cells, I ventured on the diagnosis of dilated bronchial tube, and the course of the malady is confirming the accuracy of the suggestion.

The simple purulent expectoration, if derived from a vomica, usually contains curled elastic tissue of the lungs, as well as other characteristic manifestations of tubercular formation.

Dr. Hart Vinen, a fellow of this Society, lately requested me to see with him a young lady who had suddenly coughed up a pint and a half of pus. She was too weak to be moved, and there were other difficulties in the way of examination; but on placing the hand beneath her chest, vocal vibration

\* On Healthy and Diseased Structure, p. 169.

† Clinical Lectures on Pulmonary Consumption, p. 49.

\* Fig. 6 represents the same after the application of acetic acid.

could be felt on the right side, near the scapula, more marked than natural. This, and other circumstances, were opposed to the idea of pleuritic effusion, and the question of vomica had to be considered. The pus, which was more coherent than in ordinary abscess, contained no elastic tissue, and very few misshaped shells or loose granules. The conclusion formed was, that there was no pulmonary abscess, probably no vomica, but possibly bronchial affection, connected with suppuration in a bronchial gland. The expectoration lessened, the patient's strength improved, and when she was once more able to sit up, we detected dull percussion over the region of the bronchial glands, with pleuritic friction-sound in the neighbourhood.

The non-coherent variety of pus contains shrivelled cells and angular earthy deposit, sometimes also cholesterine.

On comparing the diagrams of the appearance of the sputum with those on a somewhat larger scale, given by Schroeder van der Kolk, (see page 4,) of the altered cells in tubercular portions of lung, I think you will be impressed with the correspondence, and agree with me, that the history of the disease in progress is told by the microscopical appearances. In the expectoration, as depicted in the diagrams before you, it is not merely pus and mucus that you see, but cells, which should have formed healthy epithelium, hastily developed, overgrown, losing their vitality, shrivelling or bursting, and parting with their granules. The rapidity of the disease bearing a proportion to the number of the fat globules and of bursting cells, you derive aid of considerable importance in prognosis as well as diagnosis.

Is there not, then, a new field opening for the profitable application of microscopical inquiry? As in the examination of the urine—a department of science so well cultivated by our esteemed member, Dr. George Johnson, and others—the fibrinous tube casts, when charged with blood or pus corpuscles, indicate activity of disease; or, casts assuming the waxy character, usually give definite grounds for the conclusion that chronic decay is in progress; so, by examination of the sputum, we may come to determine not only the nature but the activity of pulmonary disease.

Dr. Andrew Clark, to whom I am indebted for the graphic delineations from which my diagrams are enlarged, and for suggesting, as I believe, the true course for investigation in

this department of inquiry, will, I hope, pursue the subject, and hereafter bring before the profession more liquid information than I am able to convey.

Passing from indications of the nature of the disease, let us consider a method which has been proposed, and extensively employed, with a view to measure the amount. By means of an instrument constructed on the principle of the gasometer, the quantity of air thrown out of the lungs by forced expiration, (after full inspiration,) as tested by this instrument, is termed by Dr. Hutchinson the vital capacity. The occlusion of cells by the intrusion of tubercular deposit may be expected, in a proportion corresponding to its amount, to lessen the vital capacity; and this expectation, with certain qualifications, is realized. One of the most important of these qualifications respects the height of the patient. This influence of height is not dependent on the altered size of the chest, for diversities of height are far more dependent on the length of the limbs than of the spinal column. Extreme instances are often useful for the illustration of a rule, and, under this idea, Dr. Hutchinson gives an interesting example, in which a man only four feet four and a half inches high really sat a quarter of an inch higher than a man five feet nine inches and a half in height, having nevertheless a vital capacity eighty-four inches less than that of the tall man. Such a result is nearly in correspondence with extended observation, the vital capacity being found in healthy individuals to be on an average greater by eight inches for every inch in height. How is this unexpected result to be explained? A clue to the explanation may, I think, be supplied by the consideration that, the office of the lungs being to modify the blood of the whole body, there must be a proportion between the pulmonary and the systemic circulation, and a harmony between the extent of pulmonary cells and of the vessels which they serve.

It occurred to me as an interesting inquiry, (assuming such a principle to be correct,) whether, in men who had been for a considerable period deprived of portions of limb, a proportionally diminished vital capacity would be established. Dr. MacLachlan, of the Chelsea Hospital, has lately done me the favour to examine some pensioners, with a view to this inquiry, and the accompanying table exhibits the results:—

*Nominal Return of Men in the Royal Hospital, Chelsea, who have lost a Limb, showing the age, height, &c., and the "vital capacity" of the Lungs.*

Name.	Age.	Height.	Weight.	Extent of leg or arm lost.	When lost.	Vital capacity.	Healthy vital capacity at same height.	General Condition.
		ft. in.	st. lb.			1st trial. 2nd trial.		
Farmer .....	68	5 6	12 8	Amputation below knee.	1835	131 ... 130	214	Healthy, competent, and still active.
Hartnell ...	42	5 8½	10 4	Middle of forearm.	1839	210 ... 212	236	Healthy and active.
M'Cardell...	64	5 6½	...	Two inches above wrist.	1813	81 ... 60	218	Asthmatic, and ribs ossified.
Molloy .....	68	5 3	11 1	Amputation below knee.	1807	132 ... 130	190	Bulky, with a full chest, active.
Nelson .....	61	5 3½	11 2	Amputation above wrist.	1812	170 ... 160	194	General health seems good.
Baker .....	65	5 9	9 11	Amputation below knee.	1813	160 ... 165	238	Spare, active.
Murrell .....	69	5 7½	8 10	Ditto.	1813	132 ... 134	226	Spare, active, and healthy.
Thomas .....	72	5 3½	...	Ditto.	1809	60 ... 50	194	Feeble and asthmatic.
Tetty .....	78	5 10	9 6	Ditto.	1807	130 ... 110	246	Suffering from cold.
Williamson.	48	5 7	8 11	Thigh midway.	1853	160 ... 160	222	Healthy and active.
Stringer ...	66	5 5½	8 1	Amputation ditto.	1812	150 ... 150	210	Spare, active, and healthy.

7th March, 1854.

The advanced age or unhealthy condition of some of these individuals complicates the calculation, but several of them, especially the two middle-aged men—Hartnell and Williamson, furnish examples to a certain extent corroborative of the surmise which has been offered.

Such observations, however, require to be much extended before any positive deduction can fairly be drawn.

It is stated by Dr. Hutchinson, that the vital capacity of women is twenty-five per cent. less than that of men. Can any reason be suggested for this contrast? I am not without a suspicion that the relative proportion of blood-corpuscles is concerned in the difference. Le Canu, indeed, gives a corresponding proportion, nearly twenty-five per cent., as the average excess of blood-corpuscles in men over those in women. These blood-corpuscles being the conveyers of oxygen, the work of the pulmonary cells must be proportioned to their amount. Are we not, then, conducted to an explanation, which, if it prove correct, converts a seeming anomaly into a beautiful example

of adaptation and harmony? We are reminded that every pulmonary cell, in a certain sense, has a corresponding portion of the body to supply with arterialized blood, and that every part of the animal frame has a special adaptation to every other. Thus am I brought back to the train of thought with which this lecture was commenced—namely, that the most minute is great in the laws which it illustrates; that, in the living body nothing is isolated; that it is our office and privilege to gather the scattered portions of observation, and show the place which every fragment has to occupy in the great body of truth.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 1.—The total number of deaths registered in the metropolitan districts was 1290. In the ten corresponding weeks of the years 1844-53, the average number was 990, and if this is raised in proportion to increase of population it becomes 1089. There is, therefore, an excess in last week's return of 201 above the estimated amount.



# A SKETCH OF THE PRESENT CONDITION AND TREATMENT OF DISEASES OF THE URINARY AND GENE- RATIVE ORGANS IN PARIS, COMPARED WITH THOSE IN LONDON.

By WILLIAM ACTON, Esq., M.R.C.S.,  
FORMERLY SURGEON TO THE VENEREAL HOSPITALS OF PARIS.  
(Continued from page 869, vol. I. 1864.)

## THE INFECTING CHANCRE.

RICORD, however, calls the Hunterian chancre, which hitherto has been generally known in France as the *chancre induré*, the infecting chancre, (*chancre infectant*), in consequence of its being the only sore which will probably produce constitutional syphilis, and I agree with him that this gives the reader the best idea of its nature; thus a man may have a simple undurated chancre, and another may suffer from the firm indurated sore, which is certain to produce secondary symptoms. In one word, a vast amount of information is gained by the mere adjective, infecting. This is the form of chancre in which mercury must be given, and continued for a long period, as the only chance of obviating secondary symptoms. No alteration has taken place in the treatment of this form of chancre since I was last in Paris, and mercury is still found as necessary as it was fifteen years ago; further experience has only corroborated the opinion, that upon mercury alone does the cure depend. These opinions are, I believe, now generally admitted, except in Edinburgh, where, if I may judge from a review of the last edition of my work on the "Urinary Organs," which appeared in the *Edinburgh Monthly Journal*, in 1851, syphilis, under whatever form it exists, is treated without mercury; and, in consequence of having given utterance to opinions similar to those stated above, I find myself classed among those who labour under "the destructive delusion of the old mercurial school," and accused of "having been educated in a mercurial atmosphere." In the same review, the Scottish profession is told "that the simple treatment of venereal sores taught and practised in this part of the world, (Scotland,) if adopted elsewhere, would reduce many practitioners from comfort to starvation."

It is not my purpose, at the present moment, to bandy trifling language with my critics; suffice it to say, that in accordance with the principles I learnt in Paris, I have always advocated treating simple undurated sores without mercury, and I hope my writings have discountenanced the too general employment of that mineral; but private practice during the last twelve years has more fully confirmed my opinions, that the indurated chancre cannot be treated without mercury; and Ricord corroborates, with his sanction, the universal treatment of the infecting chancre with a long-continued course of mercury, and he thinks that it is of little use employing this valuable remedy unless it is continued for some months, not only for the purpose of removing the induration which attends this form of chancre, but for guaranteeing the system against the occurrence of secondary symptoms, which inevitably will occur unless the surgeon perseveres in its use long after the healing of the sore.

Within the last few days, a case strongly corroborating the necessity of giving mercury in proper doses has come under my care:—A fair-haired man came to consult me, with spots of syphilitic psoriasis on his body, and most severe pain on one side of his head, together with an indurated sore on the penis, with its usual attendant, chronic enlargement of the glands of the groin. The patient told me that he had contracted the disease three months ago, when he was treated by an homoeopath with the usual small doses of mercury. About a month ago the mercury had been left off, and potash had been given, but without any benefit; and, his confidence failing, he had come to consult me. Here, then, is one out of many cases I could cite of the little good of small doses of mercury.

I may mention that the doctrine of treating indurated sores with mercury appears to be generally received as the recognized treatment in Dublin, where formerly the opinions of Carmichael were generally admitted—viz., that most of the forms of syphilis could be cured on the non-mercurial plan.

In France, at the present day, salivation is considered rather an unfavourable circumstance than otherwise; and as soon as this symptom arises, mercury is left off, to be resumed the moment the gums cease to be swollen. But it is a curious fact,

that it is often a very difficult matter to induce salivation in the ordinary cases of indurated chancres; and notwithstanding the considerable doses of the mineral, and the long continuance of the treatment, the action of mercury is shown rather by the disappearance of the symptoms of syphilis than by any affection of the gums, persons labouring under induration apparently showing little tendency to salivate.

The preparation still most commonly employed in Paris is the proto-iodide of mercury, to the exclusion of almost all the others. In London I still, however, find it as objectionable as when I wrote the second edition of my book, when I stated that this preparation usually produces colic in the damp, cold climate of England, consequences which have caused me to exclude it from my own practice, and obliged me to prefer frictions, blue-pill, or the grey powder.

## THE PHAGEDAENIC CHANCRE.

I saw several of these sores in the course of treatment by a new plan which Ricord has lately introduced into practice,—namely, by destroying the whole of the unhealthy surface with the red-hot iron, having previously placed the patient under the influence of chloroform. Cases which formerly resisted every form of treatment, and lasted many months and even years, are now readily cured by the actual cautery in a short time, the surgeon taking care to cover the surface with strips of ammoniacum and mercurial plaster after the sloughs have separated; the internal treatment still consisting in giving the tartrate of iron, which succeeds alone in the less obstinate cases. In private practice, cases requiring the use of the red-hot iron are very rare, but in hospital practice they are more frequently met with, and we occasionally witness cases, several inches in circumference, extending at one corner, while they imperfectly heal in the other; these are called serpiginous sores. The variety which we meet with most frequently in London is the phagedaenic sore, attended with induration. This is a form not unfrequently seen in consultation, and in which the actual cautery is of no avail, but which must be treated by mercury, at the same time the system is supported by bark, wine, or steel. This variety is attended with the worst forms of secondary symptoms taking on the character of secondary ulcers, rupia, and the bones are early attacked, and I have met with it much more frequently in London than in Paris, influenced probably by food and climate, which are found to be such active agents in causing the diversity we notice in the forms of syphilis.

## CONSTITUTIONAL SYPHILIS.

Little doubt can, I think, exist, that all the milder forms of secondary symptoms are as common in Paris as in London. In going through the French hospitals, we witnessed all the varieties of that Protean disease, but we saw but few of those severe and afflicting cases that we daily witness in London, and the aggravation of the forms in London we attribute in a great measure to the climate, food, and intemperance which is commonly met with in England. A case came under my notice, within the last few months, which strongly impressed me with this opinion. A nobleman was travelling in Spain, and at Seville, after coimection with a Spanish lady, he observed what he considered to be an excoriation. As this gave him little inconvenience, he merely applied some lint and water, and continued his journey. The little sore remained for some time in *statu quo*, as long as he was subject to the climate of the continent; but in a few weeks after his return to this country he became alarmed at the increase in the sore, and consulted me, when I found a hard, indurated mass, which was very characteristic of the true infecting chancre, accompanied with well-marked psoriasis palmariis. This gentleman's health was still excellent when he consulted me, and I felt fully convinced that had he remained in the south these constitutional effects would not have occurred; and I mention the case as illustrating the inexpediency of contrasting syphilis and its effects, with or without treatment, in different countries, as what is true in the south may not be verified in the north; and I can hardly believe that constitutional syphilis is more amenable to the non-mercurial treatment in Scotland than in England. Those interested in investigating the subject further, I must refer to my last edition for further curious details.

Another peculiarity that deserves the attention of the English surgeon, is the frequent occurrence of secondary ulcers in London as compared to Paris. In the latter capital, these late constitutional affections are very uncommon; with us, in England, they are frequently met with; and the previous treatment, with or without mercury, appears to have nothing to do with their occurrence. I should further say that in London there is a great tendency, in many of the forms of constitutional syphilis, if left to themselves, to take on an ulcerative form.

Ricord still holds to the opinion that secondary symptoms can occur but once in a man's lifetime, (although relapses may frequently recur;) and that, when cured of constitutional syphilis, these symptoms will not break out again, although a man may have primary sores several times subsequently. Several cases have come under my notice in private practice, which at first sight have somewhat shaken my belief in this doctrine; but I cannot say that I have ever seen a case which contradicts the law laid down by my friend Ricord. To illustrate my meaning, I may mention one or two instances.

In 1851, I attended Mr. J—— with indurated chancre. I gave him mercury for some time, and he remained quite well, when, in December, 1852, he came to me with a slight sore, the result of fresh infection. I cauterized the ulcer twice, noticing at the time a very little induration. This gentleman found no necessity of returning to see me until January, 1853, when he presented himself with well-marked, but slight, secondary symptoms on the body and limbs, which yielded readily to mercury.

In the course of the present summer, I saw a gentleman for the first time, with a slight sore, attended with the slightest trace of induration. He told me that eight years ago he had been under the treatment of a leading Dublin surgeon, with a primary sore, attended with sore-throat, for which mercury was given. The sore about which my patient consulted me took on a phagedenic action, and a similar one appeared on his chin, as well as on his head, which presented all the characters of advanced secondary ulcers.

Now, in both these instances, I think it very possible that the secondary symptoms depended upon the first infection, for we well know that primary syphilis may for a time be cured by mercury, which, in certain constitutions, has the power of controlling it, and not eradicating the syphilitic diathesis. If we suppose, then, that such had been the case in the two instances before us, we need not go further to explain the so-called occurrence of secondary symptoms a second time; and, as will be seen by reference to my late work, the distinction will not be without importance on the treatment a surgeon ought to pursue. That secondary symptoms will recur long after the apparent cure of the primary ones, was strongly brought under my notice by Ricord, during my late visit to his hospital, in the case of hereditary syphilis in a boy who was suffering from disease of the bones of the nose, with affection of both tibiae, one being half an inch longer than the other. Ricord had no doubt, from the history of this case, that the affection depended upon hereditary syphilis, re-appearing after this long interval from a primary affection in the father. Did space admit of it, I could give further instances of the same fact.

Before quitting this subject, I would remark, that syphilitic affections of the nails is an affection much more frequently met with in London than in Paris. I have already, elsewhere, drawn the attention of the profession to the fact that syphilitic iritis is not common in the French hospitals, although here we not unfrequently see instances of the complaint.

It may be expected that I should say a few words on the subject of inoculation of secondary symptoms. During the last few years many attempts have been made to inoculate constitutional syphilis, and persons have asserted that they have succeeded, cases being brought forward to substantiate the opinion; but, after close investigation of the instances cited, and the absence of any person capable on the spot of pointing out the sources of error which may have occurred, I am induced to believe that the truth of the position I advanced in the first and second editions of my work still remains uncontroverted—namely, that, heretofore, we have completely failed in being able to inoculate the secretion of secondary ulcers, or any form of constitutional symptoms, and I shall still maintain the truth of what I have advanced until cases shall have been produced before competent persons.

(To be continued.)

**EPIDEMIOLOGICAL SOCIETY.**—At a meeting of the above Society, held on Monday, July 3rd, 1854, at the house of the Royal Medical and Chirurgical Society, Dr. James Bird in the chair, a paper was read by Mr. Tucker "On the Use of Vegetable and Mineral Acids in the Treatment, Prophylactic and Remedial, of Epidemic Disorders of the Bowels." Dr. James Bird, Mr. Hunt, Mr. Propert, Dr. Snow, Mr. Cox, Dr. Camps, and others, joined in the discussion. The author of the paper was warmly supported in the views he had taken by most of the speakers, and a cordial vote of thanks was awarded to him for his able and practical production.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### UNIVERSITY COLLEGE HOSPITAL.

STRANGULATED FEMORAL HERNIA; OPERATION; TEMPORARY  
INGUINAL ANUS; RECOVERY.

(Under the care of Mr. ERICHSEN.)

In the course of our nosocomial experience we have known knuckles of intestine, after the operation for strangulated hernia, to be returned into the abdomen in an *almost* gangrenous state, and the patient to recover; again, we have seen sutures applied to wounded intestines, and the injured individual regain all the integrity of intestinal function;\* and we have had the satisfaction of seeing patients recover, who had suffered from inguinal anus for some time in consequence of sloughing of intestine after prolonged strangulation. In cases of the latter kind the surgeon is not called upon for active interference, and the favourable results which have often been observed are well known to be principally due to the beneficent efforts of nature. The steps of the process are described by Scarpa in the following manner:—"The hernial sac does not always partake of gangrene with the viscera contained in a hernia; and even when it does slough, since the separation of the dead parts happens on the outside of the abdominal ring, there almost always remains in this situation a portion of the neck of the hernial sac perfectly sound. It may be said, therefore, that in all cases, immediately after the loosening of the mortified intestine, whether it happens within or on the outside of the ring, the two orifices of the gut are enveloped in the neck of the hernial sac, which, soon becoming adherent to them by the effect of inflammation, serves for a certain time to direct the fæces towards the external wound, and to prevent their effusion into the abdomen. In proportion as the outer wound diminishes, the external portion of the neck of the hernial sac also contracts; but that part which embraces the orifice of the intestine gradually becomes larger, and at last forms a kind of membranous, funnel-shaped, intermediate cavity, which is the means of communication between the two parts of the bowel."—(Extracted from "Cooper's Dictionary," p. 224.)

This is certainly a beautiful process, and would not have been observed but by a patient and persevering searcher after the secret ways of nature; it should, however, be added, that pressure of the skin from without, inwards, during cicatrization of the wound, has much to do with the favourable result. As to the frequency of cases terminating favourably, Mr. S. Cooper says:—"Numerous cases on record furnish abundance of proof that the fæces, after being voided for several months from the wound made to free a strangulated hernia, frequently resume their natural course. Facts of this kind, which in general may be considered as common when the intestine is without loss of substance, are not very rare, even when more or less of the bowel has been destroyed by gangrene; and many illustrations of this remark may be found in the writings of De la Peyronnie, Louis, Petit, Pott, Le Dran, &c. Several such cases have fallen under my own observation. The greater number of these instances of success were the result of the most simple unofficious treatment, or rather of the undisturbed and very little assisted efforts of nature." The present case comes under this class, but is distinguished for the very short time in which the parts regained their normal relations. The details were obtained from the notes of Mr. Brown, the dresser of the patient.

Ann F——, a widow, sixty years of age, following the

\* See a case of this kind treated by Mr. Erichsen at University College Hospital, the wound having been inflicted with a large knife. (*THE LANCET*, vol. II., 1851, p. 414.)

occupation of a basket-woman, was admitted June 1st, 1854, under the care of Mr. Erichsen.

The patient states that she has had hernia for two years, the bowel usually going up of itself, but coming down again when she walked. She never wore a truss, and was in the habit of carrying heavy loads on her head. Four days before admission, the hernia protruded when the patient returned from market, but the swelling was quite soft, and the bowels had been open in the morning. The next day the woman suddenly felt great pain at the umbilicus, was seized with retching, and during the efforts the hernial tumour increased in size. The pain went on the whole day, nothing being, however, thrown off the stomach, though the retching was very violent. For the two following days the symptoms remained unabated, and the patient threw up everything she took; she, in fact, was in such distress, that the surgeon who was consulted sent her here.

*State on admission.*—Pulse weak, 96, regular, and soft; tongue slightly furred; over the right saphenous opening there is an oval, elastic, tense swelling, the skin covering it having a brown tint; the tumour is very tender on pressure, and no impulse is conveyed by coughing. No crepitation nor gurgling are heard on handling it; pressure on the abdomen gives pain, but the neighbourhood of the swelling is not more sensitive than the rest of the surface. The knees are not drawn up; there is no hiccup; the breathing is regular; and the patient complains of a dragging pain at the umbilicus.

The woman was placed in a warm bath, and the taxis tried for about half a minute; but it was not found advisable to continue the efforts at reduction, and Mr. Erichsen determined to operate at once.

When the patient had been rendered insensible with chloroform, a crucial incision was made through the skin and cellular tissue over the neck of the tumour. The textures were found hard and thickened, and the sac was exposed after the usual dissection; on opening it, some fetid pus gushed out, and a knuckle of green and gangrenous intestine, here and there adherent to the sides of the sac by effused lymph, came into view. The coats had, however, not burst. The stricture at Gimbernat's ligament was divided as usual, but the bowel, for obvious reasons, was not returned into the abdomen, the wound was left open, and a warm poultice applied over it. Mr. Erichsen ordered half a drachm of Battley's sedative, and one grain of opium to be taken every fourth hour.

The draught was taken at two in the afternoon, and the grain of opium about one hour afterwards. The patient was very restless for a time, and took wine and beef-tea during the day.

On the next morning she was found to have slept at night, and had taken the opium and wine regularly. She had been slightly sick, and the wound was very offensive, the bowel breaking down and coming away. Hot fomentations were applied to the abdomen, as the patient complained of pain in that cavity.

When Mr. Erichsen saw the patient, he ordered the opium to be taken only every sixth hour, as the narcotic effects had been produced; some sphacelated shreds of intestines were torn and cut away with forceps and scissors. Peritonitis now occurred, and sickness supervened.

On the fourth day fecal matter escaped through the wound, with a gurgling sound during an examination. Brandy and beef-tea were ordered.

On the fifth day the inguinal anus was fully established, when a small quantity of solid meat was allowed.

On the sixth day the brandy was given in water and in a less quantity; the wound was rather tender on pressure, and to prevent burrowing downwards, a pad was put on, and kept tight with a roller. The patient was very drowsy, and the pupils contracted; pulse 90, weak; peritonitic tenderness very slight.

On the seventh day the woman had two evacuations per anum in the night, and one by the day, the matters discharged being quite healthy; no sickness.

On the ninth day, wine, which had always been rejected before, was well borne, and two evacuations per anum took place. A large portion of slough came away from the groin.

On the sixteenth day it was found that no more fecal matter passed through the wound, and the latter was in a very favourable condition, as its margins had been kept free from irritation by means of collodion. The evacuations per rectum had been regular all the while, and the nourishment had principally consisted of brandy and beef-tea. The wound healed very satisfactorily, and on the 26th of June, twenty-five days after the operation, cicatrization was complete, and the woman left the hospital in excellent condition.

## Medical Societies.

### ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27, 1854.

JAMES COPLAND, M.D., F.R.S., PRESIDENT.

#### CASE OF DISTORTION OF THE SPINE, WITH OBSERVATIONS; ROTATION OF THE VERTEBRÆ AS A COMPLICATION OF LATERAL CURVATURE.

BY DR. HODGKIN AND MR. W. ADAMS.

THE early history of this patient, the well-known Gideon Mantell, and the symptoms of the disease from which he suffered so long, were given by the first author. It appears that considerable doubts existed in the minds of Dr. Mantell's professional friends as to the exact nature of the affection, but by many it was supposed to be a lumbar abscess, connected in all probability with caries of some of the vertebræ; others, feeling a prominent swelling, partly hard and partly fluctuating, in the lumbar region, concluded that there was a tumour of doubtful character. The patient used to suffer most excruciating agony. After death it was ascertained by Mr. Adams that there was no disease either of the bones or the intervertebral substances; that there was no trace of any abscess, all the surrounding tissues being quite healthy; but the vertebræ were twisted in such a way that, with considerable lateral curvature, there existed a backward projection of the lumbar transverse processes, to an extent sufficient to form a prominence. The spinous processes were in their proper relations to one another. A very accurate description of the dissection was followed by general remarks upon this form of disease.

#### ON THE PATHOLOGICAL CHANGES OCCURRING IN CERTAIN DEVITALIZED TISSUES.

BY GEORGE ROBINSON, M.D., ETC.,  
Newcastle-on-Tyne.

IN this communication the author offered some observations on the general character of those pathological changes denominated softening, contraction or diminished bulk, induration, fatty degeneration, and calcareous degeneration. The subordination of ordinary chemical laws to the superior controlling powers of life was one of the most interesting and important principles of physiology; and modern pathology had now established the converse of this proposition, by demonstrating that the partial or complete destruction of their inherent vital powers again subjected to the general laws of matter the structures thus morbidly affected. Having detailed the ordinary features of the pathological changes above enumerated, the author referred to some of his researches, published in the "Transactions" for 1843, having for their object an investigation into the immediate effects of obstructed circulation in the kidney. He then proceeded to describe the effects produced by ligation of the renal vein or artery. The kidney became enveloped in a cyst, formed by the surrounding cellular tissue, infiltrated with blood and lymph. In the interior of this cyst, the kidney, deprived of vitality, underwent a process of liquefying or softening. He found that under certain circumstances this protecting cyst was not formed; whilst in some instances the kidney which had undergone congestion, and un-surrounded by a cyst, exhibited merely atrophy, or contraction and induration. In some experiments, where the kidney had thus become atrophied, fat-globules were detected, exhibiting the character of fatty degeneration. Calcareous degeneration had also been noticed as the effect of ligation of the renal artery. Some experiments made on rabbits, by tying the renal vein and artery, were then detailed, and the results illustrated by some models. The effects produced by these ligatures were referred by the author to an impaired vitality, and he thought them strictly analogous to those pathological conditions above enumerated, which were characteristic of a devitalization of the tissues.

#### CASE OF DEFORMITY IN AN INFANT.

BY C. J. B. ALDIS, M.D., ETC.

THIS was a case of a double hare-lip, complicated with cleft palate. The infant only survived eleven hours, and died convulsed. The dissection was made by Mr. Cooper, student of anatomy at the College of Surgeons, and was very carefully and minutely detailed. The case was illustrated by a drawing.

The central pendant lobe was found to consist of two separate portions of bone, connected in the centre, and each contained well-formed incisor teeth. These teeth had particularly well-marked the three small "cusps" which usually distinguish the incisor teeth in the infant; a small second tooth on the left side of the central lobe had them also. The two lateral incisors had not a perfect alveolus in the superior maxillary bone, but their existence at all in connexion with that bone was highly singular, and unless considered altogether as an exceptional case, the fact would seem to throw some doubt on the assumed separation in man of an inter-maxillary bone corresponding to that found in the mammalia generally.

ON THE DEVELOPMENT AND SIGNIFICATION OF VIBRIO UREOLAE, BODO URINARIAE, AND ON CERTAIN FUNGOID AND OTHER ORGANIC PRODUCTS GENERATED IN ALKALINE AND ALBUMINOUS URINE.

BY ARTHUR H. HASSALL, M.D., ETC.

THE author having first given a description of the vibrios of the urine, enumerated the causes and conditions under which they were developed. The following were the conclusions arrived at:—

1. That vibrios are not developed in strongly acid urines so long as these retain their decided acidity.
2. That so soon as such urines have lost a considerable part of their acidity, and have become but feebly acid, vibrios begin then to appear. It is thus that the occurrence of both torulae and vibrios in the same urine is explained. While the urine is strongly acid the torulae are formed, but as soon as the acidity becomes greatly reduced, the vibrios make their appearance.
3. That vibrios are invariably developed in different proportions in all those urines which are either feebly acid, neutral, or more particularly alkaline.
4. That the greatest development of vibrios takes place in all those urines which contain most animal matter, as mucus, epithelium, and albumen, and which, at the same time, are decidedly alkaline. Hence, although not an exact test of the degree of alkalinity of any one sample of urine, or of the amount of animal matter (especially albumen) present, yet by their early appearance, and by the quantity developed, to a certain extent vibrios may be regarded as affording valuable information on both these heads.
5. That vibrios are most freely developed when the urine is exposed to the air.

But vibrios are not the only kind of animalcules found in urine. A second species not unfrequently occurs in great abundance, entirely different in size, form, and structure; this is the *bodo urinaria*. The author gave a minute description of this animalcule, showing that they multiplied by *stasiparous* reproduction. Some carefully executed drawings illustrated the characters of this animalcule. The author's investigations had led him to the discovery of a third kind of fungus developed in alkaline urine, entirely different from the two which had been described in a former communication. Like them, this recently discovered fungus presented three distinct stages of growth—sporules, thallus, and aerial or perfect fructification. These were severally described. The author abstained from giving this fungus a distinctive name, wishing, before doing so, to ascertain whether it had heretofore been described by any other observer.

AN EXAMPLE OF THE CONCURRENT DEVELOPMENT OF CANCER AND TUBERCLE.

BY SEPTIMUS WM. SIBLEY,  
Registrar to the Middlesex Hospital.  
(Communicated by Mr. ARNOTT.)

THIS was the case of a woman, aged forty-eight, admitted into the Middlesex Hospital, with a sloughing cancerous sore in the left breast; there was a hard tumour on the inner side of the size of an orange, and several small nodules of cancer at its edges. In the course of five days after her admission nearly the whole remaining portion of the tumour sloughed away, leaving a clean-looking surface, which immediately began to cicatrize. Subsequently, pulmonary symptoms became developed, profuse expectoration followed, and she sank and died three months after her admission. On making a section of the structure of the left breast, it was seen to be an extremely dense form of infiltrating scirrhous, traces of breast tissue, such as ducts, being very apparent. In the thorax, large masses of tuberculous lung tissue was observed. Tubercular cavities existed in the apices of both lungs; a part of the lower lobe of the right lung was in a state of grey hepatization, and the bronchial tubes were thickened and dilated. In the left

pleura were numerous crude tubercles. On examining the dates of this case, positive proof was obtained that a cancerous tumour was increasing in the breast simultaneously with the increase of tubercular disease of the lungs, and that for a period of at least six weeks. The author thought that a single instance of the concurrent existence of these diseases was sufficient to destroy the doctrine of the absolute incompatibility of tubercle and cancer with each other. The paper concluded with some appropriate remarks on the constitutional diathesis tending to the concurrent development of these two diseases.

(To be concluded.)

Contemporary Medical Literature.

THE VENOM OF SERPENTS.

DR. J. GILMAN arrives at the following conclusions:—1. That the venom of all serpents acts as a poison in a similar manner. 2. That the venom of some varieties is far more active than that of others. 3. That a variety of the *coluber*, known as the "cotton-mouth," is the most venomous serpent in Arkansas. 4. That the venom of serpents destroys all forms of organized life, vegetable as well as animal. 5. That alcohol, if brought into contact with the venom, is, to a certain extent, an antidote. 6. That serpents do possess the power of fascinating small animals. 7. That the blood of small animals destroyed by the venom of serpents, bears a close resemblance to that of animals destroyed by lightning or hydrocyanic acid; it loses its power of coagulation, and cannot be kept long from putrefaction.—*St. Louis Medical and Surgical Journal*.

WEIGHT OF THE BRAIN.

The brain of the late Senator Atherton, of New Hampshire, weighed fifty-six ounces and a half, avoirdupois, which is seven ounces and a quarter less than the weight of Mr. Webster's, or little more than that of Spurzheim, and seven ounces more than that of Dupuytren. Cuvier's brain weighed sixty-four ounces and a quarter, and Abercrombie's sixty-three.—*Philadelphia Medical and Surgical Journal*.

ERYSIPELAS.

Erysipelas has usually been described as an unhealthy inflammation of the skin alone, or of the skin and sub-cutaneous areolar or cellular tissue; but this is too limited a description of the disease, for erysipelas is not invariably confined to the surface of the body, but may spread from the face to the throat, and to the larynx and bronchial tubes; it may migrate from the fauces to the pharynx and lining membrane of the gastrointestinal canal, or it may, on the other hand, suddenly leave the surface of the body and attack the brain or its membranes, leading thereby to special, and not infrequently fatal, forms of internal inflammation.....The danger in erysipelas is not to be reckoned so much by the extent of the local inflammation as by the amount and type of its accompanying fever.—Dr. HUGHES in *Dublin Hospital Gazette*.

PERICARDITIS.

The invasion of this disease when ptialism is established, proves how groundless is the opinion of Niemann and others, that the mercurial treatment of rheumatism carried to such an extent has any power in preventing those formidable complications, which so often are the starting points of structural change in the heart, rendering it one of the most dangerous diseases, at least in its remote and probable termination.—Dr. BANKS, *op. cit.*

ALBUMINURIA.

It is a curious fact that patients affected with this disease are very liable to secondary hæmorrhage after operations or any injury. This is probably due to the peculiar morbid state of the blood inseparable from this condition of the system, as it is highly acidified by the urea circulating in it, and the divided vessels do not appear to close by the usual process of coagulation and adhesion, probably owing to the deficiency of albumen. It has also been observed that women who are the subjects of this disease are very liable to severe hæmorrhages after delivery.—Dr. LEES, *et supra*.

# THE LANCET.

LONDON: SATURDAY, JULY 8, 1854.

At the hour of going to press with this number of our journal, the extraordinary inquiry relative to the death of the child, ALFRED RICHARDSON, will stand adjourned to ten o'clock on Friday morning, the 7th instant. In the next LANCET we hope to be enabled to present our readers with a condensed summary of the evidence.

In the present number we publish entire Sir JOHN FORBES' scheme of Medical Reform. Placed by this means before the entire body of the profession, every opportunity will be afforded for thoroughly examining its principles and details. As there is not the shadow of a probability that the measure will be adopted by Parliament in the present session, we do not feel called upon to pronounce at once any decided opinion upon it. We are only anxious that this scheme, like every other, should be fairly considered. Some of its provisions, no doubt, represent the feelings of the profession; others, especially those framed upon the ideas of Sir JAMES GRAHAM,—a statesman whose greatest claims to public respect are certainly not those based upon his views relating to the medical profession,—will be scrutinized with jealousy. The paramount authority it is proposed to cede to the Colleges, to the prejudice of the Universities, is a point deserving of cautious deliberation.

The constitution of the Councils we regard as highly objectionable and defective, and the proposal to establish two in Scotland, whilst one is considered sufficient for England,—a section of the empire probably not less important,—and one for Ireland, is incomprehensible. The pretensions of the numerous corporations north of the Tweed are sufficiently extravagant, and have always presented some of the main difficulties in the settlement of the vexed question of Medical Reform; but we are not at present in possession of any adequate reasons to show why their assent should be purchased by the concession of one Medical Council to Glasgow and another to Edinburgh. If Glasgow is to have a Medical Council, because Glasgow has a Faculty of Physicians and Surgeons, we cannot help thinking that the said Faculty is *de trop*. However, we have said that it is not our intention at present to enter into a minute appreciation of this scheme. We therefore leave it for discussion and comparison with the other plans before the profession.

We cannot but think that Lord LYTTLTON, in his conduct of the Vaccination Extension Act, and subsequently of the Amendment Bill rendered necessary by the imperfections of that Act, has not evinced that degree of deliberation befitting the legislative character, or that courtesy towards the medical profession which, in a matter of this nature, is certainly their due. Why is it that the Act passed only last session is already found so little adapted for working that it must be amended? Simply because Lord LYTTLTON'S knowledge of the subject was not equal to the benevolence of his intentions, and his eagerness to carry his excellent intentions into effect was too

great to allow him to wait for information from the only quarter—the general practitioners of this country—competent to instruct him. The short experience of the operation of the Act of last year has clearly proved that the Act was ill-digested, and altogether ineffectual in practice. His Lordship has received ample evidence to convince him that his Act might have been framed in a manner more calculated to promote its ends; and some credit is due to him for his candour and promptitude in undertaking to amend it. For all the amendments he has embodied in his new Bill, he is indebted to suggestions addressed to him by medical practitioners, and enforced by ourselves and our correspondents in this journal. It might have occurred to him that it was at least desirable, with a view to obviate the necessity of a second Amendment Act next year, if not as a measure becoming in itself and due to the profession, to lay his amendments fairly before the medical world, affording ample time for their consideration. We do not think that the Bill would have been impaired in its efficiency, or that his Lordship's reputation as a statesman would have suffered by this course. The medical profession cannot but be deeply alive to the importance of the end in view, and anxious to aid in carrying it out. They have evinced the most disinterested zeal in the matter, by heartily endeavouring to promote the success of an Act, most defective in its technical construction, and conceived in a spirit, to say the least, somewhat injurious to themselves. Notwithstanding all this, Lord LYTTLTON has hurried his new Bill through the House of Lords with such speed as to afford no opportunity for the discussion of its principles or details. It is already in the House of Commons, and Mr. BRADY has given notice of his intention to move certain amendments in Committee.

It may fairly be questioned whether the amendments of Lord LYTTLTON will remove all the obstacles to the effective working of the measure. As far as these amendments go, we have no great objection to offer. We doubt whether they will prove equal to the attainment of the object proposed.

The first proposition is, that the guardians or overseers shall provide and pay for special vaccination stations. The second provides that the child shall be brought for inspection to the medical practitioner on the *seventh* day after vaccination, instead of the *eighth*, as in the Act of last session.

It is proposed to remove one great defect by enabling any qualified medical man, whether appointed by the guardians or not, to receive a fee for successful cases of vaccination: but the fee named—one shilling—is offensively insufficient. The fee of the registrar is raised from threepence to sixpence.

An important amendment is that which supplies the omission to provide for the enforcement of vaccination. It was soon discovered that, although penalties were denounced against recalcitrant parents, unless some persons were specially empowered to prosecute, the penal clause was a mere *brutum fulmen*. The guardians and overseers are to be empowered to direct prosecutions.

We have thus pointed to all the important alterations contained in the Vaccination Act Amendment Bill. We trust there is still time to consider how far they are likely to be sufficient; and invite for them the careful and immediate attention of those who are the most practical and competent judges of the merits of the measure, and the persons to whom the executive charge of the measure must be entrusted.

WHENEVER of late years the question of dealing with illegal practitioners has been discussed in this journal, it has always been contended that the laws at present in force, are sufficiently stringent to punish, by an inexpensive process, all persons practising as "Apothecaries," without legal qualification. It is to the credit of the County Court judges, that in every instance which has come before them, based on legal evidence, a conviction has ensued. In every case of failure, the non-success of the prosecution has been owing to the incomplete nature of the case submitted to the judge. It is not for one moment attempted to defend the incompleteness of the law relating to unqualified practitioners. It is a disgrace to the legislature that at this very moment there is no statute or other law which prevents a man from calling himself a surgeon, and practising as such, without the least fear of punishment, although he may have not the slightest claim to be regarded as qualified for the position which he assumes. It is true that the College of Physicians possess the power of punishing, under certain restrictions, unprincipled persons for practising physic without a license from that body. The manner, however, in which they have exercised this power, has rather tended to show that they have abused the authority with which the law has invested them. Instead of proceeding boldly against the quacks and impostors who profess to be "physicians," all the prosecutions which they have instituted against persons not belonging to their own body, have resulted from petty jealousies against rival institutions, and have been promoted against men in every other respect worthy of being regarded as legitimate practitioners. We are unacquainted with a single instance during the present century in which the College have exercised their undoubted privilege of punishing a quack. They have amongst their own Fellows homœopaths, hydropaths, mesmerists, and other charlatans, whom, instead of prosecuting, as they should do, they have delighted to honour.

If we turn to the College of Surgeons, the result is not more satisfactory. Men who are a disgrace to any profession, who have violated the sacred oath which they took upon being enrolled members of that institution, are permitted, without even a remonstrance, to continue upon the roll of that honourable institution. Lawyers act upon a different principle. The authorities which control that profession do not hesitate to brand with disgrace an unworthy and unscrupulous member. The records of our courts of law abound in applications for striking off the rolls members of the legal profession who have acted contrary to the spirit and practice of the body to which they belong. So jealous are they, indeed, of the prestige which belongs to the very name of lawyer, that any man who has been proved to have assumed that name without a legal title to possess it, has been summarily convicted and punished. In the present unsatisfactory state of the laws which regulate the medical profession, we cannot expect any such desirable result. For thirty years we have attempted to remedy this most serious defect. Hitherto our efforts have not met with that success which the justice of their object has deserved. Not that any one possessed of the slightest pretension to be regarded as an authority has denied the necessity of such a power—not that the Legislature has been unwilling to listen to the just claims of legitimate practitioners—but that the Colleges themselves, actuated by the lowest and most interested motives, have opposed the salutary change. It cannot be supposed for a single

moment that, had the Colleges exercised the power which they undoubtedly possess, the impostors which crowd our ranks would still remain a disgrace and an opprobrium on our noble profession. It is only just to the Society of Apothecaries to state, that upon every occasion on which a clear case of infringement of the Apothecaries' Act has been brought before them, they have readily and cheerfully lent their aid to punish the offender. In this respect they have formed a remarkable contrast to the other governing bodies. The case of the Apothecaries' Company v. Dixon, recorded at page 20, is a satisfactory instance in point. It is a good illustration of the view which judges are inclined to take of the provisions of the Apothecaries' Act, notwithstanding the legal technicalities and contemptible subterfuges to which the defendant may resort. We believe that the profession are indebted, in this particular instance, for the success of the prosecution to the Council of the Medical Protection Society. It is highly honourable to that body, and we trust that it is only their commencement of a crusade against unprincipled and unqualified practitioners.

A word with respect to the position of the Society of Apothecaries and the Medical Protection Society, in matters of this description. Complaints constantly reach us of unqualified men practising medicine bringing disgrace upon the profession, and depriving the legitimate practitioner of his means of support. Who is to blame? The Apothecaries' Company have issued instructions to their members to guide them in gaining a conviction against their unprincipled opponents. "Give us evidence," they say, "which will convict the offender, and we will prosecute; but it is too much to expect that we can take upon ourselves to prove the offence in every case, and we naturally look to you to furnish us with the necessary proof. Fully impressed with the gravity and importance of the power with which we have been intrusted, we are most anxious, for the sake of our members and licentiates, that no case shall be brought before the legal tribunals of the country without a moral certainty of the evidence being sufficient to convict the offender. We ask you, then, to supply that evidence. Should you fail to do so, what right have you to complain that we do not aid and protect you? Every failure in such a cause only tends to strengthen the enemy. Many victories scarcely compensate for a single instance of non-success." It is surely possible to form a Medical Association in every district in the kingdom, having for its object the suppression of illegal practice. Let such associations be formed, and it is not difficult to predict what must be the result. But, if those immediately interested are not sufficiently alive to their own interests to form such organizations, let us have no more complaints against the law or the Society, but rather let us say, that, although the injured parties have the power in their own hands, they have neither the courage nor the will to exert it.

THE cause of Free Education and the cause of Civil and Religious Liberty have jointly achieved a memorable triumph. We have often had occasion to point out in how many ways the progress of Medicine has been retarded, and how unworthily many of the most able of our brethren have been persecuted, through the exclusive sectarian system of the ecclesiastical universities, and the connexion of these universities with the College of Physicians. The conduct of Pope Pius V., in interdicting physicians from giving any medical



relief to persons who declined spiritual attendance, or the conduct of the Tuscan Government in our own day, which compels practitioners of medicine to inquire into the religious creed of their patients, with a view to reporting their heresy to the police, are manifestations of intolerance more revolting, indeed, but not more absurd or pernicious in principle, than the attempt to recognise that medicine only as orthodox which is professed by a subscriber to the Thirty-nine Articles. The custom at Cambridge is to oppose no religious obstacle or test at the entrance of a student. The authorities of the College which he enters may, however, harass the non-conformist by requiring him to attend at chapel every morning to listen to, and to take part in, doctrines and ceremonies which he may believe to be wrong. If, however, he is prepared to submit to this kind of orthodox drilling throughout the necessary period of study, he cannot escape the crucial test of the Thirty-nine Articles before being admitted to take his degree. At Oxford the non-conformist is treated at the very outset as a malignant, unfit to receive instruction or to acquire a degree. The crucial test is put to the student *in limine*; and if his understanding cannot fathom the meaning of thirty-nine distinct theological propositions, and make them harmonize with each other, or if in his conscience he cannot give in his adhesion to them, he is at once turned away from a fountain of knowledge, the pure stream of which he cannot be permitted to taste, unless he at the same time consent to imbibe certain doctrinal adulterations.

By two distinct votes of the House of Commons, Mr. HEYWOOD has established—1st, that the imposition of the religious test at the entry of students at Oxford shall be abolished; 2ndly, that the religious test shall no longer be a bar to admission to the degree of B.A. Great as is the triumph, it cannot, however, be regarded as complete. It is expressly reserved that the non-conforming Bachelor shall go no further in academical honours and power. The stigma of intolerance and injustice still adheres to seats of education which should be national and free. Although the Bachelor of Arts' degree may serve the purpose of the lawyer, there is, under this provision, no emancipation for Medicine. The true *alma mater* of the healing art is still the University of London; and the University of London has still to ask for those academical and civil rights which Oxford and Cambridge enjoy.

## SCHEME OF A BILL

FOR

### REGULATING THE MEDICAL PROFESSION IN GREAT BRITAIN AND IRELAND.

[The following sketch of a Medical Bill, although avowedly founded on the Bills introduced into Parliament by Sir James Graham in 1844 and 1845, contains so many alterations and additions that it may be almost considered as a new measure; and the compiler is not without hopes that, such as it is, it may be found more acceptable to the corporations, and to the profession generally, than any Bill previously proposed. It is printed in its present incomplete state for the purpose of being submitted to the various medical corporations, and to friends deemed competent to deal with such subjects, and in the hope that it may elicit from these sources such comments, criticisms, and suggestions as may render it much more perfect than it is. If the compiler is favoured with any communications of this kind, (which he earnestly entreats,) and with anything like a general approval of his scheme, it is his purpose, after availing himself of such of the suggestions received as he may deem improvements, to place his matured views in the hands of

some learned counsel conversant with such business, in order that a Bill may be framed fitted for presentation to the Legislature, and which may, at least, be read a first time and printed, if it cannot be passed into a law, in the present session of Parliament.

It has been with much regret that the author of this sketch of a Bill has found it impracticable to comprise within his scheme of examination and license the Society of Apothecaries of London and the Apothecaries' Hall of Ireland; more particularly the former, which has, for so many years, successfully exerted itself in improving the education and in promoting the general respectability of the class of general practitioners. It is, however, to be hoped that the members of this highly respectable corporation, which has always taken so disinterested a position in regard to medical reform, may see in the present measure sufficient evidence of benefit to their clients to induce them not merely not to oppose it, but to give it the important advantage of their concurrence and assistance.

May 31st, 1854.

J. F.]

*Preamble.*—Whereas it would be for the good of her Majesty's subjects in general, and tend greatly to promote harmony and goodwill among that class of them who are employed in the practice of physic, that all persons belonging to the medical profession should receive a full and sufficient education, both general and professional, and that means should be afforded whereby those who have received such education, and who have been examined and found skilful by competent authority, might be known from ignorant and unskilful pretenders to the same knowledge, and also that persons so qualified should be permitted to follow and exercise their profession under equal and fair conditions, in any part of the British dominions:

Be it therefore enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal and Commons in this present Parliament assembled, and by the authority of the same:—

1. *Acts Repealed.*—That an Act passed in the third year of the reign of King Henry the Eighth [here enumerate all the Acts or parts of Acts to be repealed] shall be repealed, but not so as to revive any Act or Charter, or part of any Act or Charter repealed by the Acts herein repealed, or any of them.

2. *Medical Council.*—And be it enacted, that a council shall be established, which shall be styled the "Medical Council for Great Britain and Ireland," and that one of her Majesty's principal Secretaries of State shall be empowered, from time to time, to nominate as president of the said council some member of the Imperial legislature, who shall hold office for three years only, but shall be capable of immediate re-nomination by the said Secretary of State, if he is still at the time of such re-nomination a member of the legislature aforesaid.

3. *Constitution and Appointment of Council.*—And be it enacted, that the other members of the said council shall be fourteen in number, and shall be chosen and appointed as follows—to wit:

One person to be chosen by each of the seven following colleges or corporations—to wit: the Royal College of Physicians of London, the Royal College of Surgeons of England, the King's and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, the Royal College of Physicians in Edinburgh, the Royal College of Surgeons in Edinburgh, the Faculty of Physicians and Surgeons in Glasgow; and seven other persons to be chosen by the president from the medical practitioners of England, Ireland, and Scotland, who shall have been registered, as hereinafter mentioned, during three successive years, except in the case of the first council, the members of which shall be chosen from practitioners of three years' standing, who shall be qualified to be registered according to the provisions of this Act; provided always, that no person belonging to the council or governing body of any one of the before-named colleges or corporations shall be chosen by the president a member of the said council, and that [four—five] of the seven members so chosen by the president shall belong to that class of practitioners commonly denominated "general practitioners."\*

\* [Alternative scheme for electing the members of council not returned by the corporations.

And be it enacted, that the manner of electing the seven members of council to be chosen by the registered practitioners of England, Ireland, and Scotland, respectively, shall be as follows: to wit: Forty-two days before the day fixed for the election, the registrars or local secretaries for England, Ireland, and Scotland, respectively, shall notify, by advertisement, in two at least of the most widely-circulated newspapers, and in two of the principal weekly medical journals in England, Ireland, and Scotland, respectively, that the election of the councillors to be chosen by the registered practitioners, whose names have been three years on the register, will take place on the day named, as aforesaid; in London for the members to be chosen by the practitioners in England; in Dublin, for members to be chosen by the practitioners in Ireland; and in

4. *Tenure of Office by Members of Council.*—And be it enacted, that at the expiration of three years from the time of their nomination and election, all the members of the said first council, and of every council subsequently elected, shall go out of office, but may forthwith be re-chosen or re-appointed as aforesaid by the colleges and by the president respectively.

5. *Place of Meeting of Council.*—And be it enacted, that during the first year after the establishment of the council, the members thereof shall meet in London in such place as may be appointed for them, and as often as the president and council may think requisite; but that, after the expiration of the first year, it shall be lawful for the council to meet in Dublin or in Edinburgh, as the president and council from time to time may determine.

6. *Appointment of Vice-President—Quorum.*—And be it enacted, that the president shall nominate from time to time one of the members of the council to be vice-president to act for him in his absence, and that in the absence of the president and vice-president the council shall elect a chairman for the occasion from the members present, the president or chairman for the time being having a casting vote over and above his vote as a member; and no business shall be transacted at any meeting of the council unless five members be present.

7. *Salaries and Expenses.*—And be it enacted, that there shall be paid to each member of the said council for each day's attendance at its meetings such sum as may from time to time be deemed adequate by one of her Majesty's principal Secretaries of State, and also such reasonable allowance for travelling expenses incurred by any member in the execution of the duties of his office, as the said Secretary of State may from time to time determine.

8. *Permanent Committee.*—And be it enacted, that it shall be lawful for the council, from time to time, to appoint a committee of its own members, three in number, to act in concert with the several registrars to be appointed as hereinafter mentioned, in the intervals of the meetings of the said council, and for the conducting such business as the council at any of its meetings may entrust to the said registrars and such committee; and the members of the said committee shall be nominated to serve for one year only, but to be immediately re-eligible for the same office, and shall be paid such reasonable salary as to the president and council may seem fit.

9. *Appointment of Registrars, &c.*—And be it enacted, that the members of the said council shall within a month after their first meeting elect a fit and proper person to be their treasurer, and also another fit and proper person, being a registered medical man or one qualified to be registered under the provisions of this Act, to be their secretary, who shall also be the registrar for England; and shall elect secretaries for Scotland and Ireland, being registered medical men, or men qualified to be registered under the provisions of this Act, who shall be the registrars for these countries respectively; and also so many clerks and messengers as may be deemed necessary by the said council; and the said council shall be empowered to remove any treasurer and any of the said secretaries, registrars, clerks, and messengers, and appoint others in their room, and to pay to the said treasurer, secretaries, registrars, clerks, and messengers, such salaries as the council shall deem proper, and also such reasonable travelling expenses as may have been incurred by them or any of them in the performance of their duties under this Act.

10. *Minutes of Proceedings.*—And be it enacted, that minutes of the proceedings at all meetings of the council shall be drawn up and fairly entered in books to be kept for that purpose; and such minutes shall be at all times open to the

Edinburgh, for the members to be chosen by the practitioners of Scotland; provided always, that no person shall be deemed eligible for election unless he shall have been recommended in a writing transmitted to the registrar of the country where the election is to take place, twenty-one days before the day of election, and signed by at least twenty members qualified to vote, and who shall subscribe their names to such writing; and unless the name of such person shall have been published in the newspapers and medical journals, as aforesaid, together with the names of all persons so recommended, fourteen days at least before the day of election; and each such election shall take place between the hours of nine in the forenoon and four in the afternoon, at such place as may be named in the said advertisements, and before the secretary and registrar of each country respectively, together with two members of the out-going council selected by the council, and shall be conducted by means of balloting-papers, to be delivered personally by the voter, or transmitted by post, duly authenticated by the signature of the voter; and the two persons in Ireland, and the two persons in Scotland, and the four persons in England, having the greatest number of votes, shall be declared elected; and in case of an equality in the number of votes for any two or more persons, at any such election for members of council, the registrar shall ballot out of the said number of persons having such equal number of votes, as aforesaid, so many as shall be necessary to complete the whole number of councillors to be elected; provided always, that out of the eight members so chosen by ballot, not more nor less than five shall belong to that class of surgeons commonly denominated "general practitioners."

inspection of any registered physician or surgeon deputed by any of the medical colleges or corporations aforesaid, or to any registered physician or surgeon of three years' standing on the register, who may transmit to the council a written application to that effect, signed by himself and five other registered practitioners of the same standing on the register.

11. *Application of Funds.*—And be it enacted, that all monies received by the council, and by the secretaries, and registrars in their respective offices, shall be paid over to the treasurer by the authority of the council, and shall be applied to defray the expenses of carrying this act into execution; and the council shall, once in every year, publish an account of their income and expenditure for the year then past, and shall cause their secretary to transmit a copy of such account to one of her Majesty's principal Secretaries of State.

12. *Curriculum of Study.*—And be it enacted, that no candidate shall be deemed eligible for examination by any of the medical examination boards hereinafter mentioned, who shall not produce satisfactory evidence that he has completed his twenty-second year, and that subsequently to the completion of his seventeenth year he has passed, at least, four years in some medical school or schools approved by the medical council, unless he shall have been an articled pupil to a registered practitioner for at least two years subsequently to the completion of his seventeenth year, or unless he shall have obtained the degree of Bachelor or Doctor of Medicine from some university approved by the council, in either of which cases a curriculum, or course of three years shall be deemed sufficient to qualify him for examination: nor shall any candidate be deemed eligible for examination who has not attended such courses of dissection, such clinical and other lectures, and such hospital practice, as shall have been from time to time determined by the medical council.

13. *For securing Efficiency of Study and Examination.*—And with a view to enable the council to enforce on students the observance of such courses of study as the council may from time to time lay down for them, and to enable the council to ascertain whether the testing of the qualifications of candidates for the license be effective and uniform in the three countries: Be it enacted, that the council shall have the right to demand of every examination board that the certificates of attendance on lectures and hospitals presented to it by candidates for examination, shall be transmitted to the council, and that the council shall also be empowered to depute any one or more of its members, being a medical man, or medical man, to be present at any of the examinations, and report to the council; and if the council shall, upon such report or otherwise, be of opinion that any examination board has admitted to examination persons of improper age or with an imperfect course of study, or that the rules laid down by the said council for the adequate examination of candidates have been infringed, evaded, or neglected, by any of the said examining bodies, it shall be lawful for the council on the refusal of such examination board, after due admonition to amend what is defective in its proceedings, to take such further steps as may be requisite to remove the defects complained of.

14. *Preliminary Examination Board.*—And be it enacted, that there shall be established in London, Dublin, Edinburgh, and Glasgow, respectively, an examination board, to be termed the Preliminary Examination Board, for the examination of students at the commencement, and during the progress, of their medical studies, the members of which board shall be nominated by the medical council in such number and with such salaries as the said council may from time to time determine; and any or all of the members of such preliminary board may be removed at any time by the said council, and others appointed in their room.

15. *Preliminary Examination of Students.*—And be it enacted, that no person shall be considered to have commenced his medical curriculum, according to the provisions of this Act, unless, subsequently to the completion of his seventeenth year, he has passed an examination before the preliminary examination board, such examination having for its object the testing of the student's knowledge of ancient and modern languages, arithmetic, geometry, mathematics, physics, and such other branches of general knowledge as the council may from time to time determine, the amount of proficiency in any or all the subjects of the said examination required of the student to be also from time to time determined by the council; provided always, that any person who shall give proof of having undergone the matriculation examination in any British University, shall be exempt from undergoing the aforesaid preliminary examination.

16. *Subjects of Examination by the Preliminary Board.*—And be it enacted, that every student after the completion of



his first year's attendance in any recognised medical school, shall pass a second examination before the preliminary board, such examination having for its object the testing the amount of knowledge acquired by the student during the preceding year, and such examination shall comprise the following subjects—to wit, chemistry, botany, materia medica, pharmacy, and the rudiments of anatomy, and such other subjects as the council may from time to time determine.

17. *Preliminary Examinations at the Provincial Schools.*—And be it enacted, that it shall be lawful for any student desirous of prosecuting his medical studies in any recognised school other than those situated in London, Dublin, Edinburgh, or Glasgow, to take his first preliminary examination as aforesaid in the city or town in which such medical school is situated, before examiners appointed by the authorities of such school, and approved of by the council; but it shall be imperative on all students to undergo their second preliminary examination at the termination of their first year's studies, before some one of the preliminary boards appointed by the council, as hereinbefore stated, in London, Dublin, Edinburgh, or Glasgow.

18. *Medical Examination Boards and Subjects of Examination.*—And be it enacted, that the medical examination boards for testing the qualification of candidates for registration after the completion of their medical curriculum as laid down in this Act, shall be the ordinary examination boards of the existing medical colleges or corporations in London, Dublin, Edinburgh, and Glasgow, or examination boards specially nominated for this purpose by the said colleges respectively—to wit, 1. For England, the Royal College of Physicians of London, and the Royal College of Surgeons of England; 2. For Ireland, the King's and Queen's College of Physicians in Dublin, and the Royal College of Surgeons in Dublin; 3. For Scotland, the Royal College of Surgeons in Edinburgh, and the Royal College of Physicians in Edinburgh; and 4. The Faculty of Physicians and Surgeons of Glasgow; and the examination or examinations before the said Colleges of Surgeons shall comprise the subjects of anatomy, physiology, surgery, and midwifery; and the examination or examinations before the said Colleges of Physicians shall comprise the subject of scientific and practical medicine, technically so called in contradistinction to surgery, and the sciences wherewith medicine is essentially connected.

19. *Examination Fees.*—And be it enacted, that the fee for the surgical and for the medical examinations aforesaid, shall be the same in each college, and the amount of the said fee shall from time to time be fixed by the colleges and the council conjointly.

20. *Faculty of Glasgow.*—And be it enacted, that, for the purposes of this Act, the Faculty of Physicians and Surgeons of Glasgow shall be considered as a College of Surgeons and a College of Physicians, and the examinations in medicine and surgery prescribed in this Act to take place before such colleges shall take place in it before two sets of examiners, one for surgery and one for medicine.

21. *Age and Qualification of Candidates for Examination.*—And be it enacted, that no person shall be allowed to present himself for examination before the aforesaid medical boards who shall not present documents to prove that he is of the full age of twenty-two years, and that he has completed the curriculum of medical study laid down in this Act, and has attended the lectures, dissections, and hospital practice enjoined, from time to time, by the medical council; and no person shall be allowed to undergo the examination before the College of Surgeons who is not possessed of documents from the preliminary board, certifying to his having passed the aforesaid two examinations before that board; and no one shall be allowed to undergo the examination before the College of Physicians who is not possessed of the aforesaid documents from the preliminary board, and also of a document to the same effect from the examination board of the College of Surgeons; and if any candidate presenting himself for examination before any one of the aforesaid boards shall fail to pass the same, he shall be remanded to his studies for such period as that board may direct, at the expiration of which period he may again present himself for examination, but may be remanded for a further period or periods, until such time as his examination proves satisfactory to the said board.

22. *Qualifications for becoming Surgeons.*—And be it enacted, that any candidate who has passed the aforesaid examinations, before the preliminary and medical boards, shall be entitled to claim from the College of Surgeons by which he has been examined a diploma as surgeon, and to be admitted as a member of licentiate of the same college, on paying for the said diploma such sum as may be from time to time determined by the said college with the sanction of the medical council; and any

person possessing the diploma of surgeon, obtained as aforesaid, shall be entitled to be registered as a legally-qualified practitioner, and as a surgeon, in that part of the United Kingdom in which he may apply to be registered.

23. *Qualifications for becoming Physicians.*—And be it enacted, that it shall be lawful for any person, being of the full age of twenty-six years, and having the degree of Bachelor or Doctor of Medicine from any University in Great Britain or Ireland, obtained after residence of not less than one year, or from any foreign university approved of by the council, and who shall have passed the several examinations named in the foregoing clauses of this Act, and shall give in testimonials to that effect, (with or without the diploma in surgery from the College of Surgeons,) to present himself before any one of the Colleges of Physicians of England, Ireland, or Scotland, and upon being examined by such college, and having obtained from it a diploma as licentiate or member, may claim to be registered as a physician, and as qualified to practise as a physician in that part of the kingdom where he is so registered.

24. *Persons Registered to be deemed Legally Qualified.*—And be it enacted, that a register of all persons legally qualified to practise medicine be annually published by the registrars in England, Ireland, and Scotland, respectively, under the authority of the medical council; and the presence of the name of any person in any such register shall be held sufficient evidence (until the contrary appears) that such person is legally qualified to practise in that part of the kingdom in which he is so registered, and is entitled to all the privileges and immunities belonging to persons so qualified; and the absence of the name of any person from such register shall be held as sufficient evidence (until the contrary appears) that the person bearing that name is not legally qualified to practise.

25. *Mode and Form of Registration.*—And be it enacted, that the mode and form in which the names of qualified persons shall appear in the register of each country, shall be as follows: to wit—First, there shall be one general list, containing, in alphabetical order, the names of all legally-qualified practitioners, with their respective titles, qualifications, and places of abode, such list to be entitled, "List of Legally-Qualified Medical Practitioners [in England or in Scotland, or Ireland, as the case may be];" secondly, there shall be a list of legally-qualified physicians, arranged alphabetically in two divisions, as "Fellows," or "Members," as the case may be, of the College of Physicians to which they belong; thirdly, there shall be a list of surgeons, arranged alphabetically in two divisions, as "Fellows" or "Members," as the case may be, of the College of Surgeons to which they belong.

26. *Registration of Persons already in Practice.*—Provided always, and be it enacted, that during twelve calendar months after the passing of this Act, every person legally practising or entitled to practise on the day before the passing of this Act as a physician, surgeon, or apothecary, in any part of the United Kingdom of Great Britain and Ireland, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this Act had not been passed, and no further or otherwise, unless registered under this Act; and any registrar, on the application of any person legally practising or entitled, on the day before the passing of this Act, to practise as a physician, surgeon, or apothecary in any part of the said United Kingdom, shall, on receiving a fee of ten shillings, cause the name of such person to be registered and to be published in the register as a qualified physician, surgeon, or apothecary, as the case may be, on his producing to the registrar of the country in which he wishes to be registered, his diploma, license, or certificate, or such other proof as shall be satisfactory to the said registrar that, on the day before the passing of this Act, such person was so practising or legally entitled to practise, and every such person, upon being so registered, shall enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as persons who may have qualified themselves for registration, and been registered after the passing of this Act.

27. *Registration Fee; Renewal of Registration.*—And be it enacted, that every person who, after the passing of this Act, shall have qualified himself for registration according to the provisions of this Act, shall, on being registered as above, pay to the registrar the sum of [two—three—four] pounds, which sum shall entitle him to be registered in every subsequent year without further payment; and every person whose name shall be so registered, and who shall be desirous that his name shall continue on the published register, shall, in the month of [ ]

in every year, send to the registrar his name and place of abode and qualifications; and the registrar, having verified the returns by comparison with former registers or otherwise, shall, without any further fee, insert the name in the register for publication.

28. *Reciprocity of Practice: Surgeons.*—And be it enacted, that any person registered in any part of the United Kingdom as a surgeon, on removing with a view to practice to any other part thereof, shall be entitled to have his name enrolled in the register of the country to which he has so removed as a legally-qualified practitioner and as a surgeon, on paying a registration fee of one pound to the registrar of the country to which he has removed, and on enrolling himself as a member of the College of Surgeons of the said country; and he shall be entitled to claim of such college the diploma of membership without examination, on paying the cost of the stamp, if any, on such diploma, and the ordinary fees of office, unless the sum paid by him for his former diploma as surgeon shall have been less than that legally claimed for the diploma of the college sought to be joined, in which case the difference of amount between the sum previously paid and the sum now demanded shall be the sum to be paid for the new diploma.

29. *Reciprocity of Practice: Physicians.*—And be it enacted, that any person registered as a physician in any part of the United Kingdom, on removing with a view to practise as a physician to any other part of the United Kingdom, shall be entitled to have his name enrolled in the register of the country to which he has removed, as a legally-qualified practitioner and as a physician, without examination, on paying a registration fee of one pound, and on obtaining the diploma of membership from the College of Physicians of the country to which he has removed; and he shall be entitled to claim such diploma on paying the price of the stamp, if any, and the ordinary fees of office, unless the sum paid by him for his former diploma shall have been less than that legally claimed for the diploma of the college sought to be joined, in which case the difference of amount between the sum previously paid and the sum now demanded shall be the sum to be paid for the new diploma.

30. *Restrictions on the Grant of Reciprocity of Practice.*—And be it enacted, that in the two cases named in the two preceding clauses (28, 29), to wit, the case of a registered surgeon seeking to join the College of Surgeons, and of a registered physician seeking to join the College of Physicians of a part of the kingdom other than that in which such surgeon or physician has been registered, it shall be competent for the respective colleges sought to be joined to refuse granting their respective diplomas without examination, unless it can be shown that the person claiming such diploma without examination was, when he received his former diploma as surgeon or as physician, as the case may be, of the same age, and had gone through the same curriculum of study, and undergone the same process of examination, as are required of its own candidates by the college sought to be joined.

31. *Colleges may Obtain Alteration of Charters.*—And be it enacted, that it shall be lawful for any of the Colleges of Physicians or Surgeons named in this Act, and for the Faculty of Physicians and Surgeons of Glasgow, to obtain such alteration in their respective Charters as may be requisite to enable them to comply with the provisions of this Act.

32. *None but Registered Persons to fill Public Offices.*—And be it enacted, that no person after the passing of this Act who is not registered as aforesaid, shall be appointed to any medical or surgical office in any hospital, prison, infirmary, dispensary, school, workhouse, or other public institution in the said United Kingdom, or for the relief of the poor; and no person, after the passing of this Act, shall be appointed to any medical or surgical office in her Majesty's army or navy, or in the service of the Honourable East India Company, who is not qualified to be registered under the provisions of this Act; and wherever by law it is provided that any act shall be done by a physician or surgeon, or medical or surgical practitioner, by whatever name or title called, such provision shall be construed, after the passing of this Act, to mean a person qualified to be appointed to such medical or surgical offices as aforesaid; and the medical council shall be empowered from time to time to make regulations for specifying what institutions are to be considered public institutions within the meaning of this Act.

33. *Registered Practitioners Exempt from Serving on Juries, &c.*—And be it enacted, that all persons who shall be registered according to the provisions of this Act shall be exempt, while registered and practising, from being summoned or serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices; but no person shall be entitled to such exemption on the ground of his

practising medicine or surgery, who is not so registered; nor shall the certificate of any such unregistered person, given after the passing of this Act, be received as the certificate of a medical or surgical practitioner in any court of law, or in any case in which by law the certificate of a medical or surgical practitioner is required.

34. *Registered Persons entitled to Demand Fees.*—And be it enacted, that all persons who shall be registered as aforesaid shall be entitled to demand and take reasonable fees for medical and surgical advice and attendance, and for medicines prescribed or administered by them to their patients throughout Great Britain and Ireland, and in all other parts of her Majesty's dominions, without other license than such registry.

35. *None but those Registered can Recover Fees, &c.*—And be it enacted, that after the passing of this Act, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or operation, or for any medicine prescribed or administered by him, unless he shall prove upon the trial either that he is registered under this Act, or that before the passing of this Act he was legally practising or entitled to practise in the capacity in which he claims such charge, and if this Act had not been passed would have been entitled to recover such charge in that capacity.

36. *Penalty on Persons Practising without being Registered.*—And be it enacted, that every person, who, after the passing of this Act, shall act or practise as a physician, surgeon, apothecary, or licentiate in medicine, in any part of Great Britain or Ireland, without having been duly registered according to the provisions of this Act, shall, for every such offence, forfeit and pay the sum of ten pounds, to be recovered by the medical council, by action of debt in any of her Majesty's Courts of Record at Westminster.

37. *Penalty for Improperly Assuming Medical Titles.*—And be it enacted, that every unregistered person who shall wilfully and falsely pretend to be, or take or use the name or title of physician, doctor, or surgeon, or general practitioner, or apothecary, or any name, title, or addition implying that he is registered under this Act, or recognised by law as a physician, or surgeon, or apothecary, or practitioner in medicine, surgery, or midwifery, or that he is a fellow, member, or licentiate of any college to which he does not belong, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland, of a crime and offence, and being convicted thereof, shall be punished by fine or imprisonment, or both, as the court before which he shall be convicted shall award.

38. *Expulsion from the Register for Offences.*—And be it enacted, that if any person registered under this Act, shall be convicted in England or Ireland of any felony, or in Scotland of any crime or offence inferring infamy, or the punishment of death or transportation; or if it shall be found by the judgment of any competent court that any such physician, surgeon, general practitioner, or apothecary, shall have procured the registry of his name by any fraud or false pretence, or that any such physician, surgeon, general practitioner, or apothecary, has wilfully and knowingly given any false certificate in any case in which, by law, the certificate of a physician, surgeon, general practitioner, or apothecary, is required, it shall be lawful for the medical council, on production before them of a copy or extract of the conviction or judgment of the court, duly certified under the hand of the proper officer of the court, to cause the name of such person to be erased from the register; and every person whose name shall have been so erased after such conviction or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered medical practitioner, and shall not be entitled to have his name again inserted in that or any subsequent register, without the special license of the council, on the recommendation of the college of which he was a fellow, member, or licentiate, and shall also cease to be, and shall be disqualified from becoming while his name shall continue so erased, a fellow, member, or licentiate, as the case may be, of any Royal College of Physicians or Surgeons in any part of the said United Kingdom.

39. *Dispensations in favour of Students.*—And be it enacted, that it shall be lawful for the medical council to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of medical and surgical students who shall have commenced their professional studies before the passing of this Act.

40. *Reservation of the Privileges of Oxford and Cambridge.*—Provided always, and be it enacted, that nothing in this Act shall deprive either of the Universities of Oxford and Cambridge of the unrestricted right of granting licenses to practise medicine or physic in conformity with their respective charters, statutes, laws, and regulations.\*

\* This reservation in favour of the English Universities is introduced in

41. *Interpretation Clause.*—And be it enacted, that the words "medicine" and "medical," when used in this Act, shall also mean and include the words "physic," "surgery," and "surgical."

## THE HARVEIAN ORATION.

THE annual oration in honour of the great Harvey was delivered in the spacious library of the Royal College of Physicians, Pall Mall East, on Saturday last, July 1st. A number of distinguished visitors assembled, in addition to the Fellows and Members of the College. The President, Dr. Paris, presided, and amongst the visitors were observed, the Bishop of Bangor; the Bishop of Oxford; Lord Yarborough; Lord Beaumont; Sir John Hanmer, Bart., M.P.; the Revs. H. Mackenzie and Howarth; Dr. Jacob Browne; Mr. Sadlier, M.P.; Mr. Baines, M.P.; Sir Benjamin Brodie, Bart.; the President of the Royal College of Surgeons; Mr. Stanley; Mr. Travers; Mr. Cesar Hawkins, &c. The oration was delivered by Dr. Alderson, and, as usual, was in Latin, of which the following is a sketch:—

"We meet for the 200th time to commemorate the benefactions of the earliest and worthiest members of this college. The founders of this oration caused their good example to be thus recorded, that we might follow in their steps, and thereby increase the influence of the profession, and enlarge its power to do good. Let, then, the long line of benefactors pass in review before us—men whose powerful intellect, without many of our means, anticipated much of our success. Is it to be hoped that yet another strophe can be added to that meed of praise which has been yearly offered in this place, for more than forty lustra? It may, for deeds still fructify, while changing times can draw a lesson from them. We notice Halford first, as *latest*—almost one of our time—the aptest for our imitation. Halford's compeers valued, as they should, the man who strove to render his profession not only honourable but honoured. If less deeply versed in science than his successor, our present president, yet to profoundest knowledge of the art of medicine he added the choicest classical attainments, and his manners were a pattern of the most refined urbanity. No one knew so well that it was hopeless to obtain wide influence for good without the world's respect, or that the world's respect begins at the highest point of social life. By Halford's influence, the building in which we are now assembled was erected for the uses of the college. Baillie appears next, encircled by relations scarcely less distinguished than himself—Hunter, Denman, Croft—a race since honourably represented, both in law and medicine, by Denman and by Brodie. Baillie's success in practice—the greatest ever known—must be ascribed to his indomitable industry. He left his large collection of pathological anatomy to the college, and a valuable example in his devotion to that formerly neglected study. Harvey presented to the college their former habitation. During the Commonwealth the property was wrested from the Church and sold to him by public auction. The building stands yet, near St. Paul's, no mean specimen of the architecture of the times. Galston and Croone founded lectureships, and Caldwell did the same, in connexion with Lord Lumley, who was fellow of this college, and studied medicine, as was then the custom, without intent to practice. It was in these Lumleian lectures that Harvey first announced his great discovery of the circulation of the blood. Great as a philosopher, Harvey was a pecuniary benefactor, and presented to the college his patrimonial inheritance of land in Kent. Do we inquire where was the spark of truth first lighted which dispelled so much error? Trained first at Cambridge, he learnt at Padua his chosen science. Padua was then the first of schools of medicine. How many illustrious spirits—Petrarch, Galileo, Columbus—hover round her now desolate halls? Seats of learning, like imperial cities, have their periods of rise, maturity, and decay. So, also, our northern Athens, once preferred to all amongst our schools of medicine, now gives place to this metropolis; for, wherever industry and talent throng, there science loves to join them. Harvey's Cambridge training, or his Paduan studies, or his own bright perception, would have failed to raise him to his pinnacle of fame but for his amazing perseverance. Loving truth, and seeking her most ardently, yet his discoveries had to bear the test of factions opposition. Many a false discoverer has since presumed to claim him as their prototype, and attribute every

counter-argument to envy—the hanger-on of virtue. Miserable boasters! opposition is no evidence of truth. Mesmerists!—table prophets!—homoeopaths!—mountebanks!—Harvey's persecutions cannot change your fallacies to facts. The final triumph only shows where truth exists. Therefore Harvey triumphed finally, and lived to see his great discoveries acknowledged by his generation. Linacre closes the list of benefactors. He was the first person who taught Greek in Oxford; and he founded professorships in medicine at both universities. His influence obtained from Henry the Eighth, to whose elder brother he had been not only physician but preceptor, the royal charter by which this college governs. Till then, medicine had been studied in the cloister; and physicians, licensed by the Bishop of London and the Dean of St. Paul's, were united only as a society. Well have the laws framed by Linacre's suggestion worked out their object; witness the literature which has adorned the college, the science which it has improved; witness the men among its members—Sloane, Addington, Denman, and others, whose descendants are now numbered with the aristocracy of the land. Witness such men as Friend and Radcliffe, who to professional labours added their services in Parliament. Were their example followed, the task of legislating for the vast body of medical practitioners would not, as at this moment, be abandoned to members of the House, whose connexion with the profession does not entitle them to represent it, nor incline them to regard its general interests. Justice and expediency alike suggest that, of all the learned bodies of the kingdom, this should not remain the only one unrepresented. Have, then, these chartered privileges fostered so much excellence? Let us guard them well, and if changing times require that our laws be modified, let us seize, at least, the spirit of the ancient charter, and perpetuate in a new one what is good. To recur once more to Harvey. This college voted him a statue, yet no honours were bestowed on him by his country: shall we not regret this? It is in vain to say that such rewards are valueless. Titles are not mere decorations, but encouragements to others' virtue, and should be dealt with even hand. If the man whose office places him at the head of the physicians of this country—of the only profession whose members give a large portion of their labour freely to a needy public—were the man, I say, so distinguished to be decorated, would it not be a just and fitting compliment to the general body? I may not here declaim on living merit, yet there is one whom I would dare to single out—whose labours have enriched the stores of new discoveries, and who has won no less the public favour than his brethren's applause.—Bright, whose well-earned fame is echoed far beyond the shores of England. Let us greet with willing voice those fellows of our college on whom the Sovereign's favour has descended since we last met to celebrate this institution. To Holland—learned, accomplished, energetic—let us wish a lengthened period to enjoy his prosperous career; Burnett and Forbes have our congratulations. I would that public honours, showered freely on all other callings, were granted less unfrequently to ours: falling thickly on the legal robe, why do they so seldom rest on men who, in the academic grove, have walked in equal honour, and whose after course has added charity to learning? Let us, however, bear in mind, that whether some of our worthier members be neglected or rewarded, it is ours to raise our intellectual and moral standard for the sake of doing good—let us not forget that it is the office of this college, whose benefactors we have now extolled, to guide opinion throughout our profession. Let this college, in all reforms, listen to the general voice, and yield to varying circumstances; but let it so yield that it may not cede its special mission to open, yet to guard, the portal through which talents and learning are to enter, and for the public service be accredited.

After the oration a grand dinner took place, at which the President and Fellows of the College entertained a brilliant assemblage of visitors, amongst whom were, the American Minister; the Bishop of Oxford; the Earl of Yarborough; the Lord Justice Turner; the Right Hon. Spencer Walpole, M.P.; Mr. Baron Alderson; Mr. Justice Coleridge; Mr. Justice Cresswell; Mr. Justice Wightman; Sir John Hanmer, Bart., M.P.; Sir Benjamin Brodie, Bart.; Sir H. Ellis; the Master of Christ's College, Cambridge; Rev. H. Mackenzie; the President of the Royal College of Surgeons; the Director-General of the Army Medical Board; Mr. Travers; Mr. Stanley; Mr. Green; Mr. Cesar Hawkins; the Master of the Apothecaries' Society, &c. The usual toasts were given.

WE regret to learn that ill health, from over-physical and mental exertion, has for the present compelled Dr. O'Shaughnessy to abandon his electric undertaking in India.

Recognition of their undisputed privileges; but it is hoped and believed that, for the sake of uniformity and convenience, these learned bodies are prepared to resign their right of licensing for practice.

## MEDICAL REFORM.

## THE UNIVERSITY OF DURHAM.

(COPY.)

*To the Right Honourable Lord Viscount Palmerston, G.C.B.,  
Her Majesty's Secretary of State for the Home Department.*

*The Memorial of the undersigned Lecturers in the Medical  
Department of the Newcastle-on-Tyne College of Prac-  
tical Science, humbly sheweth,—*

That your Lordship's memorialists have had their attention directed to a Bill now before Parliament, by which it is proposed to grant certain privileges to the medical graduates of the University of Durham, which concessions, in the opinion of your memorialists, would operate to the general disadvantage of the medical profession in England, and be productive of considerable private injury to your memorialists.

That the only means of affording medical education possessed by the University of Durham, is a School or College in Newcastle, maintained by that University in opposition to your memorialists.

That attendance on the lectures delivered in that School is enforced, by the existing statutes of the University of Durham, as an essential preliminary to medical graduation in that institution; and that, as yet, there are no graduates in the University of Durham who have obtained a medical degree by examination.

That the conduct of the University of Durham, in recently attempting to create a new class of medical practitioners, with inferior qualifications, under the title of Licentiates in Medicine, and in announcing that those licentiates could practise on equal terms with the members of the Royal Colleges of Physicians and Surgeons, was a violation of the rights of those national medical institutions, which would probably be revived, were the Legislature to recognise the claims to a *quasi* independent medical jurisdiction now put forth by the University of Durham.

That the authorities of the University of Durham, taking advantage of a temporary difference amongst members of the medical profession resident in Newcastle, have endeavoured to obtain a degree of ascendancy over medical education, which your Lordship's memorialists believe to be incompatible with the honour and independence of their profession, and calculated to retard the advancement of medical science in the north of England.

That the interference of the University of Durham with the institutions of Newcastle has also been productive of considerable injury to the inhabitants of the latter town generally, by prolonging discord, by impeding the progress of industrial education amongst the working classes, and by forcing into a position of antagonism to an important church institution many who, like your memorialists, are members of the Church of England, and warmly attached to its principles.

Under these circumstances, your memorialists humbly hope that your Lordship will be pleased to oppose the Bill now before Parliament, and adopt such further measures as may appear to your Lordship necessary for the protection of the interests of the medical profession, and for the general welfare of the community in this district.

(Signed) JOHN FIFE, KNT., F.R.C.S., &c. &c.  
H. G. POTTER, F.R.C.S.  
GEORGE ROBINSON, M.D.  
WILLIAM DAWSON, M.D.  
S. W. RAYNE, M.R.C.S.  
H. W. FIFE, M.R.C.S.  
J. B. FIFE, M.R.C.S.  
THOS. A. FURNESS, M.R.C.S.

(COPY.)

Whitehall, June 14, 1854.

SIR,—I am directed by Viscount Palmerston to acknowledge the receipt of your letter of the 9th inst., inclosing a Memorial from the Lecturers in the Medical Department of the Newcastle College of Practical Science.

I am, Sir, your obedient servant,

Sir John Fife, Newcastle-on-Tyne.

H. WADDINGTON.

PARIS UNIVERSAL EXHIBITION OF 1855.—A meeting of the surgical instrument-makers and cutlers of the metropolis was held on the 30th ult., at Marlborough-house, at the invitation of the Board of Trade, to advise the officers of the department of Science and Art in making the preliminary arrangements for the Paris Exhibition.

## DR. CORMACK'S VOTE AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The following correspondence has taken place with respect to Dr. Cormack's vote:—

[NOTE FROM DR. DRUITT.]

To the Editor of THE LANCET.

SIR,—A paragraph appeared in THE LANCET of June 24, respecting a vote alleged to have been given by Dr. Cormack at a certain meeting of the Royal Medico-Chirurgical Society. In that paragraph my name was introduced, and thus I am made to appear as a witness in the case. May I appeal to your courtesy to allow me to state that the paragraph in question was inserted without my knowledge or consent, and that I have not the faintest recollection of any circumstance relating to the vote which Dr. Cormack did or did not give? and further, that I have no doubt whatever of Dr. Cormack's veracity.

I am, Sir, your obedient servant,

Curzon-street, July 1, 1854.

ROBERT DRUITT.

[THE SUB-EDITOR OF "THE LANCET" TO DR. DRUITT.]

SIR,—I am directed by the Editor of THE LANCET to inform you that your note, dated July 1, shall appear in the journal of this week. As Dr. Tanner distinctly asserts that the conversation to which your note refers took place, the Editor would be glad to know whether your communication is intended to convey a contradiction of that statement.

[DR. DRUITT'S REPLY.]

SIR,—I have no distinct recollection of the conversation stated to have taken place between Dr. Tanner and myself; yet, having implicit confidence in Dr. Tanner's honour, I believe that it did take place, though I have forgotten it.

The sole object of my note of the 1st was to avoid being dragged in as a sort of witness in a case where the truthfulness of a gentleman was disputed. I did not see Dr. Cormack vote, neither did I see him do the contrary. I know nothing of the facts. I am not a witness, and anything said by Dr. Tanner to me then or at any other time does not make me one.

In this as in other cases, where great excitement has been created, I believe the memory of the most conscientious man may err as to a matter of fact. I infinitely prefer this way of explaining the discrepancy, and would not accuse either Dr. Cormack or Dr. O'Connor of wilful falsehood. At all events, I beg that my name may not be dragged into any controversy in which the veracity of a gentleman is disputed.

In order to do justice to both parties, perhaps you will be good enough to state that, in washing my own hands of the matter, I no more desire to be understood as implicating Dr. O'Connor than Dr. Cormack.

I am, Sir, with thanks for your courtesy,

Your obedient servant,

39 A, Curzon-street, July 4, 1854.

R. DRUITT.

[THE SUB-EDITOR OF "THE LANCET" TO DR. TANNER.]

THE LANCET Office, July 3, 1854.

SIR,—The Editor of THE LANCET has requested me to beg your attention to a Notice to Correspondents contained in that journal of June 24, in which your name appears. He would feel obliged if you would inform him whether the statement there made be strictly correct, so far as concerns yourself.

I am, Sir, your obedient servant,

Dr. Tanner.

THE SUB-EDITOR OF "THE LANCET."

[DR. TANNER'S REPLY.]

July 3, 1854.

SIR,—In reply to your inquiry, I beg to say that the statement contained in the Notice to Correspondents, in THE LANCET, June 24, is strictly correct as far as regards myself.

I am, Sir, your obedient servant,

The Sub-Editor of THE LANCET.

T. H. TANNER.

APPOINTMENTS.—At a general meeting of the governors, held on Wednesday, the 5th ult., Dr. J. C. Hall, Dr. J. Law, and Dr. C. Elam, were unanimously elected physicians to the Sheffield Public Dispensary.

## Correspondence.

*"Audi alteram partem."*

## GRIEVANCES OF UNION SURGEONS.

*To the Editor of THE LANCET.*

SIR,—In THE LANCET of June 24, I noticed a letter from "Scrutator," in which I regret to find that he has designated the efforts which have already been made by union surgeons to gain better remuneration for their arduous duties, as "much to-do about nothing." To this off-hand view of the matter I cannot consent; for I firmly believe that the frequent *exposés* which have been made, and the no less frequent applications to the Poor-law Board, have rendered the cause of union surgeons an essential service, and have led indirectly to the institution of the present Parliamentary inquiry. What will be the result of that inquiry no man can tell; though I cannot divest my mind of the idea that it will end in a recommendation to the House of Commons for a considerable amelioration of the present condition of union surgeons. It is not my intention to give you any more "dispensing statistics" at present, as those already issued I have reason to know have answered a good purpose, nor do I wish to trouble you with a "croaking letter." But such as it is, pray accept it.

From boards of guardians and from the Poor-law Board, I know, from ample experience, that union surgeons have nothing to expect, and it has certainly proved to be "much to-do about nothing" in attempting to gain justice from either of these bodies. Over and over again during my term of office, (now upwards of seven years,) I have endeavoured to obtain a modicum of justice from the board of guardians, but invariably without success; my application being generally responded to by a hasty resolution, "that the subject be deferred to that day six months." But has this deterred me from prosecuting my purpose? No. I have striven even with more vigour after every defeat, and if I am spared a little longer, I still hope to see the day when union surgeons will not be considered as the dogs of the profession, and fair game for unworthy treatment, but as honourable men performing a dangerous, a painful, and a properly-required duty.

I have appealed also repeatedly to the Poor-law Board, and have received a polite official reply on several occasions, that my case should be considered, but "hope deferred maketh the heart sick," and, hitherto, my expectations from that source have been woefully disappointed. I find the Poor-law Board do not consider themselves a court of appeal, and, as a rule, experience ratifies that they will only sanction what the boards of guardians recommend. So that, between the two, union surgeons fall to the ground, and have no chance of obtaining redress.

In August, 1853, I received my last communication from the Poor-law Board, in which the following sentence occurs:—"The Board direct me to state, that had the guardians thought it right to make any recommendation to them on the subject of your salary, they would have given that recommendation their consideration, but that, looking to the amount of the salaries paid to the other medical officers, and to the extent and population of their respective districts, the Board do not think that your case is of such an exceptional character as to require their interference in opposition to the views of the guardians."

This is all that can be obtained from the Poor-law Board. Is it not clear that these two bodies play into the hands of one another? And is it not equally clear that between two stools the medical officer is permitted to fall? Whether it be creditable or not, I leave others to judge. If, therefore, it be admitted by the Poor-law Board itself, that my case is not one of "an exceptional character," the medical officers under the Poor-law must, as a body, be in a lamentable condition; but I sincerely hope the pending Parliamentary inquiry will redound to the honour of our legislators, and secure justice for a body of gentlemen without whose services the Poor-law would be little better than a blank.

"Scrutator" says, "resign in a body." This is prompt advice, but would such a course do any good? Strikes seldom ever accomplish the purpose for which they are undertaken. If it could be guaranteed, however, that the entire profession would stand aloof in case of a general resignation by union surgeons, then the point at issue might, perhaps, be gained; but I do not think this devotion to our cause can possibly be expected. Unanimity could not be gained. The strike would prove a lamentable failure. The better course I think is, to elicit the *sympathies* of the entire profession, be they high in

place or humble in circumstance, to implore them, most respectfully yet energetically, to aid our cause by addressing letters of explanation and remonstrance to some member of the "Select Committee," or to the representative in Parliament of the county, borough, or town in which the writer resides. This would be but a small outlay of time in so good a cause, and the combined movement would carry great weight. It is at all times difficult for medical men to meet together, but a letter can be written at leisure.

Let me hope that our professional brethren will accede to this request, and step in to our succour *without a moment's delay*, or the vantage ground will be lost. Let not another sun set without their rendering this graceful service, and they will thus ensure the gratitude of a large body of fellow practitioners, whose only fault is that they do too much work for too little pay.

I am, Sir, your obedient servant,  
Cheapside, Halifax, June, 1854. FREDERICK SMITH GARLICK,

## THE "VALUE" OF THE ASSOCIATION JOURNAL.

*To the Editor of THE LANCET.*

SIR,—The present position of the Provincial Medical and Surgical Association is an anomalous one. Having a word or two to say upon it, I prefer addressing myself to you, rather than to incur a polite note from the Editor of the *Association Journal*, informing me that, on consideration, I should agree with him that the publication of my communication in the *Journal* would not be conducive to the interests of that extraordinary piece of imbecility.

At the Oxford meeting the long-existing dissatisfaction with the old *Journal* was brought to a crisis by the energetic declamation of Dr. Cowan. We were promised everything that could be desired in the shape of a weekly journal, and the only special pleading required was in reference to the increase of expenditure which the projected change would entail. Still, so far were the majority from being convinced of the desirableness of the step, that it was only by dint of admirable management, to the extent of obfuscating the ideas of many (both ruling and ruled) as to what they were voting for, that a mere majority was obtained. I voted for the change, and I did so in the confident expectation that we should obtain a weekly periodical of the highest character, which would contain a succinct epitome of all British and foreign notable medical matters at the very time of their appearance, a full account of the proceedings at the Medical Societies, a brief digest of medical news, accurate notices of new books, and an earnest exposure of quackery, whether in or out of the profession, in books or in actions, and all this done in the best style. I did not anticipate that much space would be occupied by editorial platitudes on things in general, good-boyish moralities, heavy lumbering scraps of self-gratulation for things done, which had been merely by chance alluded to in some forgotten previous number, coupled with threats of future boredom on all imaginable text-book subjects, winding up at the end of the year with an index of the grand results which had flown from the exertions editorial! I, for one, expected that the duties of the future Editor would consist rather in the industry with which he would cull good materials from the very prolific soil at his disposal, and in the cautious supervision he would exercise over the epistolary twaddle department, than in flourishing his pen in the so-styled leading articles, of which, if our own be typical specimens, Heaven preserve me from ever becoming a writer! We were to pay enough for it. Indeed, but for this, we do not really require a journal of our own at all. The argument, that we need one for the publication of Association business, is untenable. That would find insertion quite as readily, and perhaps with less prejudice, elsewhere, if we possessed no *Journal*. The real reason for having the *Journal*, and for having it published once a week, was merely that of tempting new members to join, by holding out the bait of a cheaper mode of keeping *as courant* with the times than any other journal affords. I do not impugn the excellence of such a reason. I think it a very proper and forcible, as I know it to be the influential, one; but I do impugn the mode in which the promise, whether assumed or expressed, is fulfilled. Good type and good paper we have; but I assert that the *Association Journal* is not nearly what we have a right to expect it to be, it is the poorest by far of all the medical journals, with one exception. The addition to the number of members, of which so much has been said, is due, not to what the *Journal* is, but to what was expected from it.

In its own special line, it ought to be an unsurpassable journal—a periodical of which each member might feel proud.



What is it to the greater body of members whether Dr. Cormack may have a personal "tiff" with A or B?—whether he blunders into a scrape or blunders out of it? What to them are the mere personal jealousies and bickerings of any of the members of the Metropolitan Branch? Indeed, what greater interest have they in the thoughts and wishes of these members than in the thoughts and wishes of any equal number of provincial members? It is looming not very far or very dimly in the distance, that the Association will become a London society, with members in the country; with the metropolitan segment—branch no longer—as the central governing body, in place of "Our good Mother at Worcester," (who, I must say, was always, if womanish at all, which I doubt, at least a lady in her intercourse with her progeny;) with the *Journal* as the particular organ of the most active and pushing members of the London Board on the "Caw me and I'll caw thee" principle. The narrow end of the wedge is in; it remains with the members at large whether or not they will permit it to be driven home.

Why should the *Journal* be of such a calibre that no one even yet ever thinks of preserving its numbers, unless for the sake of the odd page of meteorological statistics? Why should space be occupied by "leading articles" when there is nothing to be said. Why, indeed!

"The reason why I cannot tell;  
But this alone I know full well"—  
And of my letter 'tis the kernel:  
We're sold ourselves, but not our *Journal*.

I remain, Sir, your obedient servant,

AN ANTIQUATED MEMBER OF THE ASSOCIATION.

July, 1854.

## COUNTY COURT, ETRURIA, STAFFORDSHIRE.

### CONVICTION FOR PRACTISING AS AN APOTHECARY.

#### THE APOTHECARIES' COMPANY *V.* DIXON.

In this action, which was brought by the Apothecaries' Company, London, the defendant, Mr. James Dixon, is a chemist and druggist, carrying on business in Hanley, the action being to recover from him the penalty of £20 for practising as an apothecary without the requisite certificates of qualification and competency. The case excited a great deal of interest, and during the proceedings the court was crowded with persons, amongst whom were several of the resident medical gentlemen. Mr. Kenealy, barrister, instructed by Mr. Heaton, appeared for the plaintiffs, and Mr. C. B. Passman, of Stafford, for the defendant.

Mr. Kenealy, in opening the case, stated that the suit had been brought under the 55th George III., chap. 104, sec. 20, which regulated the practice of apothecaries in this country; and some time ago, in consequence of an influx of persons not qualified as medical practitioners into the district, several of the members of the profession united in forming a society for the purpose of protecting themselves, and of endeavouring to restrain the persons alluded to from practising. Amongst others whose names were forwarded to them was that of Mr. Dixon, and in order not to take any proceedings against him, without previously intimating to him their determination of doing so, unless he desisted in his course of conduct, a communication to that effect was addressed to him through Mr. Heaton, but without any effect; and on the matter being afterwards represented to the Apothecaries' Company, a second letter, with a similar purport, was sent to him, notwithstanding which, however, he continued to practise as before, and the present proceedings had accordingly been taken. Having also stated that he should submit three cases to his Honour, clearly implicating the defendant in such transactions, Mr. Kenealy went on to call his witnesses.

The first of these was Ann Sutton, a married woman residing in Hanley, who deposed that in August last a daughter of hers, about six months old, became unwell, and she took it to the defendant's shop, and the defendant, after examining it, said it was ill, and gave her a bottle of medicine, with directions how to administer it, for which she paid him. She took the infant to him a second time, when he again examined it, and said it was suffering from inflammation of the bowels, and he gave her some more medicine. He saw the child several times afterwards at his shop, and made on each occasion inquiries as to how it was going on, &c. On the 2nd of September, the child got worse, and she then fetched the defendant to see it. He came, and on examining it, he said it could not last long, but gave some directions how to treat it. It died on the following day. She paid him for the medicine each time she

received it, but he did not charge for anything else. She afterwards went to the defendant for a certificate of the cause of death, and received a document, which she took to Mr. J. B. Davies, the registrar.

Mr. Davies (who is also a surgeon at Hanley) was then examined, and stated that he received the document produced (which was afterwards read in court, and proved to be a medical certificate of the death and cause of death of the child, signed by the defendant as a surgeon) from the person who came to register the death, and he had no doubt it was from the last witness.

Mr. Moxon, solicitor, having deposed to the defendant's handwriting, the first case was closed by the certificate being put in and read by the clerk.

The next witness was Ellen Jackson, who deposed to her infant daughter being unwell in October last, when she took it to the defendant, who examined her, and pronounced her to be dangerously ill, and suffering from measles and incipient fever. He said she must not be brought out of doors again, and then gave her a bottle of medicine and two powders, with the usual directions as to the doses, &c. Next day she sent for him, as there was something wrong with the child's mouth and teeth, and he afterwards sent her a preparation to wash its mouth out with; and he called several times to see it, and sent medicine for it, before it died. After it died she got a paper from the defendant, which she took to Mr. Davies, but she could not say whether the one produced was the same. She paid the defendant for the medicine, and asked him what he would charge for his attendance. He said he would send her the bill, but he had not done so since, nor had he mentioned the matter when she saw him.

The cross-examination by Mr. Passman was principally directed to show that the defendant, who was a surgeon-dentist, had seen the child on account of its mouth and teeth. The examination of Mr. Davies was to a similar effect to that in the preceding case.

Prudence Bell, a married woman, residing at Etruria, was the next witness called. She deposed, that being taken unwell soon after Chester races last year, her husband fetched the defendant to attend her at her own house. He accordingly came, and having felt her pulse and asked her different questions, he said she had got the bowel complaint, and he would send her some medicine which would do her good. She received a bottle of medicine accordingly, and took it. He saw her twice afterwards, and sent her some more medicine and some pills; but as she did not improve, but got worse, her husband fetched Mr. Garner, surgeon, of Stoke, to attend her, and gave notice to the defendant that his services would be no longer required. He sent in his bill immediately, and it was taken away by Mr. Garner. On cross-examination, she said that the bill was not paid, and that she subsequently received a letter from the defendant, accompanied by his bill for medicine and attendance, threatening legal measures if it were not paid. She believed the handwriting in the letter and the bill was the defendant's. She had seen him write once, but did not take particular notice. The first bill was brought to her house by the defendant's boy.

The bill and the letter having been put in, Mr. Kenealy intimated that his case was closed.

Mr. Passman then objected that, under the 30th section of the Act, twenty-one days' notice of action ought to have been given to the defendant; secondly, that it was requisite under the Act that cases charged against the defendant should have occurred within six months previously to the action being brought, which was not so with regard to those which had been adduced before the court; and thirdly, that the plaintiffs must prove their retainer from the Apothecaries' Company, which latter point he argued at some length.

Mr. Kenealy having briefly replied, his Honour observed that with regard to these objections, he did not think any of them were applicable to that kind of action. The two former—namely, the twenty-one days' notice and the limit of six months, had reference to matters done by the Apothecaries' Company in pursuance of the Act of Parliament, which conferred upon them certain powers, but at the same time left them exposed to action if those powers were exercised wrongly or to the injury of any persons, in which cases those persons before taking legal proceedings must give the Company twenty-one days' notice of doing so, and not allow six months to elapse between the fact complained of and the action. In the case before the court, however, it was very different, as the facts alleged had not been committed in pursuance of the Act of Parliament, but in contravention of it, and the objections, therefore, did not apply. With regard to the production of the retainer, his Honour admitted that, in certain cases, the

production of the retainer, under seal also, was necessary, but held that the present action was by no means one of that character.

Mr. Passman then proceeded to address the court on the merits of the case, contending, in the course of his remarks, that, according to the evidence, the defendant had done no more than a chemist and druggist might do under the Act of Parliament. With regard to the bill produced in the last case, he maintained that no reliable proof of its having been sent by the defendant had been established, and having read one or two reported cases, which he affirmed were analogous, in support of his arguments, Mr. Passman concluded by expressing his belief that this action had arisen from a jealous feeling on the part of the profession, and by defying any imputation upon the talents and abilities of the defendant.

His Honour afterwards summed up in a most lucid and impartial manner. Setting aside the consideration as to whether the defendant had been useful in practising as he had done, or whether he had been the contrary, as being matters which could not influence his judgment, he confined himself to the simple question,—had the defendant, according to the evidence, illegally acted as an apothecary? If he had, he had no discretion but to award the whole amount of the penalty, whether he might consider it hard upon the defendant or not. Looking next at the evidence, and particularly that of the witness Bell, and coupling it with the fact of the defendant having described himself as a surgeon in the certificates sent to the registrar, and also with that of his having charged in the bill sent to Mrs. Bell for "attendance and prescriptions," he thought it was impossible for the defendant to escape, and he had no alternative therefore but to declare a verdict for the amount claimed.

Some conversation then ensued as to how it should be paid, and it was agreed that the defendant's offer of £5 forthwith, and the remainder in two months, should be accepted.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 30th ult.:

BERESFORD, CHARLES, Congleton, Cheshire.  
DAY, ALBERT BRYAN, Isleworth.  
ENGLAND, WILLIAM HENRY, Leeds.  
GODFREY, JOSEPH JOHN, Turvey, Beds.  
HARGOOD, FREDERICK HEZEKIAH, Army.  
HAYARD, JOHN EVANS, Blangothan, Llangollen.  
MORRIS, JOHN PENFOLD, Lewes, Sussex.  
PORTER, HENRY, Peterborough.  
QUINTON, CHARLES, Wolverhampton.  
REID, DOUGLAS ARTHUR, Southsea, Hants.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, June 29th, 1854.

CARTER, ROWLAND WIMBURN, Army.  
MORGAN, SAMUEL, Warminster, Wilts.  
WILLY, THOMAS VALENTINE STAPLE, Somerset.

**BOARD OF TRADE, WHITEHALL, JUNE 28.**—The Right Hon. the Lords of the Committee of Privy Council for Trade and Plantations have received, through the Secretary of State for the Colonies, a copy of a despatch from the Governor of Gibraltar, reporting the raising of the temporary quarantine imposed by him in February last. The Right Hon. the Lords of the Committee of Privy Council for Trade and Plantations have received, through the Secretary of State for Foreign Affairs, a copy of a despatch from her Majesty's Consul at Lisbon, enclosing a notice of the Portuguese Board of Health, declaring that all the ports of England are considered clean from the 6th of June; but that the port of Limerick continues to be treated as infected, and all other ports of Ireland as suspected of infection with Asiatic cholera.—From the *London Gazette* of Friday, June 30.

**NAVAL APPOINTMENTS.**—Acting assistant-surgeons G. T. Keels (1854), to the *Calcutta*, 84, at Devonport; John A. Young (1854), to the *Colossus*, 80, screw steam-ship, for service with the Baltic fleet.

**WHITECHAPEL COUNTY COURT (JUNE 29).**—*Before Mr. Serjeant MANNING.*—**THE POTBOY TURNED DOCTOR: RONDEAN v. LANGTON.**—This action, brought to recover the small sum of sixteen shillings, disclosed the credulity of the denizens of the metropolitan eastern suburbs in patronizing empiricism; indeed, the proceedings at the Whitechapel County Court too frequently exhibit cases in which quacks figure in a light almost incredible. The Apothecaries' Company, some short time since, obtained a conviction, by a penalty of £20, against one of these East-end gentry, at this County Court, and they would do well to pay the like compliment to Mr. Langton, the defendant in this action. Mr. Steadman, solicitor to the plaintiff, stated that the action was to recover eleven shillings, monies paid to a loan society in which defendant was a defaulter, and the plaintiff, who kept the "Earl Grey," Bethnal-green-road, was the security. The other five shillings was for balance of money lent to buy the defendant a watch-guard, so that he could come "the swell" at public-house concert-rooms, where he was formerly a "star." The case had been adjourned for the production of the secretary of the loan society, who was present, to prove lending the defendant money which the plaintiff had to pay. The court no doubt felt surprised to find the defendant described as a surgeon, and he (Mr. Steadman) was astounded to find that he practised in a very extensive way as a chemist, surgeon, acconcheur, and physician, in Church-street, St. George's-in-the-East, (so the reporter understood the solicitor to describe defendant's residence;) when the fact was, this celebrated doctor was nothing else but a clever potman at public-houses. (Roars of laughter.) It seemed incredible that such a state of things could be, but so it was; and this potman-doctor, he was assured, did a more lucrative business than the qualified men in his neighbourhood. He was a most impudent quack, and he did not believe he could read a prescription.—The defendant here, in a subdued and imploring tone, interrupted the learned gentleman with "Oh, pray don't say so! What has it to do with the case whether I am a potman or a surgeon?" (Roars of laughter.)—Mr. Steadman, with some warmth: It shows you are an impudent quack; and I think it high time you looked after your pots, instead of ignorant patients. (Much laughter.)—Mr. Langton's defence was, that he borrowed the money of the loan society five different times for the plaintiff's use, who was virtually security for himself. He admitted that he had deceived the loan societies, but modestly refrained from noticing the soft impeachment of pots and physic.—The learned judge, who appeared astounded at the revelation, with some warmth said, by the defendant's own showing he had committed five frauds, and as plaintiff denied his having the money for himself, he could not consider the defendant entitled to credit, and gave a verdict, with costs, for the plaintiff. The potman-doctor then strutted out of court to attend his patients.

**MILITARY APPOINTMENTS.**—12th Regiment of Light Dragoons: Assist.-surg. Gavin Ainalie Turnbull, from the 95th Foot, to be assist.-surg., vice Flood, deceased.—3rd Regiment of Foot: Thomas Teevan, gent., to be assist.-surg., vice Clayton, removed from the service.—66th Foot: Assist.-surg. Wm. Sim Murray, M.B., from the Staff, to be assist.-surg., vice Simpson, promoted in the 17th Foot.—76th Foot: Assist.-surg. Duncan Alexander Campbell Fraser, M.D., from the staff, to be assist.-surg., vice Gordon, appointed to the staff.

**SMALL-POX IN SCOTLAND.**—We do not remember any disease having been at any time so general here as the small-pox has been for the last six or eight weeks. It has attacked every second or third family, both in the village and neighbourhood. One case only has proved fatal.

## Obituary.

ON the 27th May, at Spanish Town, Jamaica, Dr. BROOKS, of cholera. During the day preceding his death deceased was seized with premonitory symptoms. At five o'clock, he attended his last patient, who suffered from cholera. But after that he could no longer contend against the disease. Dr. Brooks went home and went to bed. The following day he died, at two o'clock, leaving only one medical man to attend the sick. Of seventy-eight cases fifteen proved fatal, exclusive of which there were ninety-six cases with premonitory symptoms.

On the 10th of May, at Mount Moreland, near Spanish Town, Jamaica, of cholera, EDWARD CHARLES BUNNETT, the

youngest son of HENRY JAMES BURNETT, Esq., M.D., aged thirty-five.  
On the 20th ult., at Market Lavington, Wiltshire, JAMES HERRIOT, Esq., M.R.C.S.E., L.A.C., Medical Officer Devises Union.

### BOOKS RECEIVED FOR REVIEW.

Dr. J. Struthers' *Anatomical and Physiological Observations*.  
Dr. Maurice Schallhofer's *Notes on Diseases in Turkey, in reference to European Troops*.  
The British and Foreign Medical-Chirurgical Review, July, 1864.  
The Half-Yearly Abstract of the Medical Sciences. Vol. XIX. Jan. to June, 1864.  
Dr. Wm. Henry Robertson's *Handbook to the Peak of Derbyshire and to the Rise of the Darton Mineral Waters*.  
Mr. Erasmus Wilson's *Surgeons' Vade-Mecum*. 6th Edition.  
Dr. Forbes Winslow's *Lectures on Insanity*.  
Dublin Hospital Gazette.

### TERMS FOR ADVERTISING.

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### TO CORRESPONDENTS.

*Pater Familias, A Visitor, and others*.—We cannot insert any more communications respecting Dr. Kahn's museum. From the note of Dr. Kahn, which appeared in our last, it will be seen that the controversy relative to the admission of females has elicited a promise from him to entirely exclude ladies from the syphilitic-room, also to remove any objectionable models in the exhibition that might be pointed out to him. We think this must be satisfactory to our correspondents. It is a pity that a valuable museum, which might be made the means of advancing the studies and researches of the junior members of the profession, should be damaged by specimens degrading to the mind of the student or visitor. Since the appearance of Dr. Kahn's letter, we have visited the collection, and pointed out several models that ought to be removed. Dr. Kahn very promptly acquiesced in our recommendation—and, farther, said that he would willingly take away any specimen that medical gentlemen might consider unfit to be inspected by ladies. We hope now that the complaints respecting this really, in many respects, interesting museum will cease.

*One Present, &c.*—The disgraceful conduct mentioned has not passed unnoticed. The most culpable of the parties are the reporters of the *Times* and the *Morning Advertiser*, and the editors of those journals will have formal complaints of the misconduct laid before them. Nearly the whole of the press has acted unfairly in publishing portions of the proceedings before the inquiry has terminated. Grave accusations have been made, and the answers not heard; and down to the hour when we are writing (Thursday morning) not a single witness has been called by the parties whose conduct has been impugned. The comments in the *Observer* have been highly libellous, and must lead to a judicial inquiry. Had not Mr. Wakley, jun., been the son of a gentleman who for many years has been connected with the medical press, he would not have been exposed to the malignant conspiracies which are directed against his reputation. If the conductors of the press generally are content to see the professional members of their families attacked and crushed by the all-powerful engine they control, it is well that such a fact should be known. Neither in generosity, in dignity, nor in self-respect, is it very likely that the character of the press can obtain any advantage by such a course of policy. It certainly is an undoubted fact that Mr. Wakley, junior, has been malignantly assailed as an hospital surgeon, because he happens to be the son of the Editor of a public journal.

*Assistant-Surgeon*.—No mention is made in the "Regulations" issued by the Admiralty of any such examination.

*Vaccination Amendment Act*.—The various gentlemen who have addressed us respecting the amended Act will perceive that the subject is treated of in a leading article.

*Mr. John E. Milton*.—It would be altogether inconsistent with the objects of a medical journal to enter upon a philological discussion. The views of our correspondent, although not agreeing with our own, we readily admit to have their weight. But setting aside all questions of etymology, we consider that the genius of the English language is to make words imported from foreign sources conform to English rules of pronunciation. On this ground alone the "c" before "a," "i," and "y," representing "æ," must have a soft sound. We regret that we cannot insert Mr. Milton's very ingenious communication.

*Dr. Crisp's* communication shall be noticed next week.

*M.R.C.S. and L.S.A.*—The appointments are not annual; but are subject to the control of the magistrates in the one instance, and the Commissioners of Police in the other. It is not necessary for the holder to possess the double qualification.

*Chirurgus*, (Bristol).—Can it be possible that the bill, headed "W. E. Johnson," is circulated by a member of the profession? It is certainly a curiosity, and as such should be preserved:—

"W. E. Johnson, Surgeon-Accoucheur, and Surgeon-Accoucheur to the Dorcas Society, for the District of St. Mary Redcliff, Thomas and Temple parishes, returns his sincere thanks to his numerous friends and the public in general for the very liberal patronage bestowed on him for the last three years, since taking to the above business; and pledges himself to them, that his punctuality and perseverance in his professional duties shall continue the same, feeling assured from long experience that it will gain for him that confidence which he merits, having been in one of the first hospitals in Paris for many years, where he gained for himself that confidence and experience which enables him to carry out his profession in a more scientific manner than is generally practised by many of our English medical practitioners.

"W. E. J. still continues, as usual, to attend the working class, at their own residences, on payment of three shillings per week, including medicine; and if they attend the surgery, they may obtain the same on payment of two shillings per week; accouchements, fifteen shillings; with chloroform, one guinea.

"Any poor person may be attended, with a recommendation from a respectable housekeeper, on payment of seven shillings and sixpence.

"Advice gratis from nine to ten in the morning, and from six to eight in the evening.

"Cathay, June 23rd, 1854."

*Mr. Hamilton*, (H.M.S. Odin, Baltic fleet).—Our correspondent's request shall receive attention.

A CORRESPONDENT, who has sent us a report respecting the Norfolk and Norwich Hospital, has forgotten to authenticate it.

A. B., (Hull).—The paragraph referring to Mr. Wilkinson, of Barton, in the *Hall Advertiser*, though somewhat irregular, was probably inserted by some injudicious friend of that gentleman.

*Clinique*.—The "medical reports" would be acceptable if practical and sufficiently condensed. We cannot give a positive promise that they shall appear until we have had an opportunity of perusing them. The first had better be sent to the Office. We shall be glad to receive it.

A *Constant Reader*, (London).—Supposing a degree could be obtained in the way hinted by our correspondent, it would be a disgrace rather than an honour to the party holding it. We believe that personal attendance is requisite now at most of the universities in Germany.

One who feels that he has been victimised.—1. The disease is easily cured.—2. Apply to a respectable surgeon. Avoid the advertising quacks, unless you wish your pockets emptied, and your health destroyed.—3. Cannot say the amount.

*Mr. Elridge*.—Mr. Milton's papers were published in the last volume of *THE LANCET*. We must decline according to our correspondent's last request.

A *Country Surgeon*.—If the case be considered incurable, it is probable he would not be admitted into any of the London hospitals. The Westminster Hospital admits a limited number of incurable patients, but there is much difficulty in obtaining admission.

*Nemo*.—There is no parallel between the two cases. The *Association Journal* is the property of a body of gentlemen, and not a trade speculation. That which would be derogatory to the Provincial Medical Association might be regarded as honourable in tradesmen. There is much truth in what our correspondent says respecting the proprietor of the other journal named; but we feel assured that on reflection he will see the impropriety of our publishing his letter.

*Veritas*.—There is a regular fixed scale of fees for medical witnesses in criminal cases. The fee is £1 1s. per diem, with the allowance of reasonable expenses for passage to the place in which the trial is held.

A *Member of the Provincial Association, &c.*, is thanked for his communication. He will perceive that his request has been complied with. Our only object in requesting permission to attach his name to the letter he has forwarded to us for publication, was a conviction that such a remonstrance from such a quarter could not fail to exert a most beneficial influence upon the Association of which he is so worthy a member.

*Dr. Schulz*.—Next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marshall Hall; Dr. Robert Dundas Thomson; Dr. Tanner; Mr. Milton; Assistant-Surgeon; Chirurgus; Mr. T. Hutchinson, (Cambridge); Dr. Mansell, (St. Andrew's, with enclosure); Dr. Crauford, (Peebles, with enclosure); A. B., (with enclosure); Mr. W. Garstang, (with enclosure); Clinique; Mr. Wadsworth, (Leeds, Yorkshire); A Constant Reader, (London); T. B.; Dr. James Jago; M.R.C.S. and L.S.A.; One who feels that he has been victimised; Mr. Furness Shaw, (Calcutta Medical College); Mr. Furness, (Newcastle-upon-Tyne); A Subscriber, (Birmingham); Dr. Benjamin Ridge, (Putney); Mr. Robert Pollock; Mr. C. Neate, (Uttoxeter); A Country Surgeon; Dr. Maurice Schulz; Mr. Hamilton, (H.M.S. Odin, Baltic fleet); Mr. John Smith, (Sheerness); Dr. Crisp; Pater Familias; A Visitor; One Present; Mr. Elridge; Nemo; Veritas; A Member of the Provincial Association; &c. &c.



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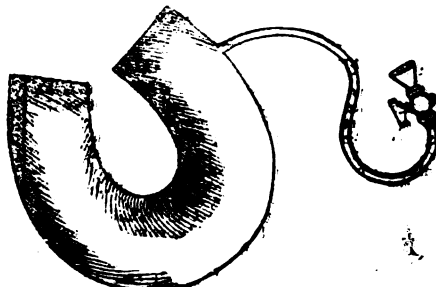
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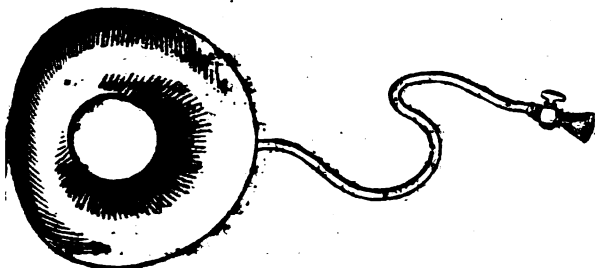
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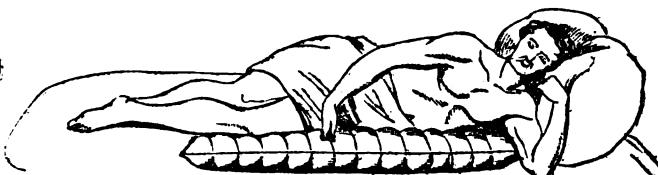
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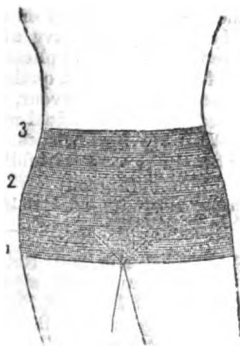
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## Sir William Burnett's Patents.—In

the year 1833, Patents were granted to Sir William Burnett, M.D., F.R.S., Director-General of the Medical Department of the Royal Navy, for the use of Chloride of Zinc, as applied to the preservation of Timber, Canvas, Cordage, Cotton, Woollen, and other articles from Rot, Mildew, Moth, &c.; and in 1852 Her Majesty was pleased to grant an extension for 7 years. Parties using Chloride of Zinc for any such purposes must purchase the same from the Proprietors of the Patents, at their Office, No. 18, Cannon-street, London-bridge; and any person using it without license will be proceeded against for infringement of their Patents.

N.B.—The Prize Medal of 1851 was awarded by the Royal Commissioners for Sir William Burnett's Patent.

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**FLUID.**—The great and invariable success of Sir William Burnett's Patent Solution, in preserving Timber, &c. from Rot, and in arresting the Decomposition of Animal and Vegetable Matters, soon led to its general application as an Antiseptic or Disinfecting Agent; and for the last eight years it has been in general use, with a success and public benefit truly marvellous, for the Disinfection of Sick Rooms, Clothing, Linen, &c.; the Prevention of Contagion; the Purification of Bilge-water and Ships' holds, Cesspools, Drains, Water-closets, Stables, Dog-kennels, &c.

It is now only necessary to caution the public against an imitation which, for the last month or two, has been advertised as an "IMPROVED CHLORIDE OF ZINC," and even recommended by selections from Sir William Burnett's own Testimonials.

Sir William Burnett's Disinfecting Fluid is sold by all Chemists and Druggists, and at No. 18, Cannon-street, London-bridge.

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## Crews's Disinfecting Fluid is the

Best and Cheapest for the Purification of Dwelling-houses, Stables, Dog-kennels, Ships' Holds, Cesspools, Drains, Water-closets, &c.; the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion.

The extraordinary power of this Disinfecting and Purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other Disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crews's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide Instructions accompanying each bottle.

It is sold by all Chemists and Shipping Agents in the United Kingdom, in Imperial quarts, at 2s.; in pints, at 1s.; half-pints, at 6d.; and in larger vessels, at 5s. per gallon.

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successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 25th, 1854.) Davenport's Preparations specially referred to are as under:—

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Or SACCHARATED CAPSULES, approved of by the French College of Physicians, successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of certain diseases. (See THE LANCET of November 6th, 1852.) Price per 100, 4s. 6d.; 50, 2s. 9d.

To be had of the Inventor, GABRIEL JOZEAU, French Chemist, 49, Haymarket, London, whose name is printed on the Government stamp; and all the principal Chemists.

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## Major's Remedies for the Horse,

the best and most effectual ever discovered, superseding the "burning iron" and the torture of the "cautery."

MAJOR'S BRITISH REMEDY, for the cure of ringbone, spavins, splints &c. A single bottle sufficient to cure from four to six spavins, £1 15s.

MAJOR'S SYNOVITIC LOTION, (the Remedy, No. 2,) for grogginess, weak joints, sprains of the back sinews, ruptures of the sheaths of tendons, suspensory ligaments, shoulder lameness, and inflammation; also for the cure and prevention of breaking down, &c.—In bottles, large size, £1 1s.; small, 10s. 6d. each. The above invaluable remedies can now be forwarded to any part of the United Kingdom. Pro-payment by check or post-office order, made payable to Joseph Major, Post Office, Charing-cross.

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The most effectual Remedy for Consumption, Bronchitis, Asthma, Gout, Chronic Rheumatism, and all Scrofulous Diseases.

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Professor of Chemistry at the University of Giessen, &c. &c.

"SIR,—I have the honour of addressing you my warmest thanks for your attention in forwarding me your work on the chemical composition and properties, as well as on the medicinal effects, of various kinds of Cod-liver Oil.

"You have rendered an essential service to science by your researches, and your efforts to provide sufferers with this Medicine in its purest and most genuine state must ensure you the gratitude of every one who stands in need of its use.

"I have the honour of remaining, with expressions of the highest regard and esteem, yours sincerely,

(Signed)

"DR. JUSTUS LIEBIG.

"Giessen, Oct. 30, 1847.

"To Dr. de Jongh at the Hague."

The late

### Dr. JONATHAN PEREIRA,

Professor at the University of London, Author of the "Elements of Materia Medica and Therapeutics," &c. &c.

"MY DEAR SIR,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the author of the best analysis and investigations into the properties of this Oil should himself be the Purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that for medicinal purposes no finer oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed)

"JONATHAN PEREIRA.

"Finsbury-square, London, April 18, 1851.

"To Dr. de Jongh."

Sold Wholesale and Retail, in bottles, labelled with Dr. de Jongh's stamp and signature, by ANSAR, HARFORD, and Co., 77, STRAND, Sole Consignees and Agents for the United Kingdom and British Possessions; and by all respectable Chemists and vendors of Medicine in Town and Country, at the following prices:—

HALF-PINTS ... 2s. 6d. | PINTS ... 4s. 9d.

IMPERIAL MEASURE.

**Water Filter for the Pocket, with**  
 DRINKING-CUP and INSTRUCTIONS, and will filter any quantity  
 of Water. Size, 4 inches by 2. Price 3s. 9d.  
 J. SOLOMON, Wholesale Optician, and Photographic Depot, 23, Red Lion-  
 square.

**Mineral Waters.—W. Best begs to**  
 inform the Nobility, Gentry, and the Faculty, that he has just received  
 a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS  
 of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg,  
 Kissingen, Vichy, Seidlitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-  
 de-Cologne, Arquebuzad, and Foreign Mineral Water Depot, 22, Henrietta-  
 street, Cavendish-square.—N.B. Balls and evening parties supplied with  
 German and Struve's Artificial Seltzer Water on Advantageous terms.  
 N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

**Blake's Aërated Citrate of Potash**  
 WATER.—BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, have  
 recently prepared an Aërated Solution of Citrate of Potash, which they beg  
 to introduce to those members of the profession who may desire it for  
 the use of their patients. It will be found a valuable auxiliary in the treatment  
 of Gout and Rheumatic Affections, as well as the Lithic acid Diathesis and  
 Dyspepsia. Their Potash Water, as usual, contains 18 grains of the Bicar-  
 bonate in each bottle; Soda, 15 grains; Magnesia, 12 grains; and Ammonia,  
 10 grains. Seltzer, Vichy, and other foreign waters, from the respective  
 analyses.

**Schweppe's Soda, Potash, and Mag-**  
 NESIA WATERS, and AERATED LEMONADE, continue to be man-  
 ufactured upon the largest scale at their several establishments in London,  
 Liverpool, Bristol, and Derby. The celebrity of these well-known waters, and  
 the preference they universally command, are evidences that their original  
 superior quality over all others is well sustained. Every bottle is protected  
 by a label with the name of their firm, without which none is genuine, and it  
 may be had of nearly all respectable chemists throughout the kingdom. Im-  
 porters of the German Selters Water, direct from the springs, as for the last  
 twenty years.—61, Berners-street, London.

## HYGIENIC BATHS.

JENSEN'S TONIC

## DAPHNE MARINA SALT FOR BATHS

When dissolved in a Cold, Tepid, or Warm Bath, imparts so eminently  
 strengthening and beneficial properties to the same, that, when once tried, a  
 Bath will scarcely ever be taken without it. In the buoyancy and freshness  
 it produces in the system, it is far superior to any known Sea Bath.

Sold at 1s. per packet, by the Proprietor, C. MEINIG, 103, Leadenhall-street,  
 and 213A, Piccadilly, (near Regent-circus,) and by all Chemists, and Bathing  
 Establishments.

## By Her Majesty's Royal Letters

PATENT.—T. MAYO, WATSON, and Co., 2, BERNERS-STREET,  
 OXFORD-STREET, LONDON, Manufacturers of Mineral Aërated Waters,  
 and Patentees of the Syphon Vase and Valvular Stopped Bottle. The ob-  
 jection so generally made to the common soda-water bottle, in the inconveni-  
 ence attending its being opened, has induced Messrs. T. Mayo, Watson, and  
 Co., in addition to the Syphon Vase to introduce the VALVULAR STOP-  
 PERED BOTTLE, whereby the annoyance complained of is removed, the use  
 of both corks and wire being dispensed with, and the advantages arising to  
 those who are in the habit of drinking aërated waters (more especially ladies  
 and invalids) greatly enhanced, from the circumstance that any quantity, how-  
 ever small, can be withdrawn, whilst, at the same time, the portion remaining  
 in the bottle retains its gaseous properties unimpaired.—Applications having  
 been made to them for agencies for the sale of the Syphon Vase and Valvular  
 Stopped Bottle, Messrs. T. Mayo, Watson, and Co. have now made arrange-  
 ments accordingly, and will be happy to treat with parties desirous of becom-  
 ing agents.



## Briet's portable Gazogène, OR SODA-WATER APPARATUS,

for the immediate production of Soda-water, Ginger-  
 beer, sparkling Wine, Lemonade, &c. &c.

SPECIAL POWDERS for generating Gas in the  
 same, cheaper and more effective than any other  
 preparation.

SELTZER POWDERS, prepared from a recent  
 analysis of the fresh water from the spring by a ce-  
 lebrated German chemist.

PATENT REFRIGERATOR, or Gazogène-Cooler  
 PATENT PORTABLE FILTER, a cheap and  
 useful article, not occupying more than four to six  
 inches in space, and filtering from six to ten gallons  
 per twenty-four hours, suitable for Military, Navy, and  
 Travellers in all Climates.

Sole Wholesale Agents, GEBHARDT, ROTTMANN,  
 and Co., 21, Bartlett's-buildings, Holborn, London.

NOTICE is hereby given, that proceedings will be  
 adopted against all parties selling or exposing for sale  
 the imitations of the above-named articles, as the said  
 imitations are infringements upon these patents.

TO THE DENTISTS OF GREAT BRITAIN.

**Certain persons having endeavoured**  
 to obtain Letters Patent for the Continuous Enamelled Gum on Platinum  
 Plates, I remind you, that, having previously used it, I exhibited it at the  
 Great Exhibition. It is therefore open to the Profession generally, and I can  
 provide instruction for those unacquainted with its peculiarities.  
 2, Old Burlington-street. GEORGE WAITE, M.R.C.S.

**Purification of Linen—Prevention of**  
 DISEASE.—J. BOILEVE, 55, King William-street, City, London, solicits  
 the attention of the Nobility and Gentry to his CALORIFÈRE for drying by  
 hot air all the family linen, avoiding any contamination with those of un-  
 healthy persons, and thus removing the most shocking cause of disease.

69, Marybone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied  
 with the performance of your No. 3 Calorifère, lately put up for warming my  
 manufactory; it has been in operation for a month, and I believe it to be the  
 best and most economical means of drying yet invented, and particularly suited  
 to my business, as there is no dust arising from its use, as there is from the  
 old stoves. The consumption of coke is about one bushel per day.

I am, Sir, yours truly,

SAMUEL HUBERT,

To J. Boileve, Esq.

Firm of JOHN WOOLLAMS and Co., Paper-stainers.

**Warming and Ventilating, by Hot**  
 AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC  
 BUILDINGS.—J. BOILEVE, C.E., 55, King William-street, City of London,  
 respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the  
 following Testimonial, and begs to say he will attend personally any appoint-  
 ment:—

New Independent Chapel, Longsight, Manchester,  
 January 10th, 1853.

SIR,—I am instructed by the building committee of the above Chapel to  
 order one of your No. 3 Calorifères, for heating and ventilating the School in  
 connexion therewith. As the sub-committee, upon examination of most of the  
 public buildings, churches, and chapels in the town, find such general dis-  
 satisfaction with the existing apparatus and their imperfect heating and  
 ventilation, they have examined your Calorifère as in operation, and believe  
 it best adapted to meet their wants. It is intended, should it prove successful,  
 to apply another apparatus to the chapel.

To J. Boileve, Esq.

SAMUEL RIGBY, Secretary.

New Independent Chapel, Longsight, Manchester,  
 April 12th, 1854.

DEAR SIR,—I am authorized to inform you that the No. 4 Calorifère, erected  
 to warm the Longsight Independent Chapel, is in every respect satisfactory  
 to the committee and the congregation.

Yours respectfully,

To J. Boileve, Esq.

ROBERT RUMNEY, Chairman.

## Improved Adhesive Plasters.

BY SPECIAL APPOINTMENT.

LISTON'S ARNICA EMPLASTRUM ADHESIVUM. Trade price,  
 1s. per yard.

BERRY'S ARNICA PLASTER ON NICKELS'S PATENT ELASTIC  
 FABRIC. Trade price, 1s. 6d. per yard.

BERRY'S ARNICATED MECHANICAL CORN PLASTERS ON  
 AMADOU. Trade price, 7s. per gross.

The spread Plasters are specially recommended to the Profession as superior  
 to any others for healing incised wounds, cuts, and bruises. The Patent  
 Elastic Plaster is particularly applicable to wounds on the face or hands, as it  
 may be accurately fitted on the parts to which it is applied. They are pre-  
 pared by a process by which the medicinal properties of the Arnica are pre-  
 served. The Arnica Montana has long been in repute as a popular and  
 domestic remedy on the Continent. Disraeli notices this in "Tancred;" he  
 tells us that Baron administered it to Tancred, when wounded by the Arabs.  
 Its virtues were first communicated to the Profession by a Physician named  
 Fehr; 150 years later, Dr. Hahnemann ascertained its effects on the human  
 body, and proved its specific properties. The late Professor Liston employed  
 it with great success, and its use is recommended by many of the most  
 eminent of the Faculty.

Sole Proprietor, JOHN PARTON BERRY, Chemist and Perfumer in  
 Ordinary to the Queen, Northampton.

London Wholesale Agents—BENJAMIN NICKELS, 9, Camberwell-green;  
 SOLOMON MAW, 11, Aldersgate-street.

Samples sent Post Free.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Pre-payment, in the PURCHASE of

NEW WHITE MOULDED VIALS.

APSLEY PELLATT and CO. submit the following PRICES of VIALS, for  
 PRE-PAYMENT only:—

1 oz., 1 oz., and 1½ oz. per Gross, 6s.	
2 oz. " 7s.	
3 oz. " 7s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	
4½ oz. graduated in 3 doses 12s. 6d.	

In quantities of not less than  
 Six Gross, assorted to suit the con-  
 venience of the purchaser, de-  
 livered to carriers in London.  
 No charge for Package.  
 Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges  
 whatever between the Manufacturer and the Consumer, no attention can be  
 paid to any order not accompanied by a remittance in full, made payable in  
 London.—Orders and remittances to be addressed,

APSLEY PELLATT & CO.,  
 FALCON GLASS WORKS, LONDON.

**Caution!—Messrs. Allsopp and Sons**

And it is necessary to caution the Public, and especially Shippers of their Ales to the Colonies, against frauds committed by parties in selling spurious Ales for those of Messrs. ALLSOPP & SONS.

Messrs. ALLSOPP & SONS have felt compelled, by the extent to which this disgraceful practice has been carried, to proceed, in several cases, by obtaining Injunctions from the Court of Chancery; and have ultimately been driven to prosecute criminally, for the commission of this offence. They beg to call attention to the case of "THE QUEEN v. GRAY & GOSLIN," in which Lord Campbell sentenced the parties charged to TWELVE MONTHS' IMPRISONMENT WITH HARD LABOUR.—*See Times and Morning Advertiser of the 18th May.*

Messrs. ALLSOPP & SONS will thank all persons having reason to doubt the genuineness of any article sold under their name, to send them the earliest information, in order that immediate steps may be taken for prosecuting the parties.

Messrs. ALLSOPP & SONS will be happy to furnish the names of respectable houses, where a supply of their Ales may be depended on, as genuine from the Brewery.

Brewery, Burton-on-Trent.

**Pale India Ale and Stout, 4s. 6d.**

per dozen quarts; 2s. 6d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts; delivered free within four miles. Merchants supplied with Pale Ale and Porter for exportation at the lowest prices.

WOOD & WATSON, 16, Clement's-lane, City.

**The App's Brewery.—To Devon's**

fair country is the palm given, and that which has been hitherto deemed impossible has at length been accomplished, by the combination of nature and art, at the App's Brewery, Littleham, Devon. An ALE, pronounced by the great chemist HUMPHRY to be pure, clear, and well brewed from water of the finest saline and tonic ingredients, unapproached by any within his cognizance, is offered to the Public, at a moderate price, by WILLIAM WICKHAM, Sole Consignee, Bideford, Devon, and at his Stores, 2, Hungerford Wharf, Charing-cross, London.

**Baron Liebig on Allsopp's Pale Ale.**

"I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust."—Glasen, May 6.

ALLSOPP'S PALE ALE ONLY IS BOTTLED by PARKER & TWINING, Beer Merchants, 64, Pall-Mall.

IMPERIAL MEASURE.—Quarts, 8s.; Pints, 5s.; Half-pints, (for luncheon), 8s. per dozen. Also in Casks of 16 gallons and upwards.

**Allsopp's Pale Ale.—Medical gentle-**

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1863, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BREWERY PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

**Tobacco Smoking.—Tobacco Smoke**

contains two very powerful poisons, which, when absorbed by the system, as in ordinary smoking, produce many serious diseases destructive of the physical and mental health of the smoker.

PHILLIPS and CO.'S Patent Condensing and Filtering Pipes and Stems for Meerschaums are the only inventions known that permit of healthful smoking, and which the medical profession will find worthy of their notice as a valuable therapeutic agent in all cases where the smoking of tobacco and stramonium may be desirable.

Read the Smoker's Friend, or the Philosophy of Smoking, which may be had gratis of all Phillips and Co.'s agents, and also of the Patentees and Manufacturers, 9, Lyon-street, Caledonian-road, Islington, London, who will send them post free to all applicants.

A Pipe or Stem sent post free, price 2s. each, or two for 3s. 6d.

**To Invalids and those desirous of**

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

**DOMESTIC ECONOMY****H. Sparrow and Co. beg to announce**

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb. Fine Souchong, 3s. 4d., 3s. 8d., and 4s. Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s. Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s. Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 373, Oxford-street, London.

**Soyer's Aromatic Mustard.—"M.**

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

**The Tea Tax off, the War Tax on.—**

THE DUTY ON TEA has this day, April 5, been REDUCED 4d. per lb.—THE EAST INDIA TEA COMPANY will as usual give the public the full benefit of it. War expenses must be paid, and what so likely as a new duty on Tea. Save your already increased income tax, and order at once, or you may be too late. Black Tea cannot be less than 2s. 6d. per lb., the Company's present price; good and strong to fine, from 3s. to 3s. 8d., and upwards; the best 4s. Tea in London; Green Tea equally cheap. Coffee, from 10d.; Old Mocha, 1s. 3d.; Rich and Ripe, five years old, 1s. 7d.

East India Tea Company's Office, 9, Great St. Helen's, Bishopsgate-street.

**Matrimonial Institution.—Founded**

1846.—Offices: 13, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 13 postage stamps, by order of the Director, LAURENCE CURZANUS, 13, John-street, Adelphi, London.

**Dr. Kahn's Museum, (top of Hay-**

market,) Piccadilly, consisting of 800 Anatomical Wax Models, open Daily; Lectures by Dr. SEXTON, F.R.G.S., and F.E.S.—Admission, One Shilling.

Dr. KAHN executes all descriptions of Anatomical Wax Figures, on the shortest notice, and the most reasonable charges.

**University of London.—Notice is**

Hereby Given, That the FIRST EXAMINATION for the Degree of BACHELOR OF MEDICINE, for the present year, will commence on Monday, the 7th of August. The Certificates required must be transmitted to the Registrar fourteen days before the commencement of the Examination.

By order of the Senate,

Somerset House, June 30, 1864.

R. W. ROTHMAN, Registrar.

**Essex and Herts.—Benevolent Medi-**

CAL SOCIETY, Established, 1790.—Notice is hereby given, That the ANNUAL GENERAL COURT OF AUDIT of this useful and important Institution, will be held on Monday, the 17th day of July instant, at the Brunswick Hotel, Blackwall. The general business of the Society will commence at One o'clock precisely, and Dinner on table at Four o'clock precisely. Sir JOHN FORBES, M.D., D.C.L., has kindly consented to preside on the occasion. Gentlemen (Medical or otherwise) friendly to the objects of the Society, are invited to attend.

It is proposed to move, by Dr. DAVIES, "That the District Courts be abolished, and the whole business of the Society be transacted at the General Court of Audit, to be held annually, at the place appointed at the immediately previous Court of Audit; and that all Petitions, Letters, and other Documents relating to the Society, be transmitted to the Secretary, properly signed and vouched for fourteen days, at the least, before the Annual Meeting of the Court." Also, that a Committee be appointed to Revise the Laws of the Society, so as to adapt them to the change caused by the foregoing Resolution.

Hertford, 1st July, 1864.

JOHN G. AUSTIN, Secretary.

**King's College, London.—Medical**

DEPARTMENT.—The WINTER SESSION, 1864-5, will Commence on Monday, October 2, 1864.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.

Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.

Chemistry—Professor W. A. Miller, M.D., F.R.S.

Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.

Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

Logic and Natural Philosophy, as required by the Army Medical Board.

**KING'S COLLEGE HOSPITAL.**

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Waverford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1864.

R. W. JELL, D.D., Principal.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND AMBULANCES, AND LUNATIC  
ASYLUM REGISTRARS,  
14, JOHN STREET, ADELPHI.  
(Established A.D. 1838.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted at the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.

Office hours from 12 till 4.

**In a Western Suburb, a non-dispen-**  
sing GENERAL PRACTICE, yielding between £200 and £400 a year, and capable of any extension, is offered, with the lease and furniture of a licensed house, admirably adapted for insane, imbecile, or nervous patients of the first class, for £1600, of which the greater portion may remain on good security at 5 per cent.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Receipts last year £1250. Price,**  
£1000, one year's Partnership Introduction to the best GENERAL PRACTICE in a large and influential eastern district of the Metropolis; lowest Midwifery fee, £1 1s. The double qualification indispensable.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,**  
LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

**Wanted, an Assistant, (qualified,)**  
not under twenty-six years of age, to take charge of a Branch Practice in the county of Durham.—Address, B. B., 28, Liverpool-terrace, Liverpool-road, Islington.

**A Surgeon and Apothecary, accus-**  
tomed to Country Practice, wishes to engage himself as a Visiting ASSISTANT, he would prefer a situation with a prospect of a Share in, or Succession to, a Practice.—Address, S. U. R., Mr. Maddox, 10, University-street.

TO THE PROFESSION.

**A Gentleman (sine diplomate) is open**  
for immediate re-engagement, as ASSISTANT, to Visit, Dispense, and attend Midwifery. Unexceptionable testimonials and references.—Address, Medico, Post-office, Blackburn.

**For Disposal, a Medical Practice,**  
with an Appointment (not Union), worth £200 per annum. Receipts from private practice, near £200 per annum. Premium, including a well-stocked Surgery, £250.—Address, Beta, THE LANCET Office, 423, Strand, London.

**Medical Assistant.—A Gentleman,**  
thirty-five years of age, of much practical experience in Midwifery, and the usual routine of a Country Practice, is open for a RE-ENGAGEMENT. The advertiser desires a permanency.—Address, H. Thomas, Bancroft, H. H. H.

**To be Disposed of, on Easy Terms,**  
a SURGEON'S PRACTICE and RETAIL, situate in a Populous and Improving Suburb. To a qualified and energetic man this possesses peculiar Advantages.—For particulars apply to A. B., St. Marylebone Infirmary, New-road.

**A Surgeon of Superior Qualifica-**  
tions, aged 36, would be glad to Assist in, or take the Charge of, a respectable Practice, during the next two or three months, July, August, and September. A fair remuneration expected.—Address, M. D., THE LANCET Office, Strand, London.

**Medical Pupil.—A Medical Man,**  
whose connexion with a Hospital in London enables him to offer many advantages, is willing to receive into his house a well educated youth of steady habits, as PUPIL. Terms, &c., may be known on application, by letter, to M. R. Welton, 213, Oxford-street.

**Partnership. — For Disposal, a**  
GENERAL PRACTICE (Town and Country), realizing upwards of £1200 per annum, in a Fashionable Watering-place with a population of 40,000. The Practice, with the aid of an active partner, is capable of considerable increase.—Apply to A. Z., Post-office, Cheltenham.

**A Partnership in a good General**  
Practice Wanted, by an M.R.C.S. and L.A.S., aged twenty-eight, where the present occupier is still active, but wishes to relieve himself of the more arduous portion of the Practice. Principals only will be treated with.—Address, C. S., care of Mr. Lewis, Medical Bookseller, 15, Gower-street North.

**Five Hundred Pounds per Annum.**

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## LECTURE VI.

*Treatment of ulcer of cornea in its various stages; acute and spreading; glassy; vascular; advantage of issues; corneal opacities. Corneitis: its history; pursues a definite course: treatment; expectant; a severer form occasionally seen; its symptoms: treatment.*

GENTLEMEN,—In my last lecture I described the principal aspects under which ulceration of the cornea presents itself to our notice. I have now to consider the treatment best adapted to each form or stage of this disease. In all cases in which you have ascertained with certainty the existence of an ulcer of the cornea, it is a good precaution to impress the fact on the mind of the patient or some friend, and to remind them that, under the most favourable circumstances and the most judicious treatment, a permanent opacity must be expected; otherwise, as the cure is accomplishing, they become dissatisfied, and the blemish, which is to the surgeon the proof of success, may be attributed to inefficient or improper treatment. If, however, the partial eclipse be predicted, credit is rather gained than lost when the prediction is fulfilled. During the first stage, mentioned in the last lecture, that in which the ulcer is in process of formation, there is usually an excess of local action in the conjunctival membrane, and the usual symptoms of acute ophthalmia. Soothing applications, such as poppy fomentation or warm water, together with the local abstraction of blood by means of a few leeches to the temple, followed up by counter-irritation behind the ear, are the most likely means of arresting the ulcerative process; at the same time, it may be necessary to sustain the general power, and counteract by constitutional treatment any abnormal state of system that may exist. Thus, in children, struma is often found in league with corneal ulceration. At puberty the menstrual function may be at fault; prolonged lactation is a fertile and very embarrassing cause; and, later in life, a feeble, shattered, and physically depraved state of system, the result of constant and prolonged intemperance, gives rise to ulceration of the cornea. These various conditions must be combated with such means as we have; and we must ever bear in mind, if we would be successful practitioners, that the most active and destructive inflammatory and ulcerative processes are compatible with, and even dependent upon, a very feeble state of system, which may require tonics, stimuli, and a very liberal dietary for their cure. This point I have already insisted upon, but I hold it to be of such importance, and so very imperfectly recognised by the profession generally, that I take every available opportunity of urging it. I cannot but rejoice to find this view ably developed and abundantly illustrated in the lectures delivered last summer by Mr. Skey at the College of Surgeons. I very early imbibed this opinion from my late teacher, Mr. Tyrrell; subsequent experience has given me almost daily evidence of its truth, and I cannot but hope that the eloquent appeal that has been made from so high an authority, and to such an audience, will result in the establishment of so important, so vital a principle.

In cases of acute and spreading ulcers, where penetration of the cornea is threatened, it becomes a matter of extreme importance to determine whether there is any means of arresting the progress of the ulceration. However judiciously the constitutional treatment may be conducted, there is every fear that penetration may occur before a favourable reaction has time to take place; it, therefore, is an anxious question, whether we can, by any local application, bring about an altered action in the part, and avert the impending danger. It is in such cases as these that I have found the nitrate of silver, in substance, of great value; it should be finely pointed, and carefully limited as much as possible to the ulcer itself; in order to effect this object, glycerine should be dropped into the eye previously, so as to protect the remainder of the surface from the action of the caustic. It seldom requires repeating more than once or twice, and it will frequently be found that the ulcer will begin to fill up and heal from that time. In other cases, it must be

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admitted that the effect is less favourable—that it is productive of considerable pain, of increased inflammatory action, and of infiltration of matter between the corneal layers. This I have chiefly observed amongst the old and feeble; but the happy result that occurs in numerous cases, and the extreme urgency and threatening aspect of the symptoms, fully justify and even suggest the plan I am now advocating.

I have usually observed that these ulcers occupy a considerable area; and if we are unable to arrest their progress, and penetration occurs, the iris immediately falls forward, in contact with the opening, which, gradually enlarging, allows of its protrusion, and thus “prolapseus irides” occurs; the natural resisting power and elasticity of the globe is weakened, the prolapse increases, the anterior surface of the eye bulges forward, and staphyloma occurs. It is very desirable, if possible, to obviate this latter result; and here, again, it has been suggested to apply the nitrate of silver, in substance, to the protruded part. The objection to this plan is, that it often causes severe pain, and is by no means uniformly successful, and therefore I cannot recommend it. I much prefer either puncturing the prolapse with a needle, which often causes it to contract and shrivel away, and thus to close up the corneal opening; or in case that fail, and the protrusion still increases, to remove it entirely. Under the most favourable circumstances, when disease has produced such results, the integrity of the organ is seriously compromised; but it is quite possible that sufficient space may be preserved for the formation of an artificial pupil, and under any circumstances, it is most desirable to prevent the occurrence of a large staphylomatous protrusion.

In the glassy ulcer, there is very little to combat locally, the conjunctiva is very slightly injected, there is no surrounding opacity in the cornea, and no indication of any morbid action in the part, except the loss of substance. Here we have evidently an error of nutrition, and our chief efforts must be directed toward the constitutional condition of the patient. We must endeavour to correct, as far as possible, the baneful influences to which such patients have usually been exposed, in the shape of impure air, small, ill-ventilated abodes, insufficient and unwholesome food; giving, at the same time, such medicines as are calculated to assist in sustaining the general powers of the patient. This object it is often very difficult to effect. We suggest changes which poverty and ignorance are either unable or indisposed to adopt, and the debility resulting from a protracted exposure to these numerous sources of disease requires a very complete change and a very long course of sanitary and medicinal treatment for its removal; hence, one of the remarkable features in the transparent ulcer is the very lengthened period during which it will remain stationary, and unaltered in its size and other characters. The local treatment is comparatively unimportant, and should be of a very mild character. It has been suggested that the salts of lead, in solution, should not be employed in ulcers of the cornea, on account of the tendency to a permanent deposit upon the surface. I have observed this on more than one occasion, and it is quite in harmony with what occurs when the acetate of lead is powdered over granular lids; and as there is no counteracting advantage to be gained by the use of lead lotion, it is better to abstain from it altogether where ulceration exists. Some cooling, unirritating collyrium, such as rose water or elder-flower water, or a weak solution of vinegar, is the best local application. Where the case is very protracted, and the surface of the ulcer becomes irritable, it is sometimes advantageous to touch the surface lightly with the fine point of the nitrate of silver. I much prefer this to the employment of a solution of lunar caustic, which irritates the conjunctiva, without acting so directly upon the ulcer, and often seriously aggravates the case. It is particularly important, in the glassy ulcer, to apprise the patient or his friends that an opacity of the cornea must be expected, otherwise the symptoms are so mild, and the evidence of breach of surface so faintly appreciable to uneducated vision, that discredit may easily attach to the surgeon who is in attendance, and, as the ulcer begins to fill up, an impression will be gained that the case is retrograding, at the very time when it is drawing to an auspicious close.

In cases of ulcer with a vascular membrane and organized deposit upon its surface, which is usually somewhat raised above the level of the rest of the cornea, and in which red vessels may be seen travelling to supply it, the treatment is difficult. We have here new and organized deposit to combat with; diseased action seems to have established itself, and (if I may use the expression) to have taken up its abode in the part, and this very much increases its power of resisting all

remedial means, and its constant proneness to relapse or return after apparent subsidence. I have had an opportunity of observing several of these cases at the Ophthalmic Hospital; they usually apply after this condition has existed for a considerable time, and when a variety of remedial means have been exhausted upon them. They generally occur in young females about the age of puberty, or a little anterior to this, although they are also found in young strumous children. I believe them to be due, in the first instance, to a disturbed, altered, or arrested function of some important organ in a feeble or strumous diathesis, aggravated by an active depleting plan of treatment, or by the injudicious and protracted use of strong local stimuli, particularly the nitrate of silver. The obvious inference is, that every available means must be taken to bring about and maintain the normal function of any organ that may be at fault. This is particularly necessary as regards menstruation; at the same time I may add that I have frequently found the local disease, when thus established and organized, continuing in full force long after the constitutional vice to which it owed its origin has passed away. As regards local treatment, I have usually found stimuli of all kinds injurious; soothing applications are the best; sometimes one or two leeches, applied about every other day for a week or two, are of use, particularly where the vessels are rather numerous and full, and the inflammation is in a sub-acute stage; but that which has appeared to me to be of the most marked and essential service in this form of disease are *issues* inserted into the temple, and kept there for many months. I usually employ a small pea for this purpose, which must be changed daily. I am aware that some high authorities, and Mr. Tyrrell amongst others, sweepingly condemn the use of issues in all cases of eye disease, on the grounds of the severity of the treatment, its general inutilty, and the subsequent deformity. I admit that these are objections in slight and transient cases; but they lose their force when we are considering a severe, obstinate, protracted disease, liable to relapse, detrimental to sight, and effectually preventing all use of the organ while it remains unsubdued. It is for such cases that I would reserve the employment of issues. A morbid action has become established in the eye, and requires a prolonged discharge in its immediate vicinity, gradually to divert it from its original seat, and to weaken the tendency to relapse—at least, such is the explanation I am disposed to offer; but, whether correct or not, I entertain no doubt whatever of the power and value of the remedy. I have succeeded in completely and permanently curing several cases of this kind by the prolonged use of issues when they had baffled all other means for many months and even years, and when the constant irritation and necessary confinement were casting a gloom upon what would otherwise be the brightest period of life. It seems to me that, to obtain emancipation from such a condition, a small scar on the temple is but a slight penalty, and one most freely paid by the sufferer.

When the cicatrizing process is going on favourably, the only practical point we have to consider has reference to the opacity remaining in the cornea; this is often a cause of great anxiety on the part of the patient, on account both of the deformity and the dimness of vision resulting from it, and its removal is frequently sought. I believe time will effect much in this respect, as we find, in other scars, a gradual contractile process goes on for a considerable time, and the surrounding deposit entirely passes away, so that a very decided diminution of the opacity ultimately takes place. Much confidence is expressed by some in the action of various local stimuli in promoting the absorption of such opacities; thus, solutions of the nitrate of silver, of zinc, of iodide of potash, calomel, and various other stimuli, are each of them in high favour with different observers. It is extremely difficult to estimate the value, either positive or relative, of any of these means, when we know the natural tendency is towards a gradual absorbent action. It is impossible to avoid the conclusion that, whilst it may be the result of our application; it may also be irrespective of, or it may even be in spite of, the means employed; and, I must confess to some degree of scepticism in regard to the efficacy of any of these stimuli in removing opacities; at the same time I am quite aware that in practice it is often necessary to employ something of the kind. I generally use a solution of the iodide of potash—five grains to an ounce of distilled water—dropped in three times a day. It does not cause pain, and its action is gently stimulating and absorbent. I think the nitrate of silver objectionable, because I have seen several cases in which its prolonged use has caused a permanent stain in the conjunctiva. If we do employ it, care must be taken not to continue it for any lengthened period; certainly not above five or six weeks at a time.

Having now described those affections of the cornea which I believe to be secondary, and dependent upon an inflammatory condition in the conjunctival membrane—viz., vascular opacities and ulcers, I pass on to the consideration of those morbid changes which are peculiar to the cornea.

The term "corneitis" may, I think, with propriety and convenience, be applied to the disease I am now about to describe, as it seems to be restricted in its effects to that structure, and to have all the characteristics, both in its history and symptoms, of a specific malady, although we shall find that it differs considerably in the degree and in the extent, or rather depth, to which the layers of the cornea are implicated. It is a disease of childhood and youth, very rarely, if ever, occurring after the middle period of life; it usually develops in a few days, with little or no pain, and with scarcely any evidence of conjunctival inflammation, the slight pink discoloration seeming rather to be due to injection of the sclerotic vessels—probably those vessels which are described as being specially dedicated to the nutrition of the proper layers of the cornea. That which usually first attracts the notice of the patient is dimness of sight in one eye, accompanied sometimes with a slight dull, aching pain. On examining the eye, the cornea presents an uniform pale-white opacity, with just sufficient transparency remaining to enable you to see the iris and pupil, but not with such clearness as to show with certainty its colour and condition, although its activity may usually be made out. The surface of the cornea, when closely inspected, is found to be finely granulated; in fact, the state I am now describing is perhaps best represented by comparing the altered cornea to a thin layer of finely-granulated ground glass. The opacity is very generally and equally diffused over the cornea, though usually rather thicker towards the centre, but it is difficult to determine the extent to which it penetrates and involves its layers, and in this respect there is probably considerable diversity. The pain is very slight, sometimes altogether wanting, and there is no intolerance of light. One eye is almost invariably affected in the first instance, and the disease may be limited to the eye first involved; but more commonly, when it has existed some time, and is subsiding or has just passed away, the second becomes similarly affected, and runs through the same phases. This is by far the most common form of corneitis that we meet with: its cause is involved in much obscurity. I have endeavoured in vain to attach it to some special abnormal condition of system, or to exposure to cold or some other noxious influence. Some high authorities always apply the term "strumous" to this morbid change, and I do not deny that it may be complicated with this diathesis, like most forms of ophthalmic disease; but I have frequently seen it in young persons from the country, about the period of puberty, and a little past that age, having every appearance of health, and in whom I could not find the faintest trace of struma, and therefore, where it is observable, I regard it rather as an accidental concomitant than as a cause. This disease is rather to be regarded as an example of altered or diseased nutrition, which in a less delicate structure would scarcely be noticed, but which becomes important by disturbing the function and changing the appearance of a transparent tissue.

With regard to treatment, I have taken some pains to investigate and follow out the natural history of this disease in a great number of cases, and I have come to the conclusion that it has its definite period of development, that it remains in full force for a given time, varying from two to four or five months, and then gradually passes away, clearing from the circumference like a vanishing cloud, and ultimately leaving no trace behind, the cornea resuming its perfect original transparency, although the central opacity will often linger in a patchy state for some time after the circumference of the cornea has become quite transparent. I was first led to take this view of corneitis, from finding that, whilst I was pursuing various kinds of treatment, and at the very time that the disease appeared to be subsiding most favourably under the plan I was adopting, the same train of symptoms would suddenly manifest themselves in the second eye, would pass through the same stages, and subside in about the same time as the eye primarily affected; thus, for example, on several occasions, I instituted a mild mercurial course, in accordance with the recommendation of Mr. Tyrrell, and during the time that there was direct evidence of mercurial action in the system, I have seen the disease commence and run through its course in the second eye. I have also observed the opacity remain quite stationary during the prolonged influence of this medicine, and only subside when the period seemed to have arrived at which the disease had run its course; then, by degrees, I became in a great measure expectant, and with a result quite as satisfactory as when I used



active constitutional and local means, and probably much more so. If my view of this disease be correct, and I have taken much pains to test it by repeated and close observation, it follows that the management of this affection is very simple. All local stimuli are quite useless, and may be injurious, by giving pain, by increasing vascularity, and by irritating a membrane previously scarcely involved in the disease. Some very mild collyrium must be used, and, if any constitutional error can be detected, it must be treated with suitable medicine. Thus children affected with this disease are often weak and strumous, and improve in health under the influence of steel, cod-liver oil, or iodine; at the adult period, tonics seem most frequently to be indicated, and any suitable treatment may indirectly tend to shorten the period of duration of the disease by restoring the system to a condition of health; beyond this point art can effect nothing, and the rest must be left to the "*vis medicatrix naturæ*"—that constant friend of our profession on many trying occasions, and who, in this form of disease, I have rarely if ever known to fail. Hence it follows that a most important part of our treatment, and one that we may very confidently and advantageously administer, (provided only that we make a correct diagnosis,) is the assurance of a complete restoration of sight; for in the milder form of the disease that I am now describing, I can scarcely call to mind a single exception to this favourable result.

It occasionally happens that corneitis manifests itself under another and severer form, and, though probably differing only in degree, spreads deeper, produces more formidable results, and more seriously interferes with vision, from the circumstance that it usually involves the second eye before the first has recovered its transparency. The corneal opacity, instead of being uniform, exhibits one or more patches of a reddish-brown colour, not on the surface, but between the layers of the cornea. On a superficial view these appear like small masses of extravasated blood; but if carefully examined, and especially when subjected to the dissecting power of a magnifying glass, they are found to be made up to a great extent of minute vessels, and to be in fact masses of highly-organized lymph. Sometimes there is only one small patch of this kind, the remainder of the cornea presenting the appearance of ground glass, as in the milder form I have before described; but I have seen some few cases in which the entire cornea has presented one nearly uniform organized mass. In this severe type of corneitis there is much more evidence of increased vascularity; the conjunctiva is considerably injected; the deeper vessels are involved; there is both lachrymation and some intolerance of light; patients also complain of a dull, aching pain. It is very important not to confound this disease with the vascular opacity of the cornea, which I have described in a former lecture as the result of a villous state of the conjunctiva in strumous subjects. In this latter, the vessels lie chiefly on the surface of the cornea, and are distinctly and individually visible with the naked eye; whereas in vascular corneitis, as I term the disease I am now dwelling upon, vessels can only be seen through the aid of a magnifying glass, and the reddish-brown patch is placed between the corneal layers. This may, perhaps, appear to some rather a minute and unnecessary division of diseases that closely resemble each other; yet, inasmuch as they differ most essentially in their origin and cause, in the effects they produce, in their prognosis and treatment—in fact, in their entire history, it is surely very desirable clearly to mark the distinctions between the two; and I am the more anxious to insist upon this point, because it is quite evident that even so acute and accurate an observer as the late Mr. Tyrrell has confused the two diseases together, as will be seen by his placing Cases 33 and 34 in his work under the head of "Corneitis" instead of "Vascular Opacity," to which they evidently belong.

The disease I am now describing never produces ulceration of the cornea, or abscess between its layers, nor does it ever soften the texture so as to cause it to yield, and thus to increase its convexity; its effects are limited to the general dulness of the cornea, and the organized deposit between its layers. This disease is exceedingly distressing to the patient, on account of the great dimness of sight that it produces usually invading the second eye before the first has recovered its transparency, and thus producing a condition very closely bordering on temporary blindness. It may occur in children, but the worst forms of it that I have seen have been in adults between thirty and forty years of age. It is very protracted in its duration, and, as far as I have seen, resists every kind of treatment, but ultimately gets quite well, when perhaps every plan has been tried and abandoned in despair; and much unmerited and unexpected credit may be gained by the fortunate individual who happens to be in attendance at the time of its subsidence.

Such cases would give an easy triumph to the administrator of infinitesimal doses if he should be working his miracles at that phase of the disease. Such cases form an interesting section of pathology, not only on account of some special points attached to them individually, but because they are highly suggestive and instructive. They show how important it is to know the natural history of disease in estimating the power and value of any plan of treatment, and how rationally the success of various means that exert no real effect upon the system is explained. So protracted and apparently hopeless are some of these cases, that it requires great confidence in our pathology, and a large amount of uniform experience, to venture to promise a favourable issue in such a case; nevertheless, I have attended some very severe forms of the disease in which patients have remained dark for many months, where, upon the strength of former observations, and without any reliance upon any method of treatment, and in the face of so considerable a morbid change in the cornea that it seemed to an ordinary observer as if it could never resume its transparency, I have reiterated my conviction that sight would be restored, and I have never known my opinion prove incorrect. And this promise has been the one slender hope to which the poor, half-blind sufferer has held on through many a dark and anxious month, and it has required no little faith on the part both of the patient and the surgeon, before that faith has been once more merged in restored sight.

I have usually observed that the antecedents of this disease have been of such a character as to enfeeble the system,—considerable labour, great mental anxiety, some constant drain upon the system, improper and insufficient food; but I have not been able to trace any direct or immediate effect upon the disease by the removal of these unfavourable circumstances. After what I have stated, but little remains to be said on the subject of treatment; the great point is not to be induced to do too much by the severity of the disease. I am quite convinced, after repeated trials, that mercury will not absorb the organized deposit; I therefore now carefully abstain from its use. I simply limit myself to the employment of such means as will restore power to the system, but without anticipating any favourable result to the disease, except indirectly, hoping merely that it may run its course more speedily when the system is in a healthy condition. Local means are useless, and if stimulating, injurious; if I made an exception in favour of any kind of local treatment, it would be the use of issues. I think I have observed that the disease has been favourably modified by their employment, and that the eye, secondarily affected, has run a less severe and protracted course than the first. It is quite in unison with all my observations, that issues act favourably wherever new organized deposit exists in the cornea, but to produce any effect, they must be persevered in for a considerable time. There is one point that I feel pretty confident about in reference to this very formidable disease, which is, that unlike most affections of the eye, it very rarely returns.

## ON THE USE AND ABUSE OF POTASSA FUSA AND POTASSA CUM CALCE

### IN THE TREATMENT OF UTERINE DISEASE.

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It is now more than nine years since I introduced to the profession, in the first edition of my work on "Uterine Inflammation," potassa fusa and potassa cum calce as valuable remedies in the treatment of some chronic and intractable forms of uterine inflammation. Since then these agents have been adopted by many practitioners at home and abroad, a fact of which I have ample evidence in my own practice, as I am constantly consulted by patients in whom this means of treatment has been resorted to. In some of these cases I have found that the caustic potash has been incautiously used, so that lesions of the vagina and partial occlusions of the cervical canal have been produced, notwithstanding the careful and minute directions which I have given for its employment. As I cannot but consider myself to a certain extent responsible for the use of a remedy which I have introduced in this country, I am anxious, in the present paper, to lay down precisely the rules which ought to regulate practitioners when they resort to so powerful an agent.

Potassa cum calce was first used in the treatment of chronic inflammation of the cervix uteri by M. Gendrin, the en-

lightened physician to La Pitié, Paris. It was in the year 1837, seventeen years ago, that I first saw him employ it, and during the three years that I subsequently passed with him, as his pupil and *interne*, we were scarcely ever without cases in process of treatment by this means. Subsequent experience confirmed the results at which I then arrived, and led me to the conviction which I have repeatedly expressed, a conviction that time only strengthens—that the application of caustic potash to the treatment of chronic and intractable uterine inflammation is one of the most valuable contributions to uterine pathology that has been made in modern times. At the same time, I am perfectly ready to admit, that in unskilled hands it is a dangerous remedy—a double-edged sword, which indiscreetly used may do positive harm, instead of good. But we must recollect that the same remark equally applies to all surgical means of treating disease in every part of the human economy. What havoc may not the bistoury, the principal agent of the operating surgeon's ministry, produce, unless guided by skill and prudence? The fact of a powerful remedy being, in unskilled hands, a dangerous one is no more a reason why it should be discarded than is the same fact a reason why the health or death-giving instruments of the surgeon should be anathematized. It is, however, a reason why the rules that ought to guide us in the use of this remedy should be carefully elucidated and scrupulously followed. It is owing no doubt to the unvarying care with which I use the caustic potash that I am able to say that, after seventeen years' extensive experience of the remedy, I have not yet had a single serious accident.

M. Gendrin always used a paste made of the potassa cum calce of the Pharmacopœia, moistened with alcohol. I myself followed his example for some years; but, finding its application difficult, I first tried the caustic potash of Dr. Filhos, and then potassa fusa alone. The former consists of two parts of lime and one of potash, run into lead moulds. I found these tubes convenient for use, but not sufficiently active; whilst the pure caustic potash in cylinders was so very deliquescent, that it required a troublesome process of packing the surrounding parts with cotton steeped in vinegar, to limit the action of the caustic to the region on which it was intended to act. This induced me to try if I could not obtain cylinders of potassa cum calce in a more active form: two parts of potash to one of lime, and in a free state—that is, not cased in tubes. In this attempt, with Mr. Squirr's assistance, I completely succeeded, by casting it in iron moulds, and obtained sticks of potassa cum calce nearly as active as the pure potassa fusa, and yet having the non-deliquescent properties of the potassa cum calce paste. These cylinders, which are made of various sizes, render the application of this powerful remedy as easy as that of the nitrate of silver, no previous packing of the parts being necessary, and the action being limited to the region to which it is applied. Thus has been attained a great desideratum—a valuable agent, which could previously only be used with some trouble and risk, having been rendered manageable and safe.

The conditions of local uterine disease in which I consider that potassa cum calce may be used with advantage, are—intractable chronic inflammation, or inflammatory ulceration of the mucous membrane covering the cervix uteri, or lining the cervical canal; chronic inflammatory hypertrophy of the cervix; and lastly, chronic inflammation of the body of the uterus, in which form of disease I merely apply the caustic potash to the cervix, to produce a derivative issue.

The principles on which I have endeavoured to found the local treatment of the chronic inflammatory conditions which are so common about the cervix, its os and cavity, are those which ought to regulate the treatment of all inflammatory diseases of the skin and mucous membrane in explorable regions. If the acute or subacute stage of inflammation still exists, emollient applications and local depletion are indicated; if that stage has passed, and the disease appears in the chronic form, astringents should be used to directly modify the diseased capillary circulation, and they failing to restore healthy action, caustics should be resorted to, especially if ulceration be present, with a view to substitute healthy, reparative, manageable inflammation for that in existence, which is unhealthy, destructive, and unmanageable. This appears to me the true *modus operandi* of caustics and of the actual cautery, whenever they are used in the treatment of morbid inflammatory conditions, from a minute ulcer of the cornea to hospital gangrene. The inflammation set up by nature to throw off the eschar artificially produced, is naturally of a healthy, reparative kind, which admits of being controlled and brought to a favourable termination, *provided the stimulation be sufficiently powerful*. Thence it is that if one caustic, the nitrate of silver, for instance, does not produce the desired effect, another more

powerful, such as the acid nitrate of mercury, may; and that failing, a still more powerful agent, such as the actual cautery or caustic potash, will certainly succeed. This law—for law it may be termed—deserves a more general recognition in surgery than it has hitherto obtained, for it points out the true mode of treatment in many intractable forms of chronic inflammatory disease. It will be observed that I speak of the actual cautery in the same paragraph with caustic potash, the *rationale* of the action of these agents being identically the same.

In chronic ulcerative disease, the caustic should only be lightly applied, the object being merely to renew the surface of the sore. In chronic hypertrophy, the object in view is rather different. It is not the destruction of the hypertrophied tissues which is desired, but the production of a state of increased vitality, bordering on inflammation, in these tissues, under the influence of which they soften and melt. This result is produced by the mere formation and elimination of an eschar the size of a shilling, and a few lines in depth. It is certainly quite unnecessary to destroy any amount of diseased tissue, as has been recommended since I first introduced this plan of treatment; such a course greatly aggravates the importance and risk of the operative process, without any equivalent benefit accruing to the patient. If the softening and melting of the indurated and hypertrophied cervix does not take place entirely on the first application, it may be repeated several times on different regions of the cervix, at intervals of four or six weeks. Although a more tedious mode of proceeding, I am convinced that it is a more safe one than the extensive destruction at one sitting of the indurated tissues of the cervix uteri, advised by some of those who have adopted the practice.

It is, however, more especially when the caustic cylinder is passed into the cervical canal, in the treatment of inflammation of that region, that caution is necessary, and that I find it is not always observed. Inflammatory ulceration not unfrequently passes into the lower part of the cervical canal, and proves intractable to all ordinary means. Chronic inflammation of the mucous membrane and follicles lining the cervical canal, may obstinately resist all means of treatment, owing, probably, to many of the diseased follicles being concealed between the sulci, or depressions existing between the rugæ of the arbor vitæ. In both these forms of cervical disease, I have recommended, as a last resource, a small potassa cum calci cylinder to be applied inside the os, to the diseased surface. Its action being more decided and deeper than that of iodine, the nitrate of silver, &c., it probably produces more energetic vital reaction, and reaches, moreover, the concealed follicles, which the other milder caustics do not. It is certain that I occasionally meet with cases of chronic inflammation of the cervical canal, otherwise incurable, both in my hands and in those of other physicians who have preceded me, which I am able to cure by this means, and this alone. I must, however, be allowed to repeat, that in my practice the use of potassi cum calce, especially in the treatment of inflammation of the cervical canal, is altogether an *ultima ratio*—a last resource, and not an ordinary mode of treatment. I may here also remark, that the views expounded by Dr. Tilt, in his paper recently read before the Medical Society of London, respecting the pathology of this form of uterine inflammation, do not essentially differ from those which I published many years ago, with the exception of what has reference to the uterine granulations described by M. Recamier, which I am not prepared to admit as of common occurrence. I must also add, that I quite agree with Dr. Tilt as to the value of the tincture of iodine applied locally to the cervical canal, in the milder forms of chronic inflammation. I have used it extensively for some years, and with great benefit.

(To be concluded.)

## ON A NEW METHOD OF INJECTING SUBJECTS FOR ANATOMICAL PURPOSES.

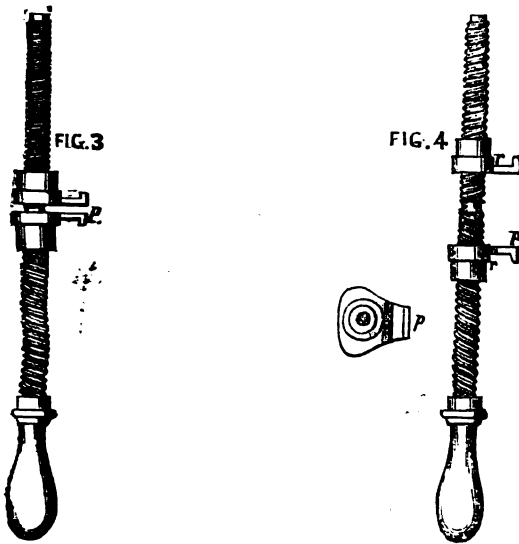
By EDWARD LUND, M.D., M.R.C.S.E., & L.S.A.

DEMONSTRATOR OF ANATOMY AT THE MANCHESTER ROYAL SCHOOL OF  
MEDICINE AND SURGERY.

(Concluded from page 661, vol. i. 1854.)

I WILL now explain the mode in which I conduct an ordinary injection, and the instruments I employ for the purpose; and, although these may appear to be rather complicated, the practical observer will readily admit that, in matters of experiment, no hints can be deemed superfluous, and no details too minute,

by which certainty in the result of any process may be secured. The object which I have kept in view in every method I have adopted for injecting an entire subject has always been, to leave the aorta and other vessels as nearly as possible in their natural position after the operation, that they may still serve for the purpose of study or demonstration. If we suppose, then, that the injection is to be effected through the aorta at its commencement, and that the subject is lying upon the back, an incision is to be made with a scalpel, exactly in the median line, through the integuments and other coverings over the front of the sternum, along the whole length of that bone, and for about half the extent of the ensiform cartilage. The sternum is then sawn through in the same direction, care being taken that no injury is done to the parts beneath, and particularly that towards the end of the section the point of the saw does not lacerate the left innominate vein immediately behind the upper edge of the bone. When the bone has been divided, the operator must separate its two portions for about half or three-quarters of an inch with a stout wedge or chisel, and then the instrument shown in Figs. 3 and 4, which might



be styled a "sternum separator or tractor," may be used to complete the separation. This instrument, of which I employ a pair, I have found to be of great assistance in performing all injections in the neighbourhood of the heart. It is composed of a bar of steel, about three-fourths of an inch in diameter, and eight inches in length, upon one end of which a right, and upon the other a left-handed, screw is formed, with a small space between them just in the middle of the bar. Two collars of brass or copper, *rr*, travel upon these screws, having the flattened hooks, *pp*, attached to them, so as to have their backs in contact when the instrument is closed, as in Fig. 3. By turning the handle, the hooks can be carried with very great force equally away from the centre of the bar. If this is done after one of the separators has been inserted into each end of the incision through the sternum, the opening into the chest can be dilated to any extent, and the curved ends of the hooks will keep them in position, and prevent their being accidentally displaced. After the pieces of the sternum have been thus drawn apart for about an inch, it will be necessary to complete the division of the ensiform cartilage with a scalpel, but yet to avoid cutting either the peritoneum or the upper surface of the diaphragm, where this from any cause is very convex, and then to divide the fibres of the inter-clavicular ligament, which crosses the sternum at the upper part, and which is generally very strong. In this way, by a few turns of the screws, sufficient space can be obtained to expose freely the uncovered portion of the pericardium, and the free edge of the right lung, and all this can be done very rapidly after a little practice. The pericardium may now be laid open by an incision of about four inches in length, and any fluid between it and the heart removed with a sponge. The next step is to secure the aorta, and to pass a ligature round it before incising it, so as to introduce the aorta-pipe, the precise form of which is seen in Fig. 7, and in Figs. 1 and 2, *t*, as it appears when connected with the apparatus.

The "aorta-hook," shown in Fig. 5, will be found to be very

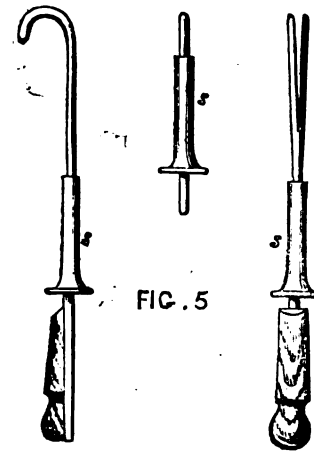
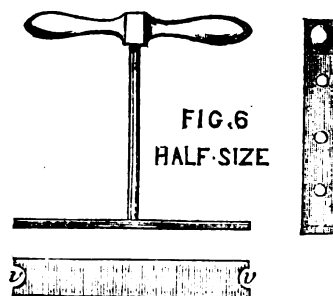


FIG. 5

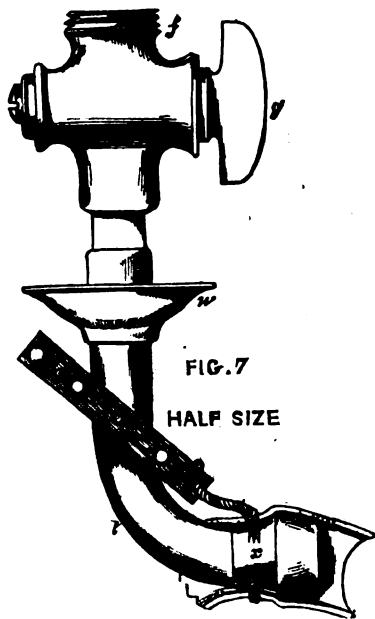
useful for this purpose. In its construction it resembles a form of double tenaculum, frequently used by surgeons, only it is much longer and stronger, and the ends are blunt and smooth, except on the inside, where they are made rough to hold the ligature. This hook, closed by means of its slide, is to be passed round the aorta, just above the base of the heart, from the right to the left side, and gently pressed through the areolar tissue found between the roots of the aorta and the pulmonary artery. When it has appeared at this spot, it may be moved about, so as to separate the two vessels, the slide then drawn up, and the blades of the tenaculum will open by their elasticity. One end of a piece of strong string, about fourteen inches in length, is now to be placed between them, the slide pushed down to grasp it firmly, and the instrument carefully removed so as to bring with it a portion of the string. The blades of the hook being once more expanded, the string will be left beneath and around the vessel. If the ends of the string be now tied together, it will form a coil around the aorta, by which that vessel may be raised a little out of its position, so as to be more easily opened. This is to be done by a small incision across the vessel, about an inch from the heart, joined by a second, continued longitudinally towards and nearly as far as the semilunar valves. If this incision is found not to be large enough to admit the nozzle of the aorta-pipe, it must be enlarged in an upward direction. Any coagula which may have formed in this part of the aorta, or in the large vessels passing off from it, must be carefully removed, and then the injection-pipe may be introduced.

I have always found that unless the heart is forcibly pulled forward, and a good deal disturbed from its natural situation, it is very difficult to tie a ligature around an injection-pipe in the aorta, so evenly and securely that it shall not permit the escape of an aqueous solution of any preservative salts which may be thrown into the vessels, even if it were tight enough to retain the wax or other injection, that I have now recourse to a process of twisting or torsion for making the ligature secure. I take the instrument seen in Fig. 6, which

FIG. 6  
HALF-SIZE

is made of iron or steel, and pass the lower cross-bar into the loop of string already around the aorta, in such a way that the string shall rest in the notches, *vv*, at the two extremities. This being done, and the knot in the string being placed somewhere on the bar, I commence to twist it round, drawing it, at the same time, away slightly from the tube, until, by a continuance of this twisting action, the string begins to press the artery upon the injection-pipe, just behind the shoulder of

the nozzle. When the compression appears to be sufficient, I fix the upright portion of the instrument, by passing one of the holes in it over a blunt pin or peg placed on the side of the injection-pipe, and in this way it is held quite steadily, as is seen in Fig. 7. This simple method of applying a ligature,



which I have found to be most effectual, can be performed without displacing the heart, and it is very similar in principle to the string and stick tourniquet, often referred to by surgeons as a ready mode of compressing the large artery of a limb when other more complicated instruments are not at hand. To prevent, however, the artery being cut through, by the pressure between the string and the side of the pipe being excessive, I place a small collar of vulcanized india-rubber, *x*, just behind the projection of the nozzle of each injection-pipe, and this assists in making the joining perfectly water-tight before too much compression has been employed. In this way I have frequently secured an aorta, so much diseased by atheromatous deposit, that it would most certainly have been injured if the ligature had been applied in the ordinary manner.

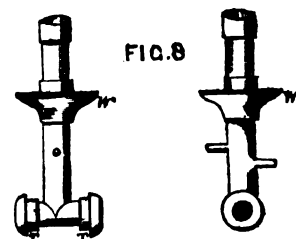
As soon as the injection-pipe has been fixed safely in the aorta, as appears in Fig. 7, one-half of it projecting out of the chest, the tap, *g*, is to be shut off, and the tubes and reservoirs being already charged with the injection and the hot water, the subject may be carried towards and placed beneath the apparatus. If the apartment in which the injections are to be performed is not very lofty, it will be necessary to lay the subject upon the floor, which is the plan I adopt; or it may be put upon a table of convenient height; but in either case the head must be kept steady by blocks, the upper extremities must be drawn slightly away from the sides of the chest, the palms of the hands being turned upwards and the fingers straightened, and the lower extremities must be separated for a short distance, so as to give to the line of the femoral arteries nearly the same direction as is known to be the course of the common iliacs. The subject must also be moved about, or the apparatus raised or depressed as required, until the union-joint, *f*, can be easily screwed up to make the whole line of tubes and taps continuous, as in the lower part of Figs. 1 and 2. The two taps, *d* and *g*, being closed, it would now only be necessary to open them to complete the operation, if there were not another point of importance which must first be attended to in order to ensure success. I have already said that the lower part of the apparatus should always be made as hot as possible, to keep the injection, whether of wax or gelatine, in a state of perfect fluidity up to the moment of its delivery into the aorta, so that no impediment may arise to its easy transmission through the other arteries. In my earlier experiments, I noticed that much of the heat of the injection was absorbed while it travelled through the union-joints, the taps, and the injection-pipe, all of which are made of brass. To obviate this difficulty, I have placed around the pipe, just below the tap, *g*, Fig. 7, a very shallow brass dish or cup, *w*, which is also represented in the other figures.

At this stage of the proceedings I pour into this cup rather less than a fluid drachm of spirits of wine, and set light to it; and by the time it is all consumed it will have imparted just sufficient warmth to the metal work (along which the heat is quickly conducted) as to leave every part of it of a suitable temperature. I now open carefully the higher of the two taps, *d*, and afterwards the tap, *g*, which I do rather more slowly; and the injection thus liberated, being urged onward by the pressure of the vertical column above, flows in an equal and steady stream into the aorta, and from it through every artery in the body. With such amazing rapidity is this effected, that I have frequently observed it almost at the same instant, and always within fifteen or twenty seconds, distending the superficial temporal, the radial, and the femoral arteries; its passage is nearly instantaneous, and the injection reaches the most distant arteries with its fluidity but very slightly diminished.

It is in this way that a hot distending-injection, of a composition very similar to that usually employed for the purpose, can be driven along the arteries without the body having been previously warmed by any artificial means. After a few minutes, during which time the pressure may be safely continued, the taps are closed, the union-joint, *f*, disconnected, and the subject removed, to make room for a second, if another is to be injected on the same occasion; for the relative capacity between the injection-cylinder and the reservoir which supplies it is so proportioned, that three subjects might be injected in succession without any important alteration in the altitude of the vertical column, which, measured from the bottom of the reservoir to the pipe in the artery, would be still of the required height.

I have often noticed that the quantity of injection which can thus be thrown into the arteries of different subjects does not vary so much with the height or size of the body as might have been supposed, for it seems to depend more upon the degree of distensibility in the walls of the bloodvessels themselves, which being in some cases more rigid and inelastic than in others, do not yield so easily to the force with which the injection is impelled, and the quantity received is therefore less. The exact amount will be found to average from about a pint and a half to two pints—very rarely more than the latter quantity. As to the class or calibre of the arteries injected by this process, since the material made use of is that which the older anatomists called the coarse injection, so it does not generally penetrate beyond the third or fourth division of each vessel. The small arteries of the brain are always beautifully injected, as are also the ophthalmic arteries and their divisions; while those of the small intestines, and, in the upper extremities, the palmar arches, with most of the digital branches, are generally well distended. In the lower extremities, and more particularly in the feet, the success of the process is not so constant, partly, doubtless, on account of the great distance of these parts from the heart, and partly on account of the unfavourable angle at which the foot is placed, in reference to the leg, in the position of the subject, which must interfere with the rapid progress of the injection. The anterior and posterior tibial arteries, however, are always injected, and generally, although not invariably, the external and internal plantars.

Where, for the purpose of demonstrating with precision the situation of the large vessels within the chest, the injection is to be introduced through the abdominal aorta, the best plan is to cut through the common integuments and the linea alba for about three inches above and below the umbilicus, and the abdominal cavity being fairly exposed, to seek for that part of the aorta which is between its bifurcation into the common iliac vessels and the origin of the inferior mesenteric artery. A ligature being passed beneath the vessel with the hook, it must be divided transversely for about four-fifths of its circumference, and the T-shaped injection-pipe seen in fig. 8



fairly secured in it by the process I have described. When this has been connected with the apparatus, the stream of the

injection can be made to flow with equal force in an upward and downward direction, and we obtain a perfect distension of all the arteries of the lower parts of the body, although now it will be those of the upper limbs, and especially the hands, which will be only partially filled.

Yet this method possesses many advantages, where we are anxious to exhibit the relative position of the vessels at the base of the heart under equal degrees of distension. It is obvious, however, that by this mode of injecting, the anterior walls of the abdomen will be greatly damaged, and the parts on the posterior wall, where there is often much difficulty in dislodging the aorta, so as to apply the ligature at the spot I have indicated, will be much displaced. Indeed the inferior mesenteric artery is given off so very irregularly, in reference to the iliac bifurcation, that I have lately employed, with much advantage, in this injection, a three-way injection-pipe. It is made somewhat triped in form—one branch is for the aorta, just above the bifurcation, and the two others, each about one-half its diameter, are for the common iliac arteries. When this has been securely fixed, which can be done much more easily than the T-shaped pipe, (by dividing the aorta into three pieces at its bifurcation,) every artery in the body, except the middle sacral artery, can be penetrated by the injection.

In this plan of injecting the arteries of the chest through the abdomen, it is very necessary that the aortic valves should be sound, or otherwise the cavities of the heart will become unnaturally distended by the injection. This state of the valves can only be inferred by considering the cause of death, and the probable age of the subject; it should rarely be attempted where the subject is very old. The proximity of the ascending portion of the aorta to the back of the sternum is well illustrated in an injection of the arteries of the chest made in this manner, for the most projecting part of the arch of that vessel, if it has been fully distended, will be found slightly flattened in front by pressure against the bone.

I have always had reason to be well satisfied, for all the ordinary purposes of demonstration, with the extent to which these injections have been carried; and I believe, if it were possible to make them much more minute, this would rather tend to confuse than assist the anatomist in his first examinations of the arrangement of the arteries, by complicating the appearance of a system the divisions and communications of which are so intricate as to demand a slow and patient inspection, first of their main trunks, and afterwards of their smaller branches, before the true value of their mutual relations can be fairly estimated. During the last two or three years, I have injected the subjects which have been dissected under my superintendence with some preservative fluid, before distending the arteries with the wax or gelatine injection; and this I have always done with the same apparatus, using only the central portion, without any hot water. To show how much of the liquid part of the blood must be absorbed by the substance of the various tissues and the smaller vessels in the body, at the time of death, I may remark, that in thus preserving the subjects I can readily pass into the arteries very nearly six pints of an aqueous saline solution, by allowing it to flow in slowly, and yet in less than four days afterwards these vessels will, by mere physical contraction, have so completely emptied themselves, and driven all the fluid into the capillaries and the veins, that they will admit the usual quantity of a distending injection. These facts seem to indicate that the aggregate capacity of the vascular tubes in the body is far greater than the volume of the blood itself by which they are occupied in the living state.

With respect to the best composition for preservative fluids for anatomical purposes, as well as the materials best suited for distending injections, either for the arteries, the veins, or any of the vessels, these are subjects of so much interest and importance to the practical anatomist that, as they have engaged my attention for some time past, I purpose very shortly to lay the results of my experiments before the profession; for I have always considered that much of the distaste and disinclination which students exhibit towards engaging in a laborious and persevering course of dissections, is chiefly due to the little attention which has been directed to these two points, and especially to the absence of any systematic plan of preserving the subjects for dissection, so as to prevent the injury to health necessarily resulting from inhaling the gaseous products of animal decomposition, and to retain as long as possible the colour and natural consistence of the parts which must be examined. For assuredly there can be no inseparable connexion between a careful study of recent dissections and that aptitude for enduring, without repugnance, an amount of decomposition and putrefaction which, under other

circumstances, would certainly excite disgust; and yet to prosecute anatomical researches under such conditions, until very lately, has been the rule rather than the exception.

No efforts, however trivial they may at first appear, can, in my opinion, be held to be unimportant which have a tendency to cultivate in the minds of students a love for the study of anatomy, so as to lead them to pursue it originally, and to rest their anatomical knowledge upon the sure and sound basis of personal observation, rather than to content themselves with information derived, as it were, second-hand—from mere verbal descriptions, from models, plates, and other sources, deeply instructive as these most certainly are, when rightly used.

The plan of injecting subjects for dissection, which I have thus endeavoured to describe, has now been practised by me in more than sixty instances, taken indiscriminately, and always with so much success, that I consider it is a means of advancing the study of practical anatomy, to which those who, like myself, are daily occupied in its elucidation, will doubtless attach some importance. I think that the same method may be carried out more extensively in minute injections, and in observations in comparative anatomy, so as partly to supersede the use of the syringe, which, although possibly a very useful instrument in the hands of some anatomists, requires long experience before we learn what amount of pressure must be exerted in each experiment, and how far this may be sustained with safety. This knowledge can only be acquired by constant practice, and even then the results are far from satisfactory. The difficulty of course in applying the principle of the pressure of a vertical column of fluid to comparative injections, is the absence of data to guide us as to the height of the column and the pressure required.

I hope, in a future communication, to be able to explain how this obstacle may be overcome, and to show how very fine injections, of even microscopic minuteness, may be obtained with much greater certainty of result than that which has heretofore attended the prosecution of these researches.

Manchester, 1854.

## ON DIABETES, AND ITS RELATION TO BRAIN AFFECTIONS.

By RICHARD H. GOOLDEN, M.D.,

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(Concluded from p. 668., vol. I. 1854.)

THE cases that I have quoted are much too few in number to justify any inference that purgatives and blisters are to be considered as specific, if, indeed, such a treatment can ever be so considered. But I wish it to be regarded rather as an indication of treatment which we must reconcile with the observations of other physicians; for the results of their experience are entitled to so much respect, and especially when the name of Prout is included amongst them, that I would rather doubt the accuracy of my own observations, or consider my results as accidental, than admit that their facts are not as important and as accurate as my own. But we must make a distinction between opinions founded on actual observations, and those which are merely expressions of opinion founded upon conjectural hypothesis, as where Dr. Prout speaks of bloodletting and purgatives. The former he admits as applicable in cases of recent occurrence of an acute character, as inapplicable to protracted cases occurring in old subjects, and where debility is excessive, and he recommends frequent local bleedings from the epigastric region. But he states that bloodletting can be better borne, even in cases where debility exists, than could have been expected; and this is doubtless the result of his own observation. But when speaking of purgatives, it is not difficult to perceive that his opinions are referable to his notions of the origin of the disease. He begins by acknowledging that others have found great benefit by their active use. He states that he has found no permanent benefit from their use, though they diminish the quantity of urine by diverting the fluid of the body into other channels; and then he recommends the occasional use of castor-oil or rhubarb, and carefully to abstain from the use of all saline purgatives, with the exception of phosphate of soda. Now, this is opposed to my direct observations, for my cases show directly, that under the influence of sulphate of magnesia and calomel the flow of urine has diminished more than could be accounted for by the purgative effect; and, also, that the diminished secretion was of a lower specific gravity. And, in accordance with my results, Dr. Prout, in a note, observes,



that he has known a patient labouring under this disease in its worst form drink largely of the Leamington waters without increasing the quantity of his urine, and even with some apparent improvement in his health. This he endeavours to explain away, but the admission shows the truthfulness of the great man; but it also shows how readily even he could be induced to admit that most dangerous, though common, proverb, that the exception proves the rule; as if the laws of Nature could ever admit of deviation, except by miracle.

But I should do no service to medicine if I were to leave an impression that saline and mercurial purges, and blisters to the head or cervical spine, are to be adopted indiscriminately as a cure for diabetes; or that all cases are capable of cure; but, having traced certain cases to cerebral irritation, and having treated the patients with reference to such irritation with results more or less satisfactory, there still remains a wide field for future investigation to diagnose the cause of such irritation, and I shall not be surprised to find that many cases are altogether beyond remedy; but that many are to be relieved and cured by the most opposite plans of treatment. We may find that the cerebral irritation itself may only be secondary, and tonics, astringents, stimulants, and opiates, may all be employed successfully when we know how and when to employ them.

But I mentioned that saccharine urine, without diuresis, is a very common affection, and is so constantly associated with cerebral disease, that few cases of chorea and epilepsy in young people occur without betraying a trace of sugar in the urine. Dr. Venables observed that it was a very common affection amongst scrofulous children of the poor; and I believe there are few cases where children suffer much from teething that sugar may not be found in the urine. I have satisfied myself on this point, and would only again remind the experimenter, that the decomposed urea, in the shape of carbonate of ammonia, is very apt to interfere with Trommer's copper test, without the proper precautions; but what becomes of these cases, and of the sugar? Just anything that relieves the brain, and restores the general health, will restore the secretion to a healthy condition. We do not find it necessary, in such cases, to blister, bleed, and purge.

Severe cases of neuralgia, especially tic douloureux and sciatica, are often, but not universally, attended with saccharine urine, which disappears when the nervous affection is relieved. The exceptions appear to me to be those cases where the neuralgia is of gouty or rheumatic origin; but of this I am not sure; yet I hope, on still further observation, to form a more certain opinion. I have seen it disappear under the use of quinine in large doses, and opium; and my friend, Dr. Dundas Thomson, to whom I am indebted for much valuable assistance in the laboratory, and for many suggestions, tells me that he has only lately been consulted by a young lady suffering severely from facial neuralgia. The urine, as he suspected, betrayed a considerable amount of sugar; and that both the pain and the saccharine condition of the urine suddenly disappeared after the application of a blister, not to the head, but to the face. This case is important for illustration, because it is given upon the authority of so eminent a practical chemist, and whose analysis would satisfy any one that he could not be mistaken as to the presence of sugar.

A girl, aged thirteen years, No. 23, in Anne's ward, was admitted under my treatment. She was suffering from very severe and constant headache, and likewise from pains in various parts of the body, but without any swelling or tenderness on pressure. There was great disinclination to make any exertion; the pulse 98—120; face flushed; skin not perspiring; she passed about twenty-four ounces of urine, clear, and of the colour of Madeira wine; it was alkaline, and specific gravity 1.024. The report was, that the urine contained no sugar; but observing it to be very ammoniacal immediately after it was voided, I boiled it in the laboratory with a small quantity of pure soda, and then I found an abundant precipitate of orange-yellow on the application of the copper test, and Dr. Thomson confirmed my analysis. A blister to the back part of the head completely removed the headache, the urine ceased to be ammoniacal, and no more sugar was to be detected in it. This patient is the subject of incipient phthisis, and there is much probability that the brain was suffering from strumous congestion, which the blister relieved.

But however much benefit we may observe to have been derived from blisters in the above-mentioned cases, we cannot expect that chronic cases are to be managed so easily, but rather that constitutional remedies, steadily persevered in, will be more likely to give beneficial results, and that such benefit is to be obtained, I may give an example, which I must take from my private case-book, because, although hos-

pital cases have the advantage of public reference, it is rarely that their early history is either so accurate or trustworthy as those which are presented to us in that class of life where every little ailment in the childhood of a future heir is recorded as a matter of family history.

E. H. W—, aged thirteen, was brought to me by his parents, in July of last year, for an opinion as to his general treatment and management when with a private tutor in the country. He was suffering from fits of epilepsy, which occurred several times daily, at uncertain periods. Whatever he might be engaged in, he would suddenly lose his consciousness, mutter some words, and remain in a fixed position for several minutes, but never fell down nor suffered any convulsions. He greatly disliked any allusion being made to his fits, which he called being dizzy; he recollected nothing that occurred during the fit, but awoke from them as one waking out of a sleep, and for some time afterwards would feel very cold and sleepy, and, when practicable, would lie down for about half an hour. His family history showed a tendency to cerebral excitement, his father and paternal uncles and aunts being all remarkable for talent; one aunt died suddenly from apoplexy at an early age, and another is the subject of catalepsy and somnambulism, and one of the disciples of Mesmer. His early childhood was quite healthy, and his first illness commenced when three years and a half old, when he was found to be in a fit at seven o'clock in the morning, as he was about to be taken out of bed. He was in a state of stupor, slightly convulsed, and much sickness supervened.

The fits recurred for several times at intervals of several weeks, and after one attack, he suffered from pain in the hip, and lameness, which lasted for some time. The bowels were obstinately constive, and he took large doses of calomel and the strongest forms of purgatives to act upon him, under the direction of Mr. Bickersteth, Sir Arnold Knight, and Dr. James Johnson. The head was leached, and blisters applied to his neck. He recovered from these attacks, had the whooping-cough, and a slight attack of small-pox and measles, without any return, and remained without them for a year afterwards, but he always had recourse to purgative medicines, of which croton-oil, colocynth, and calomel formed the principal parts. About three years ago the fits returned, but were altogether altered in character. The usual purgative was discontinued, and ox-gall given as an aperient, but the fits became more and more frequent, till at last they were repeated several times daily.

Besides the fits, I observed a slight tendency to chorea. He walked as though he was not quite certain of his balance, and in turning round, appeared to find some difficulty in doing so, which gave him an appearance of awkwardness. The secretions from the bowels were constive but healthy, and he would go for several days without an evacuation, but always suffered a severe fit after the bowels were opened; his appetite was very good, and tongue clean; head hot; the urine was specific gravity 1.022, very turbid, with an excess of lithate of ammonia acid, and contained a very decided quantity of sugar. It was filtered, boiled in an evaporating dish, with a slight excess of pure soda, again filtered, and then a few drops of solution of sulphate of copper dropped into a small quantity placed in a test-tube, boiled again gently in a sand-bath, and the blue precipitate soon became ochre-yellow. This experiment was repeated several times with the same result, at intervals of two or three days apart.

August 13.—I prescribed half a drachm of sulphate of magnesia twice a day in infusion of roses, and two grains of mercury with chalk every night. This opened the bowels freely, and the urine became clear, but with no diminution of specific gravity or sugar, the quantity made being from fourteen to twenty ounces, but the fits became more frequent in proportion to the action of the bowels.

August 20.—I then discontinued the purgatives, and let the bowels act as they would, which appeared to be every other day. He laid in or on the bed, with evaporating lotions to his head, and was kept on milk and farinaceous food for a week, at the end of which time the urine sank in specific gravity to 1.014, the quantity remaining about the same, and all trace of sugar disappeared, the blue precipitate becoming dark-brown on boiling, instead of yellow. The fits now occurred only once a day.

27th.—His diet was improved; meat once a day, and some bitter table-beer allowed, which agreed well with him, and some iron wine prescribed.

He continued this plan till December, occasionally passing a day without a fit, the urine never betraying a trace of sugar; but observing that he always had a severe fit when the bowels had been moved, I ordered him some decoction of



the bark of the root of the pomegranate three times a day, and one drachm of cod-liver oil twice; and he took some of Twinberrow's Baël jam instead of butter, with an occasional dose of mercury with chalk, two grains, and rhubarb, three grains, when he required aperient medicine. From that time the improvement was very perceptible. The fits became so slight that he did not lose consciousness, but felt merely a sensation of giddiness, everything appearing out of place, and moving; and by a strong effort he could often control them, nor did he require to lie down and sleep afterwards. They soon occurred only on alternate days, and now he often passes an entire week without them.

Now the inference I would draw from these few observations is, that the seat of disease is some portion of the brain, and that the disease itself may be primary, as when produced by injury; or secondary, as when it originates in some strumous or other cachectic condition of the system;—that the sugar is the product of the secondary, and not of the primary assimilative functions; assuming Dr. Prout's definition—viz., "The primary assimilating processes comprise all the processes of digestion, and all the intermediate processes up to sanguinification; while the secondary assimilating processes comprise the processes by which the different textures of which the living body consists are first formed from the blood, and afterwards redissolved and removed from the system." The appetite and thirst are to be considered as natural indications, to be gratified with prudence, and more with reference to the wants of the system than any fear of increasing either the sugar or the amount of fluid.

Even if the amount of fluid be diminished, and the quantity of sugar in the excretions lessened, through inanition, the advantage is not equivalent (except in particular inflammatory cases) to the effect produced by consequent loss of nutrition to the system; and no possible advantage is gained by a diminution of morbid secretion under such circumstances, since such diminution is no index of improvement. All remedies should have reference to the morbid action taking place in the brain, and not in the stomach, liver, or any other digestive organ, although we may require to act upon the brain through their agency.

The idea of diabetes being a cerebral disease is so recent that we have no record of autopsies in which cerebral lesion has been observed or looked for; and I have never had an opportunity of examining a brain with that object of search. This subject in future will form an important object for the pathological anatomist.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

*Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.*—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

#### ST. BARTHOLOMEW'S HOSPITAL.

COMPOUND FRACTURE OF THE RADIUS NEAR THE ELBOW; DISLOCATION OF BOTH BONES BACKWARDS, AND SIMPLE FRACTURE OF THE RADIUS NEAR THE WRIST; RECOVERY, WITH AN ANCHYLOSED ELBOW-JOINT.

(Under the care of Mr. STANLEY.)

OUR attention has lately been attracted by certain cases of compound fracture about the elbow-joint, in which the surgeons determined to watch the reparative efforts of nature, and refrain from amputating. Several of these cases have now been brought to a favourable conclusion, and we now just briefly allude to them, so as to illustrate by facts the fair prospects which may accompany adherence to the principles of conservative surgery.

It would, however, be extremely erroneous to attempt saving the arm in all cases of severely fractured elbow-joint; it requires, on the contrary, a good deal of judgment and discrimination to make a proper choice; for it has happened that patients who have sustained the injury just mentioned have perished from

abundant suppuration, exhaustion, or erysipelas, when the idea of performing amputation, as a last resource, could no longer be entertained, owing to the advanced state of debility into which the patients had fallen. We apprehend that much will depend on the previous state of health of the individual, on his habits, and the extent of the injury sustained; but in the calculations to be made by the surgeon, he should always bear in mind that, in the wards of an hospital, suppurating wounds are liable to casualties the chance of which is not so great in private practice. Again, notice should be taken of the patient's calling, so as to regulate the angle of the arm in the most advantageous manner.

Mr. Stanley succeeded, in the case lately under his care, in discharging the patient with an anchylosed arm, flexed at about a right angle; and it is very likely that the man will be able to use the limb to a certain extent. When we saw this man in the wards, about six months before Mr. Stanley showed him to the pupils in the theatre, with a stiff elbow, and in tolerable health, we purposed to follow all the phases of the case, to watch the pathological phenomena, and learn to what extent the life of the patient was hazarded by the conservative course which was adopted. We had, at the same time, our fears that perhaps the ablation of the limb would, nevertheless, have to take place. But we are happy to say that the event has been far more favourable than might at first have been supposed. The suppuration was of course abundant, and the patient had to be well supported; but by carefully attending to position, by the early opening of abscesses, by a proper succession of soothing, stimulating, and astringent applications; by attention, first to the inflammatory fever, and then to the subsequent debility, cicatrization, and eventual anchylosis, were obtained in the space of about six months.

Mr. Stanley stated, on the 6th of May last, when explaining the case in the operating theatre, that the arm was anchylosed at an angle a little more open than a right one, but that that form of limb was especially desirable in persons who want it as contributing to the symmetry of the frame, rather than affording effective assistance in manual labour. It would be easily understood, that the relations of the muscles of the forearm must be considerably altered, and that therefore the movements of the hand and fingers had become imperfect; but the arm, defective as it was, could be but looked upon as a gain, seeing how near the patient had been of losing it altogether.

This case reminds us forcibly of another, pretty well of the same kind, which was treated by Mr. Cock, at Guy's Hospital, and to which we have before alluded. In this instance the fracture of all the bones entering into the formation of the elbow-joint was so severe, that Mr. Cock had to remove, piecemeal, almost the whole of the articular processes. The usual series of pathological events to be expected in such a case did not fail to occur—intense inflammatory fever, profuse suppuration, abscess, irritative fever, debility, &c.—but, by attention to those means best calculated to combat these several complications, which means are well-known to our readers, Mr. Cock succeeded, after a twelvemonth's patience and unremitting care for the man's comforts, in saving the arm. Many fragments of necrosed bone had to be removed in the course of the treatment, and it should be especially noticed, that on several occasions the state of the patient was such that the propriety of amputation was discussed. We heard Mr. Cock say, that he judged the amount of risk incurred to be somewhat disproportionate with the value of the arm, and that much discrimination was necessary to decide which cases might be treated on the conservative plan.

With reference to this question, we may mention a case, now under the care of Mr. Curling, at the London Hospital. The patient met with a severe compound fracture in the vicinity of the elbow-joint, and the succession of abscesses was so considerable that he became much debilitated. His state was indeed so critical, that when the question of amputation was discussed in consultation, this extreme measure was not determined upon, as it was doubtful whether the patient had sufficient strength to bear it. A change for the better soon afterwards took place, and Mr. Curling had the satisfaction of perceiving that, according to all appearances, there was a very fair prospect of recovery.

From all these cases it becomes manifest that the adoption of summary proceedings or conservative means, in instances of the kind just stated, is a matter requiring the application of all the judgment and discerning powers of the surgeon; for he has on one side the loss of a limb, and on the other the loss of life, and it is for him to weigh all the circumstances of the case, and to make a choice.

We should not omit to add that wounds connected with fractures of the elbow-joint sometimes assume a most unfavour-

able aspect, which may be but temporary, and not connected with as much danger as might at first appear. After excision of the joint (an operation which has some points of resemblance with compound fracture at the elbow) we have seen the parts presenting such a gaping wound, the suppuration so profuse, the abscesses so numerous, the irritative fever so intense, that amputation seemed the only means of preventing a fatal issue. But matters often change suddenly, and a rapid improvement takes place.

Mr. Birkett has now a little patient under his care, at Guy's Hospital, whose elbow-joint he excised some weeks ago; the boy is now doing well; but about a fortnight after the operation the wound was in so inactive a condition, the suppuration so considerable, the oedema so extensive, and the child so weak, that fears were entertained, and amputation spoken of. But here again the means employed were successful, and, combined with the influence of youth, they worked a favourable change, and the patient is now in a very fair way of recovery.

No one can foresee the complications which may baffle our best efforts, either in cases of fractured elbow-joint, or excision of the articulation. The rule is, that cases of the latter kind do not involve much risk of life, and no apprehensions are felt by the surgeon on this head; and yet, the other day, after excision was performed by Mr. Fergusson, at King's College Hospital, on a very favourable subject, the latter died soon afterwards of pleuritis, an event which certainly could not have been foretold, and which had no connexion with the operation itself.

The practical inference to be drawn from the consideration of the cases to which we have rapidly alluded, may, perhaps, be, that conservative measures in cases of fracture about the elbow should be adopted only after mature reflection, and the careful weighing of all the circumstances of the case; and that the prognosis of excision of the same joint, though it need not be particularly doubtful, should ever be guarded.

#### LONDON HOSPITAL.

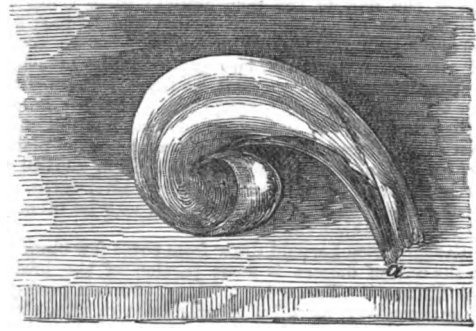
EPITHELIAL CANCER INVADING THE PINNA OF THE EAR,  
AFTER THE FALL OF A HORN, DEVELOPED UPON A WART  
IN THE SAME LOCALITY.

(Under the care of Mr. JOHN ADAMS.)

THE museums of this and other countries contain preparations showing that a hair follicle in man may become endowed with a peculiar abnormal energy, which will give rise to the growth of a horny product, very little different, both in appearance and intimate structure, from the horns which form natural appendages with some of the lower animals. These strange deviations from ordinary nutrition, are remarkable for the vigour of growth and reproduction which they display, ablation being seemingly an encouragement to repopulation. We have seen one or two cases of epithelial cancer of the lips, connected with very hard, horny, and conical projections, the size being in general diminutive, but so large and twisted a horn as was noticed in Mr. Adams' patient, we had never met with.

As regards the lip, we may just state that there is a boatman about Gravesend-pier, who is conspicuous from the growth of a horn, about one inch and a half long, which has sprung from the lower lip. He is known to pare down this unseemly appendage once about every two months, but it invariably grows again, though it does not appear to produce much discomfort, as the man does not wish to have it removed. Whether the ablation of this unusual cuticular process would be followed by a troublesome ulcer in this boatman, or not, is difficult to say; but it is clear that such an occurrence is possible, if we judge from the succession of phenomena mentioned in the heading of this case.

Mr. Adams' patient is a tall, thin man, sixty-six years of age, who follows the occupation of schoolmaster, and was admitted May 30th, 1854. He bears a very healthy aspect, has generally been free from disease, and is not aware of any tumour or growth of any kind having ever invaded any part of his frame. Two years before admission, the patient noticed on the pinna of the left ear a small wart, which gave him no pain, and to which he did not pay much attention. This cuticular growth continued, however, to increase in size, the development remaining very gradual until about seven months prior to admission, when it became rapidly larger, and gave the patient a little pain. A sore now formed at the root of the growth, and the man was advised to poultice the part. At this period the wart had taken a considerable horny development, and had reached the form and size represented in the subjoined engraving.



a, Portion which was attached to the ear.

By dint of poulticing, the connexions of the horn with the ulcerated surface became weakened, the former fell off, and has ever since been carefully preserved by the patient. The ulcer continued, however, to spread; it soon invaded the whole length of the pinna and lobule of the ear, and the man, becoming alarmed, applied to the hospital.

When admitted, it was ascertained that the ulceration was of a malignant kind, and Mr. Adams, looking upon the disease as epithelial cancer, considered that the safest course was the removal of the diseased portions of the ear.

On the 9th of June, a little more than a week after admission, the operation was performed, the posterior half of the whole length of the pinna, and a portion of the lobule, being removed with the knife. The patient progressed remarkably well; in three weeks the part was cicatrized, and the man allowed to return into the country.

It would appear that in this case the cancerous ulceration was excited by the presence of the horn, which latter had taken full development when the malignant disease became manifest. Now it is the very reverse which has been observed in other cases; for the horny growths generally spring from an already existing cancerous ulceration, whilst it would seem that, in Mr. Adams' case, the epithelial cancer followed upon the disease of the follicle, which gave rise to the growth of the horn. It must, however, be confessed that the malignant ulceration appeared soon after the horn had reached a pretty large size, and it remains doubtful whether the "epithelial structures," which, by their super-position, produced the abnormal growth, were originally of a cancerous nature. According to Mr. Paget, the development is cancerous from the beginning; this author says, in his work, "On Tumours," p. 420:—"The same general plan of construction exists in all (epithelial cancer growths)—namely, a certain portion of the skin, or mucous membrane, is infiltrated with epithelial cancer structures; on this, as on a base more or less elevated and imbedded, the papillae, variously changed in shape, size, and grouping, are also cancerous; their natural structures, if we except their bloodvessels, which appear enlarged, are replaced by epithelial cancer-cells. And herein is the essential distinction between a simple and common warty or papillary growth, and a cancerous one, or warty cancer. In the former, the papillae retain their natural structures; however much they may be multiplied, or changed in shape and size, they are either merely hypertrophied, or are infiltrated with organized inflammatory products; however abundant the epidermis or epithelium may be, it only covers and ensheathes them. But in the warty cancer, the papillae are themselves cancerous; more or less of their natural shape, or of the manner of their increase, may be traced; but their natural structures are replaced by cancer structures; the cells, like those of the epithelium, lie not only over, but within them." According to the mode of development described by Mr. Paget, "the papillae (in the present case) retained their natural structure, (for a time,) though multiplied and changed in shape and size," while the papillae became themselves cancerous at a later period—viz., when the cancerous ulceration became apparent at the base of the horn. As we stated above, the patient will not part with this striking illustration of irregular nutrition, and the memory of the case will be perpetuated in the museum of the hospital by a wax model.

CHOLERA IN FRANCE.—The cholera is making serious ravages in several parts of France, and especially in the departments of the Aube and the Upper Marne. There are no less than fifteen departments affected by the disease. In the Upper Marne the number of sick is so great, that the government have been obliged to send several medical practitioners and eight assistants from Paris.

**Medical Societies.****EPIDEMIOLOGICAL SOCIETY.**

MONDAY, JULY 3, 1854.

**ON THE USE OF VEGETABLE AND MINERAL ACIDS, IN THE TREATMENT, PROPHYLACTIC AND REMEDIAL, OF EPIDEMIC DISORDERS OF THE BOWELS.**

BY J. H. TUCKER, ESQ.

THE author commenced by alluding to the remarkable, but well-established fact, that in 1849 the cider districts of Herefordshire, Somersetshire, and part of Devonshire, were, to a great extent, exempt from the epidemic ravages of cholera, while the disease was raging around. Upon further inquiry it was ascertained that this exemption was confined a good deal to those individuals who drank cider as a common beverage, and that those who partook of malt liquor occasionally suffered. He also remarked that, in some parts of France and in Normandy, more particularly where cider is the common beverage, cholera is seldom known to exist; and further, that Switzerland was reported to have been free from its visitation.

Having adduced these and other facts in proof of the prophylactic power of cider, the author expressed his opinion that other vegetable acids would be found of service, such as lemon-juice, orange-juice, and sour wines made from grapes, or even from gooseberries. And as it would be found impossible to supply the whole of London with a sufficient quantity of pure cyder, Mr. Tucker suggested that *vinegar* might be found a useful substitute in case of another outbreak of cholera, provided that it could be obtained in a state of purity. In confirmation of his view of the sanative and medicinal virtues of vinegar, the author quoted Hippocrates, who (*de natura morborum*) "employed white vinegar medicinally"—Plutarch and Livy, who refer to the use of vinegar by Hannibal, in his passage over the Alps, when he is said to have "softened the rocks with fire and vinegar," an operation which the author facetiously regarded as rather metaphorical than chemical, as the vinegar, swallowed by the troops, probably sustained their strength, and thus in effect softened the asperities of their rough way. The author also quoted from Roman history the story that "Scipio Africanus is said to have gained a great battle with a few skins of vinegar," the troops refusing to march until the general had obtained a supply. Caesar was also reported to mention in his Commentaries the supply of vinegar to the troops; and Mr. Tucker remarked that the drink of the Romans in all their campaigns was vinegar and water, and, sustained by that beverage, they conquered the world. Modern authors, (Sir John Pringle, Sir Gilbert Blane, and others) were also quoted in proof of the antiseptic and medicinal qualities of vinegar. The author then proceeded to show that acid drinks were not only preventive, but remedial in epidemic disorders of the bowels. Cases were related, in which not only persons were exempt from attacks of cholera raging around them, who drank large draughts of cider, but a case of severe cholera was also related, which yielded to the diluted juice of sour apples. The efficacy of the *Mineral Acids*, especially the sulphuric, in diarrhoea, and especially in choleric diarrhoea, was also advocated by reference to numerous facts and authorities. He also referred to some established facts connected with the spread of epidemic dysentery in the army, showing the efficacy of vegetable acids in that disease.

In conclusion, Mr. Tucker suggested a necessary caution relative to the use of the wretched and unwholesome substitute for vinegar commonly sold in the London shops.

The discussion which followed the reading of the paper, elicited many facts in confirmation of the author's views; and, as to the efficacy of sulphuric acid largely diluted with water, in choleric diarrhoea, there was not a dissentient voice.

**NORTH LONDON MEDICAL SOCIETY.**

WEDNESDAY, JUNE 14, 1854.—DR. HARE, VICE-PRESIDENT, in the Chair.

Dr. RAWLINS was elected a Fellow.

Mr. BURFORD NORMAN related a

**CASE OF SPURIOUS CATARACT, IN A WOMAN.**

A false membrane, the result of old inflammation, was attached to the iris, which caused much disfigurement. This he removed by depressing the membrane with a needle.

Dr. GREENHALGH related a

**CASE OF DYSMENORRHEA IN A YOUNG WOMAN,**

who had suffered much ever since menstruation commenced. On examination the uterus was found to be enlarged. The treatment was commenced by the application of leeches to the os uteri, and afterwards by the introduction of a sound, the consequent irritation being treated with warm baths and alternative doses of mercury. Her recovery was rapid, and Dr. Greenhalgh has subsequently seen her with a fine healthy child. He thought that in many of these cases, dilatation of the womb was very advantageous.

Dr. PRETTY related a

**CASE OF SUDDEN DEATH FROM THYMIC ASTHMA, IN A CHILD FIVE MONTHS OLD.**

The thymus gland weighed twelve drachms.

Dr. HARE and Mr. ADAMS spoke to the frequency of laryngismus stridulus during the last six or eight months.

**Reviews and Notices of Books.**

*Remarks on the Hill Diarrhoea and Dysentery, with Brief Notices of some of the Himalayan Sanatoria.* By ALEXANDER GRANT, Esq., Surgeon to the Governor-General of India, and Secretary to the Medical Board, Calcutta, Bishop's College Press. 1853.

WE greet with especial satisfaction the appearance of every report from our brethren in tropical regions bearing on the most important branch of medicine—that of the prevention of disease. In the preface to the sixth edition of the work "On the Influence of Tropical Climates on European Constitutions," Mr. J. R. Martin exhorts his brethren "seriously to examine the influence of general tropical climate, of locality, and of season, on European health. Such objects are in reality of more value than volumes of cases or details of routine practice; their careful investigation will confer permanent benefits on the public service, and, sooner or later, derive honour to themselves, difficult, if not impossible, to be obtained in any other way." This was truly said, and we are glad to perceive that Mr. Grant is one of those who has justly derived both honour and profit from his careful devotion to the important question of sanitary information.

Hitherto we have heard nothing but unqualified praises of the hill ranges of tropical climates, and for the information that we shall not find in them an unmixed good we are indebted to Mr. Grant. Mr. Grant does not by any means propose to depreciate or to throw discredit on the hill climates; far otherwise is his intention, and, if we mistake not, the inquiry he has so worthily begun in the East must extend to all our intertropical possessions: such is the value of discussion in matters of science. Investigations of this nature possess extreme interest and value, for they point directly to the selection of the most approved localities in the mountains, to the proper structural arrangements there for barracks and hospitals, &c. &c.

We lately observed that all the medical and surgical skill exercised in a thousand battles—such as that of Waterloo, for instance—could not bring to the British soldier a tithe of the beneficence which would result to him from the simple act of being removed from the plains to the mountains of our intertropical possessions. We believe this to be strictly true, and that it must be by sanitary measures of precaution and of prevention, rather than by means of cure, great as these last confessedly are, that our soldiers and seamen may be maintained in health and vigour. It is stated on authority that the noble Highland regiment, the 92nd, "lost more officers and men in four months from the climate of Jamaica than by the hand of the enemy in an active warfare of twenty-two years, in the progress of which it was engaged twenty-six times." So lamentable a sacrifice will no longer be witnessed in Jamaica, for permanent arrangements have been made for our soldiers in its mountains by order of the late Lord Metcalfe.

Mr. Grant proposes to describe "an inveterate form of

bowel complaint, which is well known to be endemic, in the important and near-lying group of hill sanatoria, including Kussowlie, Sabathoo, Simla, and the new station of Dughai. There are few topics of greater importance than the sanitary advantages of these localities, and the study of their essential and accidental atmospheric agencies, especially with reference to the prevalence of this particular class of diseases, which occasions nearly all the mortality, and has been in some instances a serious source of inefficiency and loss to regiments for years after they have returned to the plains."

After an excellent sketch of the topography of the several hill sanatoria, and after furnishing valuable statistical information as to their sanitary importance, the author details the causes, symptoms, pathology, and treatment of the hill diarrhoea and dysentery. We can here do no more than call the attention of the profession to this interesting and important subject, as affecting the welfare of British troops in all hot countries. The article will be found in the first volume of the "Indian Annals of Medical Science"—a journal containing much valuable matter, both scientific and practical, and conducted by very able officers of the medical department of the Indian army. We understand that Mr. Grant has the merit of originating this periodical, and that he proposes to publish in it his further observations and experience of the hill climates of India. Questions of the highest consequence are involved in this investigation, such as the influences of previous sanitary condition of corps sent to the hills, the influence of previous fevers, and other diseases, contracted in the plains, &c. It would be interesting also to determine the relative influences of relative elevations, so as to exhibit the results of residence in the lower as well as the higher ranges. All this, and much more, we hope to learn from future investigations; meanwhile, we would call attention to what Mr. Grant states on the prevalence of "land scurvy" in the mountain stations—a serious complication in the bowel complaints of those climates. "Many of the cases," he says, "were only marked by a cachectic state of the body, by soreness of the tongue and oesophagus, or by pains in the thighs and long bones." He justly adds, that scurvy may "by no means always depend on the want of vegetables, and it may pervade the system without any manifest affection of the guma."

We hope, in conclusion, that we may again meet Mr. Grant in a field of inquiry in which he is sure to be well received by his professional brethren.

*Orr's Circle of the Sciences: a Series of Treatises on the Principles of Science, with their Application to Practical Pursuits. Vol. I. Organic Nature. 8vo, pp. 393. London: Orr and Co.*

In this age of cheap literature "Orr's Circle" deserves to hold no inferior place. This volume contains three distinct treatises—one on the "Principles of Physiology," by the Editor; the "Structure of the Skeleton and the Teeth," by Professor Owen; and on "Varieties of the Human Race," by Dr. R. C. Latham. It is scarcely necessary to say that these subjects are handled with the usual ability of their respective authors. The work is profusely illustrated.

## Contemporary Medical Literature.

### BED-SORES IN THE INSANE.

In the prevention of this form of asthenic gangrene, it is of the utmost importance to remove the patient from the bed, and place him in a well-stuffed easy-chair for at least a few hours every day, as long as it is possible to support him in a sitting posture. The importance of hardening the skin should not be forgotten. I have for many years been in the habit of using, for this purpose, a mixture of equal parts of tincture of kino and goulard extract. They form, by union, a semi-fluid compound, composed mainly of tannate of lead. This mixture formed the basis of an old nostrum for sore nipples, and is an

excellent means for hardening the skin. It also agrees well with gangrenous sores, and is a powerful antiseptic, so that it may still be used to harden the surrounding skin when the gangrene has actually taken place. Of local applications to gangrenous parts little need be said; chlorine washes, chloride of zinc, yeast poultices, &c., may be applied with advantage; oxide of zinc is used by Mr. Ley, and alcohol by Dr. Kirkman. Peat charcoal has been used, but is dirty and unsatisfactory. The free application of powdered cinchona bark often assists the separation of a slough. The best local protection afterwards is afforded by a soap plaster spread upon chamois leather. When asthenic gangrene takes place on the insteps, feet, or even, as it sometimes does, on the fingers, it is a good practice to envelop the extremities in cotton wool.—Dr. BUCKNILL in *Asylum Journal*.

### CHARCOAL AS A DISINFECTANT.

Mr. Turnbull, about nine months ago, placed the bodies of two dogs in a wooden box, on a layer of charcoal-powder of a few inches in depth, and covered them over with a quantity of the same material. Though the box was quite open, and kept in his laboratory, no effluvia was ever perceptible; and on examining the bodies of the animals at the end of six months, scarcely anything remained of them, except their bones. Mr. Turnbull sent me a portion of the charcoal-powder which had been most closely in contact with the bodies of the dogs. I submitted it for examination to one of my pupils, Mr. Turner, who found it contained comparatively little ammonia, not a trace of sulphuretted hydrogen, but very appreciable quantities of nitric and sulphuric acids, with acid phosphate of lime. Mr. Turner subsequently, about three months ago, buried two rats in about two inches of charcoal-powder, and a few days afterwards the body of a full-grown cat was similarly treated. Though the bodies of these animals are now in a highly putrid state, not the slightest odour is perceptible in the laboratory. From this short statement of facts, the utility of charcoal-powder as a means of preventing noxious effluvia from churchyards, and from dead bodies in other situations, such as on board ship, is sufficiently evident. Covering a churchyard to the depth of two or three inches with coarsely-powdered charcoal would effectually prevent any putrid exhalations ever finding their way into the atmosphere. Charcoal-powder also greatly favours the rapid decomposition of the dead bodies with which it is in contact, so that in the course of six or eight months little is left except the bones.—Dr. STENHOUSE, in *Pharmaceutical Journal*.

### VACCINATION WITHOUT PUNCTURES.

M. Morlane, of Metz, has just made public that he produced three regular vaccine pustules, which appeared on the fourth day, by merely placing some vaccine matter on the arms of two children, and rubbing up and down the spot with the sharp end of an ivory paper knife. He was led to try the experiment from recollecting the fact of young girls taking the cow-pox on the fingers used for milking.—*Dublin Med. Press*.

### EMETICS IN TOOTHACHE.

M. Cæsar Frederico, of Ghent, has directed attention to a variety of toothache which is indicative of a disordered state of the stomach, and which he has succeeded in relieving by the administration of ipecacuanha in emetic doses. He has seen this treatment succeed where everything else had failed, and where even the removal of the diseased tooth produced no effect.—*Op. cit.*

### DYSENTERY.

It would seem that an attack of dysentery does not exert an unfavourable influence on the organism, that patients are not rendered thereby prone to any particular disease, but, on the other hand, enjoy good health. It would also seem that patients are not liable to a repetition of the disease.

I would not be understood as presenting these inferences in the light of established truths. The number of observations is too small to warrant deductions which shall represent fixed laws of the disease. But, as already remarked, it is difficult to account for the facts on the hypothesis of their being due to mere coincidence; and I repeat that the facts point to the existence of laws which remain to be settled by further investigation. We are at least justified in concluding, from the data before us, that deterioration of the health subsequent to dysentery is not the general rule, and that an attack does not lead to any increased susceptibility to the cause or causes of the disease.—*New York Journal of Medicine*.

# THE LANCET.

LONDON: SATURDAY, JULY 15, 1954.

As the inquest on the body of the late ALFRED RICHARDSON is again adjourned, we shall defer the summary of the evidence until the conclusion of the investigation. The extraordinary facts that were revealed at the last sitting of the Court, have caused the utmost amount of indignation in the profession, and intense excitement amongst the public. That an infamous conspiracy has existed is no longer a matter of doubt.

THERE is no principle of legislation which requires more consummate wisdom and tact in the carrying out, than the principle of compulsion. It is surely not necessary to say that, if this principle of legislation be of difficult operation anywhere, it is almost impossible here. The stubbornness of Englishmen is such, that they will incontinently resist any measure, however demonstrably beneficial, if it comes to them supported by force. No one, at least no person of average information, disputes the benefits of vaccination. The discovery of JENNER has been hailed in every civilized land as the greatest boon that science ever gave to mankind. Paternal governments, that is, governments accustomed to do everything for the people over which they rule, have long since made vaccination compulsory. Acting according to the spirit of paternal governments, they have no doubt done wisely. The result is, that vaccination is more universal and more effectually performed abroad than in the land of JENNER. The philanthropist, the legislator, may regret that this should be so. The proposition that vaccination is a blessing which it is folly to reject, is sound. The proposition that vaccination ought, therefore, to be enforced under penalties, will not be so readily admitted. Philanthropists and legislators are apt to be somewhat dogmatic and absolute; but they cannot safely disregard the prejudices of the classes whom they would benefit; nor can they hope to give effect to their best meant measures if they associate those measures with the idea of compulsion. Setting aside for the moment the consideration of the obstacles opposed to the extension of vaccination by the constitutional waywardness of our countrymen, let us consider whether the poorer classes have not some show of reason at least on their side.

There is a belief—it may be denounced as a prejudice, but it is not the less a deeply-rooted conviction, and one not confined to the poor or the ignorant—that if the vaccine disease may be transmitted by inoculation, other diseases less beneficial may be propagated in the same manner, and by the same operation. Many a parent of high and low degree dates constitutional disease in her offspring to vaccination with “bad matter.” Who shall say that this etiological conclusion is always false? But whether false or not, it deserves to be considered how far it is prudent or just to compel a mother to take her infant to a particular station, on a particular day, to be vaccinated by a surgeon selected for her by others, who may be a stranger to her, with lymph taken from a child of whose health she may not be satisfied. Shall we be surprised if the mother’s feelings often revolt against all this? She may be foolish, she may be ignorant, she may be doing an injury to her child by not

taking it to be vaccinated, but it is not by compulsion or by penalties that she will be convinced of her error. Besides, the confidence that springs up between the patient and the medical practitioner is a feeling that ought to be respected. On the one hand, the patient will readily submit her child to her ordinary medical attendant; and, on the other hand, it is very like reckoning without one’s host to expect to carry out a scheme of universal vaccination unless the hearty goodwill and co-operation of the entire body of the profession be secured. These reasons were strongly felt and immediately urged by ourselves when the Bill of last year was before Parliament. We saw very plainly that a measure framed in disregard of these considerations would not only fail, but would rather increase the prejudices of the poor against vaccination. A very few months have proved the truth of our arguments. There is now a wide-spread feeling of opposition amongst the poor, and a feeling of irritation amongst the profession. The difficulties experienced have led to the necessity of amending the Act.

In addition to the sources of difficulty we have mentioned, other difficulties of administration have been strongly felt. There could scarcely be a graver error than to associate a national measure of this kind in any way with the Boards of Guardians. These Boards are so rarely animated by a liberal spirit or comprehensive views—they have so many other duties to perform, some necessarily of an unpopular character, and their relations with the medical profession have given that body so little satisfaction—that it argued little practical knowledge of business to entrust the most important share of the execution of the Act to them. Such a step was, moreover, a perfectly unnecessary complication. The appointment of vaccination stations might have been left to the Registrar-General; and the appointment of medical officers might surely have been made independently of the Guardians. The power of interference given to the Boards of Guardians has certainly done much to render the Act unpopular and nugatory. Yet this association is to be retained. It is wished to make vaccination universal; it is sought to enforce it by penalties where an enlightened judgment is wanting; and the method determined upon is to enforce it by the agency of authorities who are too often looked upon with the greatest distrust by the poor. Under this plan, instances will never be wanting of self-willed parents obstinately resisting the law, and suffering child after child to perish of a loathsome disease, and to keep up a constant dépôt for the spread of the infection.

If the Act is not amended in this respect, we presume it will hardly be seriously asserted that enough has been done to conciliate the sympathy of the medical profession, or to secure their all-important assistance. Under an amendment, it is indeed provided that any practitioner may vaccinate, and thus a mother will not be driven to the alternative of taking her child to a stranger, or of defying the law. But we will leave it to our brethren to decide whether the proffered shilling a-head is a sufficient remuneration.

We have reason to believe, that a suggestion made by us, some time ago, with the view of increasing the effectiveness of vaccination, and of obtaining more accurate data for the scientific appreciation of its protective influence, will be adopted. When analyzing the facts put forth by Mr. MARSON, we showed that the protective influence bore a definite relation to the number of vesicles produced: we urged

the importance of registering, not only the fact of "successful vaccination," but of recording the precise amount of the success obtained. We believe that this will be consequently provided for.

In closing our observations upon the subject, we beg to assure Lord LYTTELTON, that we are no less sincerely solicitous for the success of the cause he has in view than himself; but we claim to be somewhat better informed than his lordship as to the conditions necessary to insure success.

THE aspect which the question of Dr. CORMACK's veracity as a public journalist has now assumed, induces us to say a few words on the subject of Dr. CORMACK's supposed vote at the late anniversary meeting of the Medico-Chirurgical Society. In the course of the events to which this circumstance has given rise, the Editor of the *Association Journal* has charged us with lying and slandering, as our most venial crimes, and we really wish the profession to judge in this matter betwixt ourselves and him.

In the number of this journal for March 18th, 1854, we stated that Sir JOHN FORBES and Dr. CORMACK had voted for the exclusion of THE LANCET from the Library of the Medico-Chirurgical Society on the 1st of March. We commented in severe terms upon the circumstance that two persons connected with the press should, on a question vitally affecting its liberty, have voted against their own calling. At this charge, Dr. CORMACK waxed indignant, and in the *Association Journal* of March 24th denied it in the most strenuous language. He said, "Our answer to the personal charge is easy, and it shall be brief. The stab has been aimed, like the assassin's, in 'the dark; for Dr. CORMACK DID NOT VOTE AT ALL,' [the small capitals belong to our contemporary.] 'The charge is simply untrue. We pass on therefore to the public aspect of the question. The liberty of the medical press, it seems, is at stake; and we have been 'traitors to the cause!' We plead NOT GUILTY."

We did not set any great value upon Dr. CORMACK's denial, seeing that the very article which contained it was a violent attempt to influence the votes of the Fellows against us at the meeting of the Society on the 24th of March; and that, on the 28th of the same month, a memorial against THE LANCET, signed by Dr. CORMACK, was presented to the Council. Dr. CORMACK appeared, however, to see a great difference between voting with the pen and by show of hands. In the next number of THE LANCET, April 1st, referring to the dastardly conduct of the contemporary medical press, we, nevertheless, accepted Dr. CORMACK's repudiation. We then stated,—“We were assured, upon what we considered good authority—that is, the word of a Fellow of the Medico-Chirurgical Society who sat near Dr. CORMACK at the annual meeting, given personally to ourselves—that he, Dr. CORMACK, voted in favour of Mr. DE MORGAN's amendment. Dr. CORMACK tells us that he did not so vote, and we, of course, believe his assertion.”

Thus the matter rested until the quarrel occurred between Dr. O'CONNOR and Dr. CORMACK. On the 27th of May there appeared in THE LANCET a letter from Dr. O'CONNOR, which contained the following paragraph, relating to Dr. CORMACK's conduct at the meeting of the Medico-Chirurgical Society, on the 1st of March:—"I sat opposite to him, (Dr. CORMACK,) and he was noticed, by other Fellows of the Society besides myself, to record his vote against THE LANCET. There is no blame to

"be attached to any man for doing that which he conscientiously considers correct." In a subsequent letter to Sir JOHN FORBES, Dr. O'CONNOR re-asserted this statement. He said, "After the speeches for and against the question of the amendment, when the motion was put by the chairman, the first time, Dr. CORMACK held up his hand, with the others, in favour of the amendment. Such, Sir, is what I observed on the 1st of March, to the truth of which I give a solemn declaration."

In reply to this, Dr. CORMACK produced a letter from Mr. ANCELL, which contained the following passage:—

"I hereby state that I sat next to you upon the occasion in question, that a conversation occurred between us on the subject of your vote just before the voting began, and that I can positively assert that you did not vote."

Thus an equipoise of assertion and evidence existed; but Dr. CORMACK's partisans, without any investigation whatever, at the adjourned meeting of the Metropolitan Counties Branch of the Association, held on the 13th of June, coolly passed a resolution to the effect that the meeting, "having inquired minutely into the subject at issue, finds that no foundation existed for any such charge." Dr. CORMACK, of course, in the next number of the *Journal*, rode off upon the high-moral horse. The foregone conclusions of his dupes or accomplices are dignified with the title of a "trial;" and the then complacent editor of the *Journal* covered himself with self-praise and chuckling.

"We felt," he writes, "that we had no right to defend the honour and respectability of our constituents, unless we could clearly vindicate our own veracity in the face of friends and foes; and, having done so, it appeared to us equally incumbent upon us to submit the charges, the evidence, and the verdict, to the whole Association. It is no light thing for a gentleman to be placarded as a liar; and it is no light thing for upwards of two thousand members of the medical profession to be told that it is to a person so infamous that they have committed difficult and responsible duties—duties which can only be performed by an individual."

Unluckily for Dr. CORMACK, corroborative evidence of the truth of Dr. O'CONNOR's statement was not long wanting. In THE LANCET of June 24th, we were able to state authoritatively,

"We have heard Dr. Tanner, a man of unquestionable veracity, say that, sitting next to Dr. Druitt at the annual meeting of the Medico-Chirurgical Society, he made this observation on observing Dr. Cormack hold up his hand against THE LANCET, 'How very indecent of Dr. Cormack, voting on this question!' To which Dr. Druitt replied, 'Well, but he is a Fellow of this Society.'"

Upon this, the correspondence recorded in our last between the Sub-Editor of this journal and Dr. TANNER and Dr. DRUITT took place. Dr. TANNER simply, but emphatically, reiterated the truth of the paragraph in THE LANCET of June 24th; Dr. DRUITT assumed as many attitudes as a postur-master, and expressed the greatest confidence in Dr. TANNER, Dr. O'CONNOR, and Dr. CORMACK, in fact, in everybody but himself, and ended by admitting, that since Dr. TANNER said he had addressed him in the way stated, he had no doubt it was true.

Thus the matter stands. We put it to our readers whether, according to the evidence now before the profession, we were not justified in stating, on the 18th of March, that Dr. CORMACK voted at the meeting of the Medico-Chirurgical Society. We have direct evidence of a positive kind from Dr. TANNER and Dr. O'CONNOR, not to speak of Dr. DRUITT, and the private communications we have received against the negative certificate of Mr. ANCELL. The CORMACK clique in the Metropolitan Branch



have, without evidence and without inquiry, given a verdict against Dr. O'CONNOR and in favour of Dr. CORMACK, but the Association and the profession at large will require further testimony than Dr. CORMACK has yet been able to adduce, before they receive his assertions as implicit truth. Meantime the Association, instead of pursuing the useful tenor of its way, has had its patience and its funds exhausted by the discussion of Dr. CORMACK's veracity. The result is that there is a growing feeling among the oldest and most influential members of the Association, that there can be no peace in the Society until the Metropolitan Branch, which has caused so much mischief and disturbance, shall have been lopped from the parent trunk !

THE wretched policy pursued towards the naval medical service will speedily, by its fruits—by unanswerable experience—convince the world that the Admiralty Board has been not only impolitic in its foolish contempt of the just claims of an honourable profession, but also culpably reckless of the health of the fleet ; and heedless, so long as they can gratify a childish and senseless spleen, how they jeopardize the honour of their country. Complaints of the insufficiency of the medical staff are now loud and frequent from the Baltic fleet ; and great is their need. On the eve, probably, of sanguinary engagements, in the actual presence of pestilence, placed in a position which calls imperatively for a medical staff on a scale surpassing, rather than falling short of, the war complement, the Baltic fleet cannot muster the complement not found excessive in times of peace. The cholera, it is said, has already made its appearance in Cronstadt. Several cases are reported as having occurred on board the *Wellington*. One change in the weather suddenly affected the health of the crews, and but for an opposite change, sickness might have devastated the fleet. How long will the Admiralty trust the safety of our naval armaments to the weather ? Presuming on the natural course of events, hot weather must surely be looked for in the Baltic.

A few days of unusual warmth have already warned the fleet of what dangers they must encounter from heat more intense and more prolonged. It is presumed that this magnificent fleet has an object to accomplish ; it is presumed that it is expected to maintain the honour of the British arms. But does not the history of war, both by land and sea, furnish examples enough to show that more battles have been lost, more great enterprises foiled, through sickness than by the skill or valour of the enemy ? How greatly the success of our naval forces against the Iron Despot of the North must depend upon the health of our brave seamen is obvious to everyone. At any moment the spirit of the fleet may be depressed, and its right arm paralyzed, by sickness. It is not too much to say that, in such an event, the hazard of an attack upon Cronstadt will be fearfully increased ; and that if success should follow, it will perhaps be due as much to the equal prostration of the enemy through disease, as to the vigour of the assault.

Unappalled by such a prospect, it is said that a naval Lord has expressed his determination "to resign rather than be beaten by those d—d doctors." We venture to prophesy that before long the fleet and the country will declare, in a manner that will not be mistaken, which of these two events is the greater calamity—whether an Admiralty Lord or a complement of surgeons is the more useful.

OUR readers will perceive, in last week's LANCET, a memorial of the lecturers in the Medical Department of the Newcastle-on-Tyne College of Practical Science. As the memorial calls the attention of the profession to what may become a very serious grievance, we shall endeavour to explain the matter to our readers.

The University of Durham was, until lately, a purely clerical institution, devoted to the education of clergymen of the Church of England. So exclusively is it now in the hands of the clergy, that the only man of the smallest eminence connected with it, *Professor JOHNSTON*, has, in reality, no right to that title. His style is *reader* in Chemistry. The very title indicating the ignorance and exclusiveness of the clerical governors. The *reader* in Chemistry is not thought sufficiently dignified to have the *least* voice in the government of the University ; and, in all probability, his reverend colleagues are ignorant of the fame of their illustrious subordinate. In fact, Durham is a little Oxford, with all its exclusiveness and none of its dignity. The charter of the University of Durham, however, confers upon it the power to grant not only medical degrees, but *licences to practise medicine and surgery*. These powers remained dormant, until the prosperity of the original Medical School of Newcastle led the Durham clergymen to conceive that through it they might exercise their privilege—the idea being, that the medical education might be got at Newcastle—the degree conferred at Durham. It was an ill-omened proffer for the Medical School of Newcastle, and led, in conjunction with some personal differences, to the breaking-up of that establishment, and, ultimately, before any arrangement, we believe, had been agreed to with Durham, to the formation of two rival Medical Schools, one section of the profession at Newcastle attaching themselves to Durham, the other pursuing another course, and seeking to form an extensive institution for teaching the various branches of practical science in conjunction with Medicine.

With the merits of the quarrel we do not intend to meddle ; but certainly it will be a strange thing, if *one division* of the profession in Newcastle, under the ægis of Durham, and a small party of clergymen, should possess the power of supplanting, to a great extent, the great Universities and the Colleges of Physicians and Surgeons ! We do not know the medical gentlemen who are to have practically the power of conferring these degrees under the University of Durham ; but the town of Newcastle is not likely to possess many men adequate for such a pre-eminence, or whose fame could justify such a position ; and as we perceive appended to the memorial against the University of Durham the names of Sir JOHN FIFE, Dr. ROBINSON, Mr. POTTER, and Dr. DAWSON, amongst others, lecturers in the College of Practical Science,—men, we believe, of large practice or distinguished reputations as surgeons and physicians, we cannot conceive that the rival school, in a town like Newcastle, can possibly possess lecturers of sufficient pretensions to warrant the right claimed on their behalf through the intervention of the University of Durham. In the present state of the profession, then, and of the question of Medical Reform, we must regard the thrusting in of this new claim amid the many conflicting ones which already exist, as an intolerable nuisance. It is a sufficient disgrace to us that the Archbishop of Canterbury can make his footman a physician, but the privilege is antiquated ; that a few obscure Durham clergymen, acting through a mere section of the medical profes-

sion in Newcastle, should obtain and exercise such a power in the present day, is a piece of impertinence which would be ludicrous, were it not dangerous.

WE record with infinite satisfaction the result of the proceedings in the House of Commons on Wednesday last, in reference to the Medical Graduates' Bill of the University of London. The discussion, and the triumphant divisions that took place, prove beyond a doubt the firm hold the Metropolitan University has taken upon the public mind. It will be recollected that the object of this Bill is to place the medical graduates of the University of London upon the same footing with regard to civil privileges as that enjoyed by the Universities of Oxford and Cambridge. The Bill having passed the first and second readings on Wednesday last, the clauses were considered in committee. Several attempts were made by the representatives of the monopolist powers to thwart the progress of the measure. On the very morning of the debate, the President of the College of Physicians or that of the College of Surgeons, waited upon Lord PALMERSTON, "to suggest some other arrangement." The Scotch representatives seem to have thrown what obstacles in the way they could, although it is impossible to see what *locus standi* they could have in a measure of purely English interest, which in no way affected the Scotch Universities and Medical Corporations, and to which, *ex debito justitiæ*, the University of London was fully entitled. The first division taken was on the question of going into committee. This was carried by 90 against 26, giving a majority of 64. All the clauses passed through, and the House resumed. We are happy to state that the medical members of the House, Dr. MICHELL and Mr. BRADY, warmly advocated the measure, and we have no doubt their support had its weight with the House as expressive of the feelings of the profession on the subject.

We heartily congratulate the Graduates of the University of London upon their success. They have achieved it mainly by their own energy. We cannot but feel great satisfaction in the reflection that we lent them our warmest and most active support at a time when, with the exception of this journal, they were opposed by the whole medical press.

It will be seen from the subjoined report of the Select Committee on Poor-law Medical Relief, that it is proposed, amongst other changes in the law, to take the power of dismissing an Union surgeon out of the hands of the Boards of Guardians. This is undoubtedly a step in the right direction, but it may be questioned whether the proposed alteration is altogether free from objection. It is unquestionable that many of the worst evils of the present system have originated in the arbitrary power vested in the local boards, and these evils have been repeatedly exposed in this journal. But it is another thing, whilst making the medical officer independent of the tyrant board, to make him also independent of his professional brethren. This evil, however, bears no comparison to that which it removes, and therefore we congratulate our brethren upon the proposed change. The recommendation of the Committee that the salaries of the medical officers in some districts should be increased, and the districts in some unions made smaller, is such an one as could not fail to have been made by men so competent to form an opinion upon the matter, as the gentlemen constituting the Committee. We cannot see upon what just grounds persons,

not otherwise paupers, are to receive medical relief, unless indeed it is proposed to pay the medical officer extra for such cases. It is desirable, when the matter comes before Parliament for discussion, that this contingency should be provided for. It would be simply an act of justice, and would possibly meet with support. There is, however, a mode in which the system of medical relief might be carried out with more efficiency with respect to the poor, and more satisfactorily with regard to the practitioner, than has been suggested by the Committee. To this mode we shall shortly direct our attention.

The select committee appointed by the House of Commons to inquire into the mode in which medical relief is now administered in the different unions in England and Wales, and to ascertain whether any additional facilities might be afforded the poor in obtaining medical aid, have made the following report:—  
 "1. That no sufficient evidence has been adduced before your committee to justify their recommendation of an entire change in the present system of medical relief as administered under the general consolidated order of 1847, by means of which the poor have derived greater facilities in obtaining medical aid than they were enabled to do previous to its promulgation. 2. Your committee, however, recommend that the Poor-law Board should continue to direct their attention to the extent of the medical districts, to the reduction of their area where they are found to be inconveniently large, and to the appointment of additional medical officers in such cases. 3. Your committee also recommend that every medical officer to be appointed after the 25th of March, 1855, should continue in office until he may die, resign, or become legally disqualified to hold such office, or be removed therefrom by the Poor-law Board. 4. They also recommend that the Poor-law Board should direct their attention to the salaries of the medical officers, which, in some cases, appear to be inadequate to the duties they are required to perform. 5. Your committee further desire to call the attention of Parliament to the facts given in evidence, that a considerable number of poor persons have been placed on the pauper list through the receipt of medical relief in cases of sickness or accident, and from that cause alone; they therefore recommend that persons so circumstanced should be enabled to receive such medical assistance as their cases may require, without being placed on the list of paupers, but that it should be left to the boards of guardians to decide in what cases medical relief shall be so given to persons who are not otherwise in want of, or in the receipt of, parochial relief. 6. That evidence has been given before your committee respecting purely medical clubs, the contributors to which are entitled to attendance and medicine alone, with the option of selecting their medical attendant; that in some districts, where provident habits are encouraged amongst the industrious classes, the existence of such clubs, mainly maintained by their contributions, evinces at once the value they attach to prompt medical attendance, and an honest desire on their part to maintain their independence." Several plans appear to have been under consideration in reference to the important subject to which the fifth of these articles relates. Mr. Miles proposed "that free medical and surgical assistance be given to the labouring population whose wages do not exceed a certain amount, to be determined by the boards of guardians." Mr. Walter proposed the following resolutions:—"1. That it is expedient to afford facilities to the labouring classes for obtaining medical relief, without reducing them to the necessity of becoming paupers. 2. That it appears to your committee that this object might be accomplished by means of parochial medical clubs, under the management of the local boards of guardians, the subscribers to which might be entitled to receive medical relief without incurring thereby the stigma of pauperism. 3. Your committee recommend that the medical officers of unions should be elected for a certain term of years, subject only to dismissal for misconduct, instead of, as is frequently the case at present, receiving their appointments annually." The report, however, in the form in which we have given it above, was eventually agreed to, Mr. Walter and Mr. Miles both voting in favour of the fifth paragraph, which was carried by the casting vote of the chairman. Mr. Palmer moved that the report should recommend "that every medical officer be required to attend on any poor person on his first application for medical assistance, without waiting for an order from the relieving officer or other person." Five other members of the committee voted for this clause—Mr. Miles, Mr. Pigott, Mr. Walter, Mr. Rice, and Mr. H. Berkeley; but seven voted against it, and threw it out.

## THE POSITION OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

THE following letter has been addressed by Mr. Bottomley, of Croydon, to Dr. Cormack, the editor of the *Association Journal* :—

Croydon, July 4, 1884.

SIR,—I wish to make a few observations upon that portion of the report of the Metropolitan Branch meeting of the 20th of June last relative to my claim of membership.

In No. 23 of the *Journal* of last year, dated the 11th of June, appeared the following:—"Members of the Provincial Medical and Surgical Association have the right of becoming members of the Metropolitan Branch by simply paying the annual subscription of 2s. 6d. to J. Toynbee, Esq., treasurer, or T. O. Ward, M.D., secretary." At the formation of the Metropolitan Branch I received a circular inviting me to become a member of that Branch. It was my intention to accept the invitation, and a few weeks ago I took the liberty of asking a member of the Branch to pay the 2s. 6d. and send me the receipt. The 2s. 6d. was paid, and the receipt sent, and I considered myself a member, and attended the meeting of the 13th June, but was reported as being present as a *visitor*. On the following Tuesday, the 20th of June, I attended the adjourned meeting, with the view of having what I believed to be an error rectified; but the voice of the meeting then present was against my being a member.

As a member of the Provincial Medical and Surgical Association of some years' standing, and also one of the General Council, I deem it my duty to offer a few remarks upon the present proceedings of the Metropolitan Branch.

The Metropolitan Branch has made a bye-law for its own government, and acted upon it. Query, has a Branch that power? I should say, no! The Branch, in my opinion, should have first submitted such bye-law to the General Council at the annual meeting, for the Council to determine whether such bye-law should be adopted or rejected; making such alterations in the bye-laws is, in my opinion, contrary to all rule and order, and directly opposed to the constitution of the Association.

Until the subject be fully discussed by the General Council at an annual meeting, I consider the law for the admission of members to the Branch to be in force till rescinded by the General Council. Why was the Provincial Medical and Surgical Association founded? I presume for the following reasons, but principally in consequence of the very decided difference that exists between the provincial and metropolitan practitioner. The provincial practitioner is a one-faculty practitioner; not so the metropolitan. In the metropolis the practice is divided into three grades—physician, surgeon, and apothecary; in the provinces, the surgeon is the physician and the physician-accoucheur,—in short, he takes the weighty responsibility of the whole upon himself, not being content with performing the minor operations merely, as has been stated in the College of Surgeons in London, which is more applicable to the metropolitan practitioner; but he, the provincial surgeon, performs all the capital operations in surgery, not even declining the most serious and difficult, such as amputation at the hip-joint, &c. The metropolitan practitioner divides his responsibility with some consulting brother; not so the provincial, for a pure surgeon is a very scarce person in the provinces. Thus it appears the interests of the two must be widely different, which difference bids fair to create a schism in our ranks. It will therefore become a question at the next annual meeting, whether the cares of the Association should not be confined to the provinces, and whether the metropolis should not itself take charge of its own practitioners? We of the country look forward to our annual meetings, as well as the provincial branch meetings, with feelings of pleasure and delight, where the greatest harmony and good feeling have always prevailed; and we fervently hope that no seeds of discord sown in the metropolis will take root and flourish amongst us.

Again, unless a material alteration is made in the manner of conducting the *Association Journal*, I think it had better be given up altogether, in which case an ample balance could be devoted to the publication of an annual volume of *Transactions*, which should form a valuable record of our progress in pathology and therapeutics. It appears to me, I believe in common with a very large number of my provincial brethren, that a weekly record of professional news is no part of our wants as members of the Association, more especially as a large portion of the so-called news relates to the personal squabbles of individuals of whom we know nothing, or to the party intrigues of cliques of which we desire to know less. We of the country want not to have such scenes perpetuated in the

columns of our *Journal*. That they happen in London gives them not one whit the more value or interest to us. We have all our share of personal disagreements, doubtless, but I think we have no wish to obtrude the particulars of such unfortunate occurrences upon our brethren of the profession elsewhere. Sound progress in professional knowledge will be better ensured by the production of papers suited to the *Transactions* than of ephemeral notices of current events of no importance to the profession, and very frequently of a character discreditable to it.

I beg leave to suggest the foregoing observations, without intending the least mark of disrespect to the metropolitan practitioners, for, being their near neighbour, I am personally known to many, and I regard them as ornaments in the medical and surgical profession not to be surpassed in the world.

I am, Sir, your obedient servant,  
GEORGE BOTTOMLEY.

Dr. Cormack.

## Correspondence.

"Audi alteram partem."

## GRIEVANCES OF UNION SURGEONS.

MERE UNION, WILTSHIRE.

To the Editor of THE LANCET.

SIR,—I submit the following communication to your perusal, and if you think any good may be done by publishing it, you have my perfect permission to do so.

At a time that so many of my professional brethren are relating the wrongs and injustice to which they have been subjected by boards of guardians, with the view of calling the attention of the legislature to what are esteemed to be the grievances of poor-law union medical officers, it may be to the purpose to state what has occurred, within the past year, at the board of the union of which I am a medical officer.

The Union of Mere, in Wiltshire, is divided into two districts, (Nos. 1 and 2.) In the Lady-day quarter of 1852, an epidemic fever (gastro-enteric) was very prevalent in District No. 1, and my colleague had heavy duties to perform. Accordingly, at the termination of the quarter—the period at which salaries are paid—he petitioned the board of guardians for extra remuneration for the services rendered to the sick poor, and this was responded to by a donation of twenty guineas. The epidemic did not become severe or general in the villages comprised in District No. 2 until the early part of the Midsummer quarter corresponding, at the termination of which, encouraged by the success of my colleague, and fully reliant on the honour and sense of justice of the board of guardians, I, in like manner, memorialized for extra remuneration, but met with a positive refusal. I then inquired upon what grounds I was refused a remuneration and treatment similar to my colleague; and, in answer, was assured that "the board was satisfied with the assiduity and attention I had shown in the discharge of my duties, but declined to alter their previous determination." I then pointed out to the board that, by the statistical tables of cases attended by the medical officers respectively, during the half-year from Christmas to Midsummer, 1852, there was a positive excess of cases attended by me to nearly eighty; and that, as the patients of my colleague were chiefly centred round his house, those of my district were, the nearest, two miles, the furthest, from six to seven miles, distant from my own residence, I was therefore the more entitled to the compensation. To this communication I was told curtly "that the board did not see fit to alter its determination."

I then placed the facts of the case, and copies of the correspondence, in the hands of the Poor-law Board at Whitehall, and I plainly stated to them that I was not singular in the opinion, that gross favouritism had been shown to my colleague, attributable to the strength of family cliquism in the board, most of the members of which are nearly or distantly related to him, the board consisting (at that time) entirely of renting farmers and tradespeople, but without the presence of one private gentleman.

I must acknowledge the instant attention paid to my letter by the Poor-law Board, which commenced a correspondence with the board of guardians, and, after some investigation, I have been told, strongly recommended them to remunerate me on the same scale as they had remunerated my colleague, but without avail. They objected, first, that I had made up a book of cases,—meaning, that I had entered more cases in my

sick-list book than I had legitimately attended. To this base insinuation I replied, through the Poor-law Board, that, having held very responsible positions in India, under the Government, with valuable testimonials of ability and rectitude of conduct, I did not stand in need of the board of guardians pointing out to me what was a line of conduct in accordance with integrity and honour; and that, as the cases referred to were remitted, individually named in the sick-list, fortnightly, for their inspection, the argument for their repudiation was untenable, as no objection had been raised at either instance of their inspections. Their next plea for refusal was, that most of the cases recorded had been attended by me without especial authority. In our union, it is not usual to send to the relieving-officer for orders in all the cases of applicants for union medical relief. Each medical officer knows his district well, and all the respective poor in them entitled to pauper medical relief; and as the districts are very extensive, the relieving-officer requires to be away from his house, on his own duties, almost daily, from morning till night; that to refuse to attend most of the applicants until they had obtained the order of the official would be seriously inconvenient, and a gross injustice and uncharitable to the poor, many of whom have to travel miles, or to relinquish their employment, when waiting on their medical attendant.

I regret to inform my medical brethren that, after a considerably lengthened correspondence with the board of guardians, the Poor-law Board terminated the matter by wiggling me for irregularity, and recommended me, for the future, to be more strict in complying with the rules, of which I have just shown the injustice.

I was not in a position to resign my appointment as district medical officer, and I deeply regretted it. Would that there were sufficient unanimity in our profession, that we could chastise our aggressors, when they venture unwarrantably to trample upon us! As if impressed with the necessity and propriety of having rank and education in the board, conscience stricken, the board of guardians have now elected and obtained a gentleman, possessing both, to the office of chairman. Need I say I failed in obtaining the remuneration I sought for, and there the matter rests?

Surely the Government and the public would never wish such irresponsible powers to be wielded by boards of guardians as it is shown so frequently they do wield; and may we hope the day is not far distant, when poor-law union surgeons may look to the Government for approval or for censure, and their corresponding rewards and punishments.

There are two taxes, which I think, on due representation, might be remitted to our much-oppressed class—that of turnpike tolls, and of one horse and carriage, used for the benefit of the poor, and especially in the duties attached to the office of poor-law union surgeon. Officers of the army on duty always pass through tools free of expense, and to many of the country general practitioners, doing pauper union duty, a similar concession would be very valuable. To visit some of my pauper patients in a carriage, by the direct road, would cost me 10*d.* Remission of tax on one horse and carriage, and perhaps it may be conceded, on one man-servant—a necessary requisite—would to some extent tend to relieve the already much-imposed upon union medical officer.

I beg to remain, Sir,

Your obedient servant,

AYNOTT J. J. CHITTY, M.R.C.S.E., &c.,  
Medical Officer, 2nd District, Mere Union.

Mere, Wilts, June, 1854.

## THE ASSOCIATION JOURNAL AND DR. CORMACK.

To the Editor of THE LANCET.

SIR,—I have often felt surprised that you have not called the Editor of the *Association Journal* to account for the grossly vulgar and slanderous language in which he indulges in the leading articles of the periodical entrusted to his care—language which, before his advent, was certainly foreign to the medical press, and which I believe to be utterly distasteful to the great bulk of the members of the Association to which the *Journal* belongs. It is really astonishing how any man, under the guise of Calvinistic puritanism, with pretensions to the most sanctimonious rigidity, and an affectation of evangelical meekness, can gather together such a mass of ribald language as he frequently includes in what must, I suppose by courtesy, be called leading articles. If our lugubrious Editor quotes prose, it is pretty sure to be from Holy Writ; if poetry, it is almost as certainly from Watts' Hymns or Young's Night Thoughts; but with the highest reverence for such

matters, I venture to demur to their being profanely introduced to bolster up bad arguments or meagre ideas.

I read the *Association Journal* and THE LANCET habitually, and I felt indignant when I saw in the *Journal* of May 12th an odious slander against the whole profession. It refers to THE LANCET, it is true; but it is substantially a vilification of the medical men of this country as a body. The libel I refer to is as follows:—

“When THE LANCET imputes vile and dishonourable conduct to individuals, it is chiefly because his readers *must have* spicy and abusive articles. THE LANCET commands an adequate sale by trafficking in calumnies, and until the morality and good taste of the profession become improved, it would be a commercial blunder in our contemporary to write in a different style from that which he now adopts.”

Now, Sir, this is not an attack upon you, but upon the profession itself. With respect to the style of the writing in the leading articles of THE LANCET, I will only say that I believe there is not a man in the profession who has not often read them with pride and pleasure. For power of language, fertility of thought, and felicity of expression, they may, in my opinion, challenge comparison with any of the periodical writing of the day.

Of the style of the *Association Journal*, the passage I have quoted is not so bad a specimen as might easily have been selected. But with respect to the odious aspersion against medical men, that bad language, “abusive articles,” “trafficking in calumnies,” and the imputation of “vile and dishonourable conduct,” are required by the “taste of the profession,” I hurl it back upon Dr. Cormack, as a most base and wicked calumny, a calumny especially hateful, as coming from a medical journalist, and the more reprehensible as it is accompanied by ostentatious pretensions to extraordinary virtue and purity.

I am, Sir,

AN OLD SUBSCRIBER OF THE LANCET, AND A  
MEMBER OF THE PROVINCIAL ASSOCIATION.

## DISCREPANCIES IN ANALYSIS.

To the Editor of THE LANCET.

SIR,—I beg to submit the following, should you deem it worthy of insertion in THE LANCET. At the same time that it points out a very great discrepancy in the analysis alluded to, I think the processes adopted by me will be found to give more satisfactory results than those at present in use.

The circumstances are these:—A short time since a friend of mine consulted a medical gentleman for diabetes mellitus, who made an analysis of his urine; and from the large quantity of urea stated to exist, I suspected an error had been made, since it is generally admitted that urea decreases in proportion as the sugar increases, and in some instances does not obtain at all. The specific gravity of the urine was 1.035. Dr. B states that every fluid ounce contained 30.02 of sugar, and 10.25 urea. Now, 1000 grains of urine are equal in measure to 2½ ounces; so that

	Sugar.	Urea.
if 1 fluid ounce contains ...	30 gr.	and 10½ gr.
2½ (or 1000 gra.) contain ...	67½	and 23½ = 90½

90½ grains would therefore be the estimate of urea and sugar per 1000, without taking into account the saline matter.

I examined the same patient's urine, and found the specific gravity to be, by balance, 1.033. 1000 grains were vaporated to ¼th, and an equal bulk of strong nitric acid added, and the resulting crystals of nitrate of urea, on being pressed and dried, gave 12 grains, and since the combining proportions of nitric acid and anhydrous urea are about equal, 6 grains would be the whole amount of urea obtained. The various pieces of paper on which the crystals were pressed and dried, on being digested in distilled water, and the draining of the crystals added and evaporated to absolute dryness, gave, as

solid matter ...	70 gra.
to which, if we add the 6 grains of urea previously extracted ...	6
	76

we get, as the actual dry contents per 1000, 76 grains.

In order to ascertain the precise quantity of sugar contained in the above, I subjected 500 grains of the same urine, in a weighed bottle, to fermentation, which showed a loss in carbonic acid of 10 grains; this multiplied by 2½, the equivalent for sugar, gives as sugar 45 grains. 45 grains therefore is the whole amount of sugar possible to be obtained, which was further confirmed by the next experiment.

The fermented liquor, being filtered off from the excess of yeast and evaporated to dryness, afforded 15½ grains of solid matter, which of course consisted only of urea and salts; this, multiplied by 2, gives the quantity per 1000 ... 31 grs.  
from which, if we deduct the 6 grains of urea previously ascertained ... 6  
25

leaves 25 as the saline matter present.

The analysis may therefore now be considered complete, viz. :—

	Grains.
Urea ... ..	6
Sugar ... ..	45
Saline matter ... ..	25
Albumen ... ..	0
Lithic acid ... .. (mere traces)	0
Earthy phosphates ... ..	0
	76
Water as loss ... ..	924
	1000

#### COMPARISONS OF ANALYSES.

Dr. B.	Mr. Horsley.
Specific gravity, 1·085.	Specific gravity, 1·083.
Sugar ... ..	Sugar ... .. 45
Urea ... ..	Urea ... .. 6
	Saline matter ... .. 25
	90½
	76

I am, Sir, yours respectfully,

The Laboratory, Cheltenham,  
June, 1854.

JOHN HORSLEY.

### THE MEDICAL PROFESSION AND LIFE ASSURANCE COMPANIES.

To the Editor of THE LANCET.

SIR,—I have forwarded the following note to the Secretary of the Edinburgh Life Office, and, as I told him that I should forward it to THE LANCET for insertion, I shall be obliged by your allowing it to appear in your pages.

I am, Sir, your obedient servant,

Minchinhampton, March, 1854.

C. H. TURNER.

"Edinburgh Life Assurance Office, London.

"All communications of this nature being intended equally for the benefit and security of the party to be insured, and of the Company, permit me to request the favour of your observing much precision and care in stating the answers, and should the necessary return not be made within seven days from this date, the directors will conclude that you do not consider the life insurable."

Minchinhampton, March, 1854.

SIR,—One of your agents has forwarded to me a circular with the above extract, and a request that I would answer a string of medical interrogatories on the life of a person proposing to insure in your office. The same post brought a proposal on another life from the Legal and Commercial Office; that paper I immediately filled up, because mention was made that the proper fees would be paid; your paper I decline to fill up, because you refuse to pay for a communication which you admit is intended "for the benefit and security of the Company." There is no doubt not only that the "security" of your Company, but that of every other, mainly depends on the "precision" of the medical report; you have no right, therefore, to ask such important information gratuitously, it is clearly unjust and in direct variance with the well-admitted maxim, "that the labourer is worthy of his hire." You would not venture to ask a lawyer one point, much less request a string of questions to be replied to, without remuneration; neither would you ask a clergyman to give you a certificate without paying him, and suffer me to assure you that such a state of things will shortly cease with my own profession.

I leave you to draw your own conclusions upon the life which you have forwarded for my consideration now, or at the expiration of "seven" days; in the meantime, however, I shall advise the party to make application to some office whose circumstances will admit of their paying for that upon which the stability of their Company must depend.

I have the honour to be, Sir, your humble servant,

C. W. TURNER.

To the Secretary of the Edinburgh Life Office, King William-street.

### ABUSES AT THE MANCHESTER ROYAL INFIRMARY.

To the Editor of THE LANCET.

SIR,—Devoted as you have ever been to the interests of the medical students, I presume to address you in hopes that (if you will oblige by giving this letter a place in your valuable journal) it may be the means of putting an end to some of the abuses of this hospital. I am one of those fortunate individuals whom the governors of this institution have honoured by accepting the trifling sum of fifty guineas for the inestimable privilege of walking the wards, in company of about ninety equally lucky youths. I have now been a pupil of this hospital two years, and have seen occasionally the gleam of the knife, but I have rarely seen more; for I assure you, Sir, I have never had a fair and distinct view of an operation, on regular operating days, since I have had the happiness to be attached to this establishment. That part of the theatre where the patient is placed is always filled with visitors, surgeons, dressers, and house-surgeons, &c.; and, although there is ample space for all, they literally club their sagacious heads together, and—but need I say more?—the pupils in the first row endeavour to overtop them, and those in the second and third rows follow their example, and are under the necessity of standing on the rails, posts, &c., to obtain a casual glance of what is going forward.

Then, the first step towards remedying this evil would be, the enforcing a restriction to prevent the surgeons cramming the operating theatre with individuals who are of no earthly assistance. I appeal to the oldest pupil, to the surgeons themselves, whether I have overstated the plain facts. Let not any one suppose that we (the pupils) object to visitors—far from it; but we must not suffer inconvenience by them, and if they honour us with their presence, they should share our accommodation, and not obstruct our view.

Another cause of complaint is, that the surgeons do not give any clinical instruction at the bed-side. Surely a surgeon, if he wishes to improve his pupils, would make such remarks, as he walked from one bed to another, as are worthy of being communicated; and then, when the pupils leave the hospital, they would have the satisfaction of knowing they have received something for their money.

Trusting, in fairness to the students, that you will insert this communication,

I remain, your obedient and humble servant,

The Library, July, 1854.

REFORMER.

### Parliamentary Intelligence.

HOUSE OF LORDS—TUESDAY, JULY 11TH, 1854.

CHARGES AGAINST THE BOARD OF HEALTH.

THE EARL OF SHAFTESBURY said, that he wished to claim the indulgence of their lordships while he called their attention to certain charges which had been made in another place against a public board with which he was connected, and which charges therefore, to some extent, reflected personally on himself. He had the less inclination to apologize to their lordships for calling their attention to the subject, because the charges to which he referred were of a very serious nature, made in the absence of the parties against whom they were directed, and to whom no notice whatever had been given that such charges would be made. He therefore took the present opportunity of replying to the accusations to which he referred, which he might characterize as unjust and calumnious, and such as he could clearly prove were in every way unfounded. The charges were made by a noble lord in the other house, who had for two or three years been at the head of the department of Woods and Forests, and were directed against the chairman and officers of the Board of Health, the noble lord's former colleagues, against whom he had thought proper to bring forward two or three charges of misconduct so gross and—

EARL FITZWILLIAM rose to order, and said that the charges which the noble earl was about to deny did not in any way affect the noble earl as a member of their lordships' house, nor did they arise from anything he had done in that house. They were merely charges made in another house against a public board of which the noble earl was a member, and therefore he would submit that this was by no means a case of that nature or personal importance to induce their lordships to depart from their usual mode of proceeding with business, and justify its taking precedence of the order of the day. (Hear, hear.)

The EARL OF SHAFTESBURY had hoped that, after having



stated that the charges affected him personally, and also to a certain extent implied a charge of corruption, he might have been allowed to proceed. As it was, he could only yield to the rules of the House, and defer his remarks.

## HOUSE OF COMMONS—FRIDAY, JULY 7.

### MEDICAL PROFESSION.

Mr. CRAFTURD moved for leave to bring in a Bill to amend the laws relating to the medical profession.

Lord PALMERSTON hoped the hon. gentleman would not persevere with his Bill this year, but give the profession itself an opportunity of placing its views on the subject in a practicable form before Parliament. If the medical profession itself did nothing, the hon. gentleman could next session introduce the subject.

Lord D. STUART thought the introduction of the Bill would serve as a guide for the deliberations of the profession in anything it might contemplate doing.

Mr. CRAFTURD persevering,

The House divided, when the numbers were,—

For the motion...	...	...	...	9
Against it	...	...	...	70
Majority	...	...	...	—61

The Bill was accordingly rejected.

### SEWERS' COMMISSION.

Lord PALMERSTON obtained leave to bring in a Bill to continue for twelve months the existing Metropolitan Sewers' Commission, with limited powers, a larger measure, embracing more comprehensive sewerage powers, being postponed until next year, until after the report of the Corporation of London Inquiry Commissioners had been thoroughly considered.

### GENERAL BOARD OF HEALTH.

Lord PALMERSTON moved for leave to bring in a Bill for the continuance of the General Board of Health. The arrangement he proposed by this Bill was, that the Board of Health should be continued for two years from the end of next month, that it should consist of members to be appointed and to be removable by the Secretary of State for the Home Department, and that it should be subject to follow all the directions and orders which it might have from the Secretary of State. It appeared to him that the care of the health of the country was naturally one of the functions belonging to the department of the Home Secretary. At the present moment applications on the subject came to him incessantly from all parts of the country; but now the Secretary of State had no power over the Board of Health. When the proposed power and control over the board was vested in the Home Secretary, he hoped that those differences which had prevailed between local bodies and the general board would cease. At present the board was in the anomalous position of being an independent body, not subjected to any control, and not represented in that House; so that no person was answerable there for its acts. The Bill which he sought to introduce, in the first place, placed it under the control of an efficient and responsible department; and, in the next place, would give to Parliament a public officer answerable for the proceedings of the board.

Mr. HENLEY said, it did not appear to him, from what he had heard fall from the noble lord, that the noble lord was likely to constitute the board in a manner which would give satisfaction to the country.

Sir B. HALL hoped his noble friend would allow sufficient time to elapse between the first and second reading of the Bill, in order that the inhabitants, both of the metropolis and of the provinces, might see and have time to consider the powers given to the new board. He was afraid the board, as it was proposed to be established, would be unsatisfactory.

Sir G. PEACHELL hoped the country would not be saddled with the board for more than one year.

Leave was then given to bring in the Bill.

## COURT OF QUEEN'S BENCH.

TUESDAY, JULY 11, 1854.

(Before LORD CAMPBELL and a Special Jury.)

### YEARSLEY v. WAKLEY.

THIS cause came on for trial on Tuesday, Vice-Chancellor Wood having directed that the case should be submitted to a jury. Sir F. Thesiger, Mr. Lush, and Mr. Wordsworth, were for the plaintiff; the Attorney-General, Mr. Bramwell, and Mr.

T. Chambers, M.P., for the defendant. The action was for an alleged breach of copyright on the part of the defendant. It was asserted that, in the compilation of THE BRITISH MEDICAL DIRECTORY, he had made such use of the plaintiff's works, "The London and Provincial" and "Scottish Medical Directories," as amounted to an act of piracy. Sir F. Thesiger having opened the case, evidence was given of the proprietorship of "The London and Provincial Medical Directory," and the editor of that work was subsequently called. It soon became evident, however, that it would be impossible for a jury to determine the real merits of the case, from the time it would occupy, and the minute details to be investigated. It was mutually arranged that a verdict should be returned, *pro forma*, for the plaintiff, in order that the entire matter might be referred to a barrister, who should decide on all matters between the parties, including the proceedings in Chancery and at Common Law.

With reference to the proceedings in Chancery, Lord Campbell remarked, that it would have been better that the Vice-Chancellor should have adjudicated upon the matter in his own court.

The Attorney-General said that the defendant's counsel had pressed for a decision when the proceedings were before Vice-Chancellor Wood, and that he was quite willing to meet the case in any manner by which it could be fully investigated.

\* \* It will be seen that the verdict is a mere matter of form, and will not prejudice the ultimate settlement of the question. The action refers only to the BRITISH MEDICAL DIRECTORY of the last and the present year, and will not in any respect interfere with the publication of the edition of

THE BRITISH MEDICAL DIRECTORY FOR 1855.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 7th inst. :—

BENNETT, FREDERICK, York-place, City-road.  
HUGHES, AZARIAH, Bodefern, Anglesea.  
REED, JAMES TAVERNER, Downham, Norfolk.  
SMITH, THOMAS, Tunbridge.  
STILES, BRADFORD, Marlborough, Wilts.  
STILWELL, GEORGE JAMES, Hillingden, Middlesex.  
THORNHILL, DAVID CLARKE, Stratford-green.  
WHITLING, HENRY TOWNSEND, Nuremberg, Bavaria.

The following gentlemen were admitted Members on the 10th inst. :—

COATES, GEORGE VINICOMBE, Hart-street, Bloomsbury.  
COVERNTON, CHARLES JAMES, Simcoe, Canada West.  
GREEN, WILLIAM, Mafren, Northumberland.  
HADON, GILBERT BETHUNE, Haseley, Warwick.  
LAURENCE, JOHN ZACHARIAH, Devonshire-street, Portland-place.  
MARSHALL, WILLIAM, Laurie-terrace, Westminster-road.  
MILES, HERBERT CHALMERS, the Charterhouse.

COLLEGIATE ELECTIONS.—At a meeting of the Council of the Royal College of Surgeons on Thursday, GEORGE JAMES GUTHRIE, Esq., F.R.S., was elected President of the College, being the third occasion on which this honour has been conferred on this Nestor of British surgery; and WILLIAM LAWRENCE, Esq., F.R.S., and BENJAMIN TRAVERS, Esq., F.R.S., were elected Vice-Presidents for the ensuing year. At the annual meeting of the Fellows of the College, on Thursday, the 6th instant, Messrs. JOSEPH HODGSON, of Westbourne-terrace, and FRANCIS KIERNAN, of Manchester-street, Manchester-square, were re-elected Members of the Council; and Messrs. JOHN HILTON, of New Broad-street, and RICHARD QUAIN, of Cavendish-square, were elected Members of the Council on the vacancies occasioned by the decease of Mr. Bransby B. Cooper, and the resignation of Mr. Thomas Cope-land.

LICENTIATES IN MIDWIFERY.—The following members of the Royal College of Surgeons of England, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at the meeting of the Board on the 12th inst. :—Messrs. John Dixon, Hemsworth, Yorkshire, diploma of membership dated March 31, 1854; Charles Young, Worth, Sussex, July 12, 1850; Edward Towndrow France, Sheffield, April 24,

1854; Edward Wadman Ward, Leeds, April 21, 1854; William Henry Medd, Stockport, Cheshire, April 7, 1854; Chas. Vicary, Warminster, April 21, 1845; Charles Buckworth Herne Soame, Elstow, near Bedford, March 27, 1854; Daniel Benjamin Hine, Nottingham, April 17, 1854; Charles Muscroft, Pontefract, April 11, 1845; William Moxon, Rugeley, Staffordshire, June 2, 1854; John Gregory Booth, Haslingden, Lancashire, June 2, 1854; Edward Pratt, Appledore, Devon, April 11, 1853; William Deamer, Bentinck-street, Manchester-square, June 2, 1854; and Frederick Blackman, Blackfriars-road, April 21, 1854.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

*Thursday, July 6th, 1854.*

BROMLEY, FREDERICK, Bath.  
JOHNSTON, AUGUSTUS, Dublin.  
WARD, EDWARD WADMAN, Leeds.  
WILLIAMS, ISAAC MENNELL, York.

**WESTERN DISPENSARY FOR DISEASES OF THE EYE.**—Consulting Physician, Dr. Spurgin; Consulting Surgeon, Mr. C. Holthouse; Physician, Richard M. Lawrance; Surgeon, Mr. T. Hudson. A large and influential meeting of gentlemen, professional and otherwise, took place last week for the purpose of establishing the above-named Dispensary. The parishes of St. Marylebone and Paddington contain no institution for the treatment of diseases of the eye, and the want has been much felt for a long time. Occasion has been taken before to refer to the experiments made by Dr. Lawrance as to the effects of galvano-electricity on the opacities taking place in the structures of the eye. A sufficient number of individual instances of the disappearance of opacity of the cornea, and also of cataract, have occurred under the electrical treatment to warrant the introduction of this important agent. There seems little reason to doubt that when this power has the scope which a public institution alone can afford, yet more important results may be obtained. Specimens of the white of egg boiled hard were presented to the meeting, in which the whiteness and opacity were made to disappear entirely by electricity, leaving the substance firm and clear, and closely resembling the cornea in its healthy condition, but a little less condensed. The apparatus employed is merely the ordinary battery.

**HOMOEOPATHY FOR THE BIRMINGHAM HOSPITAL.**—An application has been made to the governors of the Birmingham General Hospital to allow the practice of homoeopathic medicine to be introduced into that institution. Surely the "infinitesimals" must have received encouragement from some parties who have a voice at the Hospital Board, or they would not have dared to take up such ground. The application has been renewed, we understand, more than once; and an assumed non-professional writer has taken up the cudgels for the *homos* in one of the local papers, basing his advocacy upon some "elegant extracts," carefully weeded from the now defunct *British and Foreign Medical Review*, and to which Sir John Forbes is made to stand father.

**DEATH OF MADAME SONTAG FROM CHOLERA.**—We regret to announce the death of this accomplished singer, at Mexico, on the 18th ult., from malignant cholera.

**KENT BENEVOLENT MEDICAL SOCIETY.**—On Wednesday, the annual meeting of this society, established in 1787, for the relief of widows and orphans of medical men, members thereof, was held at the Star Hotel, Maidstone, A. Martin, M.D., in the chair, supported by a full attendance of members. Mr. Friend, Hon. Sec., read the report, which spoke most favourably of the past proceedings, present position, and future prospects of the society. The receipts exceeded £700, the disbursements, including allowances to pensioners, the purchase of stock, and incidental expenses, left a large balance in the treasurer's hands; and the funded property in Three per Cents. Consols figured upwards of £6750. The sums granted to pensioners averaged between £40 and £50 each, and, on the whole, exceeded £270.

**THE MEDICAL OFFICERS OF GLASGOW AND THE SANITARY COMMITTEE.**—Last week, Dr. Glasse and Dr. Eadie, of Glasgow, presented a memorial to the Sanitary Committee for some extra remuneration on account of cholera. It appears that, as the disease was expected to be very virulent, several medical gentlemen were requested, should the unfortunate necessity arise, to keep open their places all night to supply medicines. This they agreed to do, but the cholera not re-

quiring them to remain open all night, the committee, with a canniness that deserves some notoriety, have declined to allow the medical men any extra remuneration whatever upon that account, notwithstanding the extra preparations which must have been made. The disease has abated, but a very virulent form of diarrhoea has since attacked the inhabitants.

**THE CHOLERA IN PARIS.**—On the 27th of June, *L'Union Médicale* stated that, from the 21st of June to the 25th, the number of cases in the hospitals were 36, 43, 44, (no return for the 24th,) and 51; among whom the deaths were 22, 17, 24, and 30. In town the deaths vary from 20 to 30 per diem. The numbers in public institutions from November, 1853, to June 25th, 1854, were as follows:—Cases treated in hospitals, 2767; recoveries, 1014; deaths, 1458; under treatment, 295.

**RECONSTITUTION OF THE BOARD OF HEALTH.**—The Public Health Act Amendment Bill, brought in by Lord Palmerston, has been printed. It reconstitutes the General Board of Health from the end of the present session (when the existing Act would expire), and continues it to the 31st of August, 1856; the board to consist of three members nominated by the Crown, and removable at pleasure, two of them receiving salaries not exceeding 1500*l.* (At present the salaries are, one of 1500*l.*, and one of 1200*l.*) The Home-Secretary is to direct which member shall be chairman, and the board is to obey all the directions and instructions of the Home-Secretary in the execution of its powers and duties. The board is to appoint, besides superintending inspectors and clerks, a secretary and assistant-secretary, as heretofore, and also a superintending medical-officer.

**THE CHOLERA AT CRONSTADT.**—This disease has broken out with great violence amongst the troops of the Russian army at Cronstadt.

**OUTBREAK OF CHOLERA ON BOARD AN EMIGRANT SHIP.**—Considerable apprehension has been caused at Liverpool, by the return of the ship, *Dirigo*, which left that port for Adelaide on the 6th instant. A child, aged nine months, had died on board before the vessel left the Mersey; and some hours afterwards a girl from Southampton was taken suddenly ill and died. This death was quickly followed by that of an infant, and on the third day the father of the girl from Southampton was seized with collapse, and died as suddenly as his daughter. It now became evident to the medical officers that cholera had simultaneously broken out all over the ship, and by their recommendation the master put into the port of Cork. At this time three young women lay dead on board, and nineteen passengers were in a state of confirmed cholera, while a great many persons were suffering from premonitory diarrhoea. Information was immediately conveyed to the Government Emigration-office, and prompt measures were adopted to effect the speedy removal of those emigrants who had escaped the contagion. The *Dirigo* was anchored in the Sloyne, and about 300 passengers were removed to the emigration dépôt at Birkenhead. Of these several have since died. Before the vessel reached Liverpool, forty-one deaths had occurred, while many of the passengers were suffering severely from premonitory symptoms. On Sunday evening seventeen bodies were thrown overboard, and after the arrival of the vessel on Monday night, seven bodies were carried ashore in coffins. On Wednesday, the 12th inst., fourteen cases were reported "dangerous" on board. When all the emigrants have been removed, the vessel will be thoroughly cleansed and fumigated.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 8th.**—The present return affords very satisfactory evidence of an improved state of the public health; the mortality which has been long above the average having fallen last week below it. The number of deaths registered in London last week was 984. In the ten corresponding weeks of the years 1844-53 the average number was 951, which, if raised in proportion to increase of population, becomes 1046. Last week's registration, therefore, exhibits a number less by 62 than the calculated amount. Zymotic diseases produced last week collectively 253 deaths, which is near the amount that may be expected at this season. Scarlatina declined from 72 in the previous week to 55 in the last; fatal cases referred to typhus were in the two weeks respectively 47 and 44, those referred to measles were 22 and 27, those to whooping-cough 35 and 39, those to diarrhoea 25 and 32. It requires notice that a death from hydrophobia was registered in the previous week, and that another was registered last week.

Last week the births of 752 boys and 718 girls, in all 1470 children, were registered in London. In the nine corresponding weeks of the years 1845-53 the average number was 1380.

At the Royal Observatory, Greenwich, the mean height of

the barometer in the week was 29.618 in.; the mean reading on Sunday was 29.815 in. The mean temperature of the week was 56.9°, which is 5.1° below the average of the same week in 38 years. The mean daily temperature was below the average on every day of the week; on Wednesday, Thursday, and Friday it was about 7° below it.

### Obituary.

At Gloucester-place, deeply regretted by a large circle of friends, ANDREW TREVOR, Esq., F.R.C.S., aged eighty-three, formerly surgeon to the 33rd Regt.

At Belmont, near Shrewsbury, Salop, on the 26th inst., MR. GEORGE PHILLIP GILL, surgeon, in his forty-fourth year. The deceased gentleman was surgeon to the Shrewsbury Dispensary, and a member of the Provincial Medical and Surgical Association.

On the 29th inst., at the residence of his cousin, Hopton Villa, Lewisham-road, in the fifty-seventh year of his age, J. HOPE, Esq., surgeon, for some years past, of the island of Tobago.

At Weisbaden, Dr. GERGENS, whose death is much deplored by his family, a large circle of friends, and the poor, whose friend he was in the hour of illness.

M. FABRE, the well-known editor of the *Gazette des Hôpitaux*, who for many years enjoyed the reputation of the most spirited medical journalist of Paris, has just died, at the age of fifty-seven years.

### BOOKS RECEIVED FOR REVIEW.

Dr. A. B. Granville on Sudden Death.

Dr. William Gairdner on Gout: Its History, Cause, and Cure. Third Edition.

Dr. Spencer Thompson's Wanderings among the Wild Flowers.

Mr. Samuel Parkes' Catechism of Chemistry. Revised by Dr. William Barker.

The Asylum Journal.

The American Journal of Insanity.

The Ceylon Miscellany.

The North-Western Medical and Surgical Journal.

### TERMS FOR ADVERTISING.

The following is the Scale of Charges for Advertisements:—

For 7 lines and under.....	£0 4 6	For half a page .....	£2 12 0
For every additional line ...	0 0 6	For a page .....	5 0 0

Advertisements which are intended to appear in *THE LANCET* of any particular week, should be delivered at the Office not later than on Wednesday in that week.

The circulation of *THE LANCET* far exceeds that of any other Medical Journal in the world.

### TERMS OF SUBSCRIPTION TO "THE LANCET."

One Year ... ..	£1 14 8
Six Months... ..	0 17 4
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To be paid in Advance.

Post-office Orders to be addressed to EDWARD THOMAS, *THE LANCET* Office, 423, Strand, London, and made payable to him at the Strand Post Office.

### TO CORRESPONDENTS.

Sir John Forbes has requested us to correct an error in the notice respecting his Scheme of a Medical Bill. It is there stated (and reflected on) that two councils are assigned to Scotland, and only one to England and Ireland, respectively. It is presumed that this statement originated in a mere slip of the pen, the word "councils" being used instead of "examination boards;" still, as the error might mislead, it may as well be noticed.

Mr. C. A. Lorenz is thanked. The case shall be considered.

A Subscriber of Ten Years.—The matter shall be inquired into, and the list published.

Nemo.—No case of the kind has ever occurred.

Amicus.—Inadmissible.

Juvenis.—Many names are mentioned without sufficient reason. Those mentioned by our correspondent come under this category.

M.D.—The request shall be complied with.

Mr. J. J. Morewood.—Though there can be no doubt of the value of the suggestions which have been sent to 111 members of Parliament, we cannot at the present moment find space to discuss the matters to which they refer.

Mr. E. F. Fussell.—It is probable that the request of our correspondent may in a short time be complied with.

Z. E. C.—There is much truth in the communication forwarded to us, and we shall endeavour to find space for its insertion in an early number of *THE LANCET*.

Mr. Alfred Ebsworth.—It will be perceived, by reference to our columns, that the committee on Poor-Law Medical Relief have made their report. Though far from satisfactory, it must be remembered that the majority of the committee were pledged by official connexion, past or present, to uphold the present system. It is to be regretted that our able correspondent was not examined before the committee, as some of the suggestions which he makes are certainly deserving of serious consideration. An opportunity will, we trust, be offered to him to make those suggestions. The urgent demands upon our space do not always enable us to publish the communications we receive; but we trust to be able soon to place Mr. Ebsworth's views before the profession.

Mr. W. Adams is thanked for his communication.

A Governor of the Royal South Hants Infirmary.—It is impossible to arrive at a satisfactory opinion with respect to the merits of the two candidates. Whilst family, money, or other influences of an improper character are at work, it is not likely that the best men will be elected to our public offices. Mere testimonials go for nothing. It is only by *concours* that merit can be tested. Both the gentlemen who contested the office are known to us, and we should not feel justified in giving a positive opinion as to their relative merits.

Mr. Silwell.—Though favourable to the early closing movement of chemists and druggists, we are unable to find room for Mr. Silwell's communication. Vaccinator.—Under the amended Act, surgeons, not appointed by the guardians, are entitled to the munificent sum of one shilling for every case of successful vaccination. Nothing could be more offensive and insulting to the profession than the award of such a beggarly fee to an educated gentleman. Philanthropy is an easy and perhaps a pleasant pursuit to some, when it is exercised at the expense of others.

A Student.—So long as the Admiralty chooses to treat our brethren with insolence and contempt, so long shall we advise them not to enter the naval service. No man, with a proper regard for his own honour, or that of the profession to which he belongs, would consent, under the present system, to become an assistant-surgeon in the navy.

Senex.—Cases of the kind are not uncommon. Consult a respectable surgeon in your own neighbourhood.

M.E.C.S. (Birmingham) is thanked for his communication. We are only astonished that the respectable and influential society named should even notice that trashy print. The sum mentioned was more than enough if it were a payment for all the numbers that ever were published.

A. B.—In the year 1834.

W. L. D.—Twenty guineas would be a reasonable charge.

Hudibras, (Edinburgh).—It is impossible to form an opinion on the subject. The young gentleman, notwithstanding his objections, had better pass the examination.

An Old Reader.—We believe that both the Universities of Aberdeen and of St. Andrew's are held in equally good estimation. The mere possession of the diploma of these Universities does not entitle to examination at the College of Physicians of London for the extra licence.

Surgeon.—The circular sent is a trumpety puff.

Juvenis, (Stockport).—There is no fixed salary for a surgeon to an emigrant ship. Usually the remuneration is miserably inadequate. The duties of the surgeon are onerous. Further particulars may be obtained from an emigration agent.

Subscriber.—The *ad eundem* membership of the College of Surgeons is the admission of a member of another College of Surgeons without examination. For instance, a member of the College of Surgeons of Ireland would be admitted by the Council of the English College on the payment of ten guineas, and with proper recommendation.

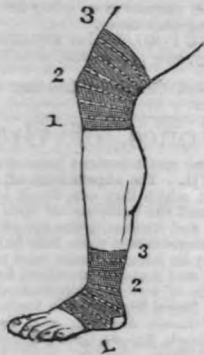
A Graduate of the University of Cambridge.—We fear that the publication of the letter of our correspondent would tend to bring the profession into disrepute. There are different ways of advertising. The public ought to discern between the legitimate practitioner and the quack.

ERRATA.—In our journal of the 8th instant, in the Pass-list of the Royal College of Surgeons, for "William Henry England, Leeds," read "William Henry England, Leeds."—In the Report of the case of Strangulated Hernia, treated by Mr. Erichsen, inserted in last week's "Mirror," the dresser's name should be John Burn, and not "Brown."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Willshire; Dr. Marris Wilson; Dr. Robinson, (Newcastle-upon-Tyne); Sir John Forbes; Mr. E. F. Fussell, (Chislehurst); Mr. E. Hearn, (Southampton); A Subscriber of Ten Years, (Liverpool); Reform; Amicus; Nemo; Mr. C. Vaudin, (Jersey); Mr. H. L. Stewart, (Douglas); Secretary of Belfast District Hospital for the Insane; Surgeon; A Graduate of the University of Cambridge; An Old Reader; Mr. Stewart, (Isle of Man, second communication); Mr. P. Williams, (President of North Wales Branch of the Provincial Medical and Surgical Association); Mr. Moat, (St. Thomas's Hospital); Mr. James Jago; Subscriber; An Experienced Dispenser; M.R.C.S., (Birmingham); Juvenis; Mr. J. Horsley, (Cheltenham); Mr. Wallis; L. R. C.; Mr. Alfred Ebsworth; Mr. W. Adams; Hudibras; Mr. A. Holbrow, (Stonehouse, with enclosure); Mr. W. F. Grueber, (Letterkenny, with enclosure); Mr. B. Scott, (Newport, with enclosure); Mr. A. Gabb, (with enclosure); Mr. J. D. Baker, (Wragby, with enclosure); Dr. Crabb, (Poole, with enclosure); Mr. G. F. Linney, (Pontefract); Mr. C. A. Lorenz; Mr. J. J. Morewood; Mr. Silwell; Senex; A Governor of the Royal South Hants Infirmary; Vaccinator; A Student; A. B.; W. L. D.; M.D.; &c. &c.

# CAUTION.

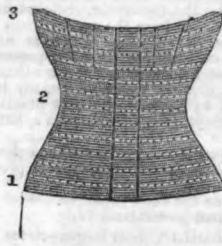
KNEE CAP AND ANKLE PIECE.



ABDOMINAL SUPPORTER.



SPINAL SUPPORTER.



STOCKING AND THIGH PIECE.



Mr. Bourjeaurd, in submitting the above four Engravings as illustrating the nature and special design of his Apparatuses, most earnestly begs to call the attention of Professional Gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the Public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaurd wishes, therefore, to caution Medical Gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spiral Supporter, except the articles come from his own Establishment, No. 11, Davies-street, Berkeley-square, (opposite Mivart's Hotel,) London; and No. 17, Rue des Beaux Arts, Paris.

## Stiff Stays Superseded by

WHITTAKER'S ELASTIC BODICE; Elegance of Figure is obtained all Pulmonary Complaints prevented; Fastening in Front; worn by ladies of rank. Price 10s. to 20s. Waist, Riding, and Accouchement Belts. Prospectus and self-measurement paper sent on receipt of a stamp.

Mesdames A. and F. WHITTAKER, 5, Gerrard-street, Soho, opposite Rimmel's, Perfumer.



## The Loss of an Eye

no longer forms an obstacle in the career of persons thus afflicted, since the expression and movements of Mr. BOISSONNEAU'S ARTIFICIAL EYES completely restore the physiognomy. The patient may apply them himself, without any previous operation, and without experiencing the least pain—even children do not complain. The Department of Artificial Eyes in the London and Paris Hospitals having been entrusted to him by Royal, Ministerial, and Administrative decisions, his method of appropriation has been adopted in them for many years.

The next visit to England will be for London only, 8, South-crescent, Bedford-square, the 25th, 26th, and 27th of July.

## Mr. Bourjeaurd's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

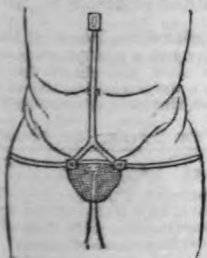


FIG. 2.

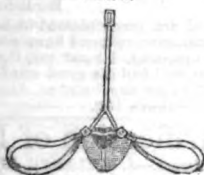


FIG. 1.—MR. BOURJEAURD'S NEW SUSPENSORY BANDAGE, as applied to a patient.—Mr. Bourjeaurd begs to state that the bag supporting the scrotum is made of a delicate webbing of silk and india-rubber; the bands running round the thighs consist of the most yielding elastic tissue, and will stretch to twice their length; a third band is adapted to the upper part of the leg, the former being intended to be fastened to the flannel waistcoat of the patient. The scrotum is thus kept raised and fixed *in situ*, without distressing the organ in the least, the suspensor allowing of the most varied movements of the body.

FIG. 2.—The same Suspensory Bandage taken off.

## New Urethrotome, by Mr. Ure,

Surgeon of St. Mary's Hospital, described in THE LANCET of June 10th, —Manufactured only by PRATT, Surgical Instrument Maker, 420, Oxford-street. The cheapest House for Elastic Stockings, Trusses, &c. Wholesale and Retail.

## Hooper's Waterproof Sheetting, for

protecting Bedding from Sloughing Sores, Incontinence of Urine, Hemorrhage, &c.

Mr. HOOPER has succeeded in obtaining Waterproof Sheetting, at a great reduction in price, soft, and inodorous; it is not affected by Urine, Heat, nor Cold, Acids, nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with Valves, for sitting, lying, or travelling, in any position.

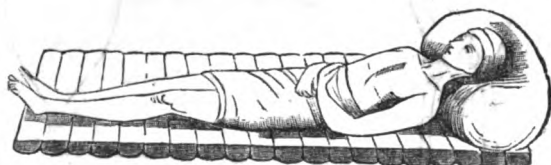
HOOPER, Pall Mall East, and Grosvenor-street, London.

## Mr. Hooper's Water Mattresses or

BEDS, and CUSHIONS for AIR or WATER, for placing on an ordinary Bedstead. Being made of India-rubber, without the admixture of cloth materials, leakage is avoided. (Extract from THE LANCET, Jan. 25, 1851.)



CUSHIONS FOR BED-SORES! —Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Spasms, Lassitude, Typhoid and other Fevers, Rheumatic Affections, Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply to be placed on an ordinary bedstead. These Cushions and Beds are not affected by Heat or Cold, and will bear water at any temperature.



Finsbury-square, February 27, 1852.

I have in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water Bed.

JON. PEREIRA, M.D., Physician to the London Hospital.

Infirmary, Chichester, March 21, 1852. Sir,—We are all much pleased with your Cushions, and still more so with the Mattresses.

Yours truly,

THOS. NEWHAM, House-Surgeon,

HOOPER, 7, PALL MALL EAST, and 55, GROSVENOR-STREET.



**ELECTRICITY**

FOR NERVOUS, FUNCTIONAL, AND RHEUMATIC DISEASES.



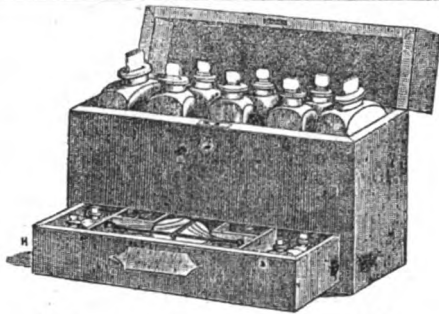
MEINIG'S New and Greatly Improved GALVANIC ELECTRO GENERATOR, for supplying vito-functional energy to any organ in want of the same, and to the system generally, may now be had at the Establishments, 103, Leadenhall-street, and at 213A, Piccadilly. All wet and metallic contact with the Body is entirely obviated; it acts with water alone, without acid, the action lasts more than twenty-four hours after each damping, and can be renewed and regulated without undressing, the Generator, enclosed in an envelope, being carried in the pocket or suspended from the neck.

THE EXTRAORDINARY CURATIVE VIRTUES OF THESE MILD CURRENTS OF ELECTRICITY ARE NOW FULLY ESTABLISHED BY EXPERIENCE. The Prospectus (to be had gratis or by post for Two Stamps) contains the names of more than 600 persons cured within the last eighteen months, and this remedy is now adopted in nearly all the Hospitals, and by the most eminent practitioners. Sold at 5s. and upwards, according to power, at C. MEINIG'S, 103, Leadenhall-street, and 213A, Piccadilly.

N.B.—In the first stages of CHOLERA the continuous current from the colon to the liver has been found eminently successful in checking the further progress of the disease.

POCKET-BATTERIES for Medical Practice on the same principle. (Intensity of 120 cells within the space of a small pocket-book.)

103, LEADENHALL-STREET and 213A, PICCADILLY (near Regent-circus.) Prospectus gratis, or by post for two stamps.

**John Harvey, Nephew and Successor**

to the late Mr. ANDREW SPRINGWEILER, No. 2, Duke-street, Smithfield, London, Medicine Chest and Dressing Case Maker. Ship Medicine Chests according to Act of Parliament. Emigrant Chests, &c., for all Climates.

Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

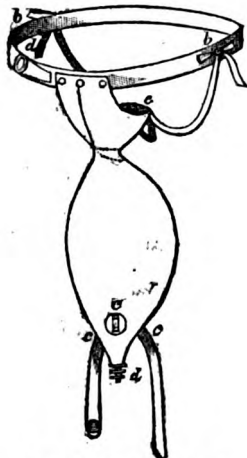
Wholesale and for Exportation.—Warranted to stand any Climate.

J. H., in soliciting of the medical profession and the trade generally a continuance of the liberal patronage enjoyed for so long a period by his late uncle, begs to inform them that the firm of Springweiler and Thompson (which existed in name only) was dissolved nearly two years prior to Mr. Springweiler's death, and that J. H., as successor and executor of the deceased, continues to carry on the business at the premises occupied for so many years by Mr. Springweiler.

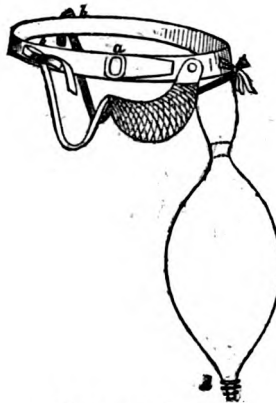
**India-rubber Urinals for Male and FEMALE RAILWAY TRAVELLERS AND INVALIDS.**

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No. 2.



URINAL FOR TRAVELLING.  
Price 15s. and 18s.



URINAL FOR BED USE.  
Price 15s., 18s., and 21s.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their construction prevent the objectionable smell complained of in those of other Manufacturers.

Manufactured by W. S. SPARKS, 115, New Bond-street, London.  
A liberal discount allowed to the Medical Profession.

**Asthma, Chest, and Throat Affec-**

**TIONS.**—Immediate Relief and Effectual Cure by Markwick's Patent 2s. 6d. Respirator, Chest Protector, &c.

**GOUT, RHEUMATISM, and LUMBAGO.**—For a speedy Cure, use Markwick's Patent Piline Gout Socks and Gloves, Knee and Shoulder Caps, Lumbago Bands, &c.

**SHOE SOCKS,** of Markwick's Patent Piline, surpass every other for comfort; being waterproof, you are also protected against damp.

**MARKWICK'S PATENT SPONGIO-PILINE POULTICE or FOMENTATION,** is invaluable for its extraordinary efficacy, easy application, cleanliness, and durability.

G. TRIMBLEY, sole Manufacturer, Queen-street, Cheapside, London. Sold retail by all respectable Chemists and Druggists.

**Teeth.—Mr. Alfred Jones, of Gros-**

venor-street, has recently completed a new and important improvement in the construction of ARTIFICIAL TEETH. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the first medical men, the nobility, and gentry, from whom he has received the most flattering acknowledgments of success. Supplied only by Mr. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.

**Teeth—By Her Majesty's Royal**

Letters Patent.—Newly-invented and Patented application of Chemically-prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—Mr. EPHRAIM MOSELY, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new, original, and valuable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unattainable, and a fit perfected with the most unerring accuracy is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and, as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34, Grainger-street, Newcastle-on-Tyne.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

**Important Saving, by Pre-payment,**

in the PURCHASE of NEW WHITE MOULDED VIALS.

APSELY PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

1 oz., 1 oz., and 1 1/2 oz. per Gross, 6s.	
2 oz. " 7s.	
3 oz. " 8s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	
4 1/2 oz. graduated in 3 doses 12s. 6d.	

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

APSELY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.

**Warming and Ventilating by Hot**

AIR, CHURCHES, HOSPITALS, TOWN-HALLS, and other PUBLIC BUILDINGS.—J. BOILEVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

Eardiston House Worcestershire, March 1st, 1854.

Sir,—I am much pleased in being able to give you a justifying account of your Calorifere. Since I burn nothing but coke in it, the change has been quite surprising, I must say, that now I have a very high opinion of your machine, and find it a great comfort in my house, the cost of warming it was one shilling per day.

To J. Boileve, Esq.

WM. SMITH. (Sir, Baronet.)

**Purification of Linen—Prevention of**

Disease.—J. BOILEVE, 55, King William-street, City, London, solicits the attention of the nobility and gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1853.

Sir,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) put up in the Laundry at Woburn Abbey in May, 1853, by Mr. Boileve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy; I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

J. Boileve, Esq.

I am, Sir, your obedient servant,  
J. FALFREEMAN, House Steward.



## Caution!—Messrs. Allsopp and Sons

find it necessary to caution the Public, and especially Shippers of their Ales to the Colonies, against frauds committed by parties in selling spurious Ales for those of Messrs. ALLSOPP & SONS.

Messrs. ALLSOPP & SONS have felt compelled, by the extent to which this disgraceful practice has been carried, to proceed, in several cases, by obtaining Injunctions from the Court of Chancery; and have ultimately been driven to prosecute criminally, for the commission of this offence. They beg to call attention to the case of "THE QUEEN v. GRAY & GOSLIN," in which Lord Campbell sentenced the parties charged to TWELVE MONTHS' IMPRISONMENT WITH HARD LABOUR.—*See Times and Morning Advertiser of the 18th May.*

Messrs. ALLSOPP & SONS will thank all persons having reason to doubt the genuineness of any article sold under their name, to send them the earliest information, in order that immediate steps may be taken for prosecuting the parties.

Messrs. ALLSOPP & SONS will be happy to furnish the names of respectable houses, where a supply of their Ales may be depended on, as genuine from the Brewery.

Brewery, Burton-on-Trent.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts; delivered free within four miles. Merchants supplied with Pale Ale and Porter for exportation at the lowest prices.

WOOD & WATSON, 16, Clement's-lane, City.

## Malt Tax—addition of 50 per cent.

BASS'S EAST INDIA PALE ALE.

BERRY BROS. & CO. take the liberty of announcing that they have now on hand, in Cask and Bottle, an ample supply of BASS'S PALE ALE, with all its accustomed beauty of flavour and delicacy of colour, and WITHOUT ANY ADVANCE IN PRICE.

3, St. James's-street, London.

## Allsopp's Pale Ale.—Medical gentle-

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

## George Hanson's Sparkling Hop

CHAMPAGNE, Quarts 18s., Pints, 12s., Sparkling Nectar, 8s., bottles included; Hampers, 10s.

This new and exhilarating beverage, possessing the fine aroma and pure tonic properties of the Hop, with all the brilliancy of the foreign Champagne, stands unrivalled as a luncheon and dinner luxury. To Invalids it is invaluable, and can be taken without affecting the head—its habitual use assisting the digestion.

To Merchants and Captains it will be found an excellent article for Export—To Passengers in sea-sickness this restorative will be highly appreciated—it will be found a cool and refreshing drink at the Mess Table—and in Warm Climates most desirable.

G. H. has the greatest confidence in recommending the above, and the demand, which its excellence has created, is sufficient guarantee of its quality.

May be had at most of the Taverns and Refreshment Rooms in the neighbourhood of the Crystal Palace.

Sold Wholesale, Retail, and for Exportation, by the Manufacturer, GEORGE HANSON, 33, Clement's-lane, Lombard-street, City.

## Tobacco Smoking.—Tobacco Smoke

contains two very powerful poisons, which, when absorbed by the system, in ordinary smoking, produce many serious diseases destructive of the physical and mental health of the smoker.

PHILLIPS and CO.'S Patent Condensing and Filtering Pipes and Stems for Meerschaums are the only inventions known that permit of healthful smoking, and which the medical profession will find worthy of their notice as a valuable therapeutic agent in all cases where the smoking of tobacco and stramonium may be desirable.

Read the Smoker's Friend, or the Philosophy of Smoking, which may be had gratis of all Phillips and Co.'s agents, and also of the Patentees and Manufacturers, 9, Lyon-street, Caledonian-road, Islington, London, who will send them post free to all applicants.

A Pipe or Stem sent post free, price 2s. each, or two for 3s. 6d.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes,—light for supper,—and alternately with the Patent Barley is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d., and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSSE and BLACKWELL, 21, Soho-square, London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## DOMESTIC ECONOMY

## H. Sparrow and Co. beg to announce

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

## Do you Bruise your Oats yet?—

MARY WEDLAKE'S Oat-bruizers, £2 15s. 6d.; ditto, £4 15s. 6d. Chaff-cutters, £3 7s. 6d.; ditto, £4 10s. 6d. Domestic Flour-mills, for home use, £4 10s. 6d.—A saving on Oats of 35 per cent. Terms Cash.

118, Fenchurch-street, London.

No one can equal them for cheapness or durability. Ten thousand have found their way into the most eminent horse-masters' stables, particularly by medical men, with unexpected advantage to the owners.

Book on Feeding, 1s.

## Gas-heating Apparatus.—H. Mather

begs to call attention to his GAS-COOKING STOVES, which will cook dinner for Twenty Persons at a cost of Fourpence.—Gas Griddles, Broiling and Boiling in Five minutes.—Small Stoves to Boil and Fry, which can be put anywhere, Eight Shillings each.—Gas Stoves for Operative Chemists, Jewellers, and all purposes where heat is required.—Manufactured on the premises at 76, GRAY'S-INN-LANE, LONDON.

N.B.—Gas-fitting done in all its branches.

## Rice Harris and Son, Islington

GLASS WORKS, BIRMINGHAM, and No. 1, THREE KING-COURT, LOMBARD-STREET, LONDON.—PATENT SANITARY GAS SHADES.—These Shades, manufactured exclusively by RICE HARRIS and SON, on an entirely new principle, effectually destroys the effluvia and smoke, which have hitherto made the use of gas so objectionable in dwelling-houses and offices, where cleanliness and freedom from smell are of importance. They are simple and inexpensive, and may be had in a variety of forms adapted to the style of fittings or the taste of the purchaser, at the Works in Birmingham, and at Mr. JOHN SHORTER'S, Crispin-street, Spitalfields, London.

## Metcalfe and Co.'s New Pattern

TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO.'S only establishment, 130 and 131, Oxford-street, second and third doors west from Holles-street. Metcalfe's Alkaline Tooth Powder, 2s. per box.

## Novelty in Bedsteads, adapted for

the Nursery, Sick Chamber, Sitting-room, and Drawing-room.



HAMMOND'S ORIENTAL OTTOMAN forms a Bedstead for one or two persons at a moment's notice. Price, mattress complete, 35s.—the most complete article ever introduced to the public.

To be obtained only at HAMMOND'S Bedstead and Bedding Factory, 14, High Holborn. Designs forwarded on receipt of a postage-stamp.

## Gold Chains and Jewellery.—

WATHERSTON and BROGDEN'S GOLD CHAINS, by troy weight, at realizable value, and the workmanship at wholesale manufacturers' prices.

EXAMPLE.

Intrinsic value of a chain of 15 carat gold, weighing 1½ oz. ... £3 19 7

Supposing the workmanship to be ... .. 2 0 0

Total ... .. 5 19 7

By this arrangement the public will see at a glance the proportion charged for labour compared with the bullion in a gold chain, and being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of jewellery, of the first quality, all made at their manufactory, 16, Henrietta-street, Covent-garden, London.

Established A.D. 1798.

## Mineral Waters.—W. Best begs to

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seidlitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Cologne, Arquebuzard, and Foreign Mineral Water Depot, 22, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

## Blake's Aërated Citrate of Potash

WATER.—BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, have recently prepared an Aërated Solution of Citrate of Potash, which they beg to introduce to those members of the profession who may desire it for the use of their patients. It will be found a valuable auxiliary in the treatment of Gout and Rheumatic Affections, as well as the Lithic acid Diathesis and Dyspepsia. Their Potash Water, as usual, contains 18 grains of the Bicarbonate in each bottle; Soda, 15 grains; Magnesia, 12 grains; and Ammonia, 10 grains. Seltzer, Vichy, and other foreign waters, from the respective analyses.

## Schweppe's Soda, Potass, and Mag-

NESIA WATERS, and AERATED LEMONADE, continue to be manufactured upon the largest scale at their several establishments in London, Liverpool, Bristol, and Derby. The celebrity of these well-known waters, and the preference they universally command, are evidences that their original superior quality over all others is well sustained. Every bottle is protected by a label with the name of their firm, without which none is genuine, and it may be had of nearly all respectable chemists throughout the kingdom. Importers of the German Seltzer Water, direct from the springs, as for the last twenty years.—51, Berners-street, London.

## Dr. Kahn's Museum, (top of Hay-

market), Piccadilly, consisting of 800 Anatomical Wax Models, open Daily; Lectures by Dr. SAXTON, F.R.G.S., and F.R.S.—Admission, One Shilling. Dr. KAHN executes all descriptions of Anatomical Wax Figures, on the shortest notice, and the most reasonable charges.

## Matrimonial Institution.—Founded

1848.—Offices: 13, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success), as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CURBURY, 13, John-street, Adelphi, London.

## Insanity, Nervous Debility, &c.—

The Medical Profession and the Friends of the afflicted are respectfully informed that they can be immediately supplied with attendants, male or female, of undoubted skill, experience, and respectability, on application to the LISSON-GROVE ASSOCIATION OF ATTENDANTS ON PERSONS BODILY OR MENTALLY AFFLICTED.—All communications to Mr. R. GODDARD, Chemist, (Honorary Secretary), 63, Lisson-grove North, Marylebone, will meet with immediate attention, and by whom ample testimonials can be offered in favour of the Members belonging to the above Association. Established August 1st, 1840.

## Education for Idiots.—Rook Nest,

situate in a picturesque and healthy country, about two miles from Wakefield, is licensed for the reception of a limited number of Imbecile Persons and Children of Weak Intellect, of the upper and middle classes of society, of both sexes, requiring parental care and mental cultivation.

This Establishment is under the management of Dr. ATKINSON, one of the physicians to the Wakefield Dispensary and Clayton Hospital; and Mr. WILKINSON, the successful founder of Infant Schools, assists in carrying out those methods of education which have of late years been found so remarkably effective in developing the mind of individuals of limited intellect.

Further information and references can be obtained on application to Dr. Atkinson, South-parade, Wakefield.

## Case of Extreme Distress.—The

Rev. THOMAS GERARD FERRAND, Rector of Tunstall, Woodbridge, ventures to appeal to the Medical Profession, and to a benevolent Public, in behalf of the Widow and three Children of the late Mr. MILES RUDLAND, Surgeon and Apothecary, lately residing in Tunstall, who died on the 20th of June, leaving his family in the utmost destitution. The circumstances of this most distressing case are well known, not only to the Rev. T. G. Ferrand, but also to J. G. Sheppard, Esq., of the High House, Campeen-Ash; to the Rev. Jermyn Pratt, Rector of Campeen-Ash; to W. Muriel, Esq., Surgeon, Wickham-Market; and to many others of the medical profession residing in the neighbourhood, but are too numerous to insert in an advertisement. The case is one of utter destitution, and unless a benevolent and Christian public respond to this urgent appeal, there is no alternative for this distressed family but one too painful to contemplate.

Any Donations will be most thankfully received by the Rev. T. G. Ferrand, either direct, or through his Bankers, Messrs. Alexanders and Co., of Woodbridge; and also by W. Muriel, Esq., of Wickham-Market.

Subscriptions already received:—

Rev. T. G. Ferrand ...	£4	0	0
J. G. Sheppard, Esq. ...	5	0	0
Rev. James Williams ...	5	0	0
Dr. Beck ...	1	1	0
G. Cochrane, Esq. ...	1	0	0
Rev. J. Pratt ...	1	0	0
Dr. Mayne ...	0	10	0
Mr. J. Flatt ...	1	0	0
And various small sums, amounting to about ...	1	10	0

## Apothecaries' Hall—College of Sur-

geons.—Dr. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Surgeons, College of Surgeons, Apothecaries' Hall, St. Andrew's, Aberdeen, &c., either in class or separately.—For terms, apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square.

## Loughborough Dispensary.—

Wanted, a RESIDENT HOUSE SURGEON and APOTHECARY to the above Institution. He must be a Member of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company. The salary is £80 per annum, with furnished apartments for a single man, coals, candles, and attendance. A compounder of medicines is provided at the expense of the Institution. Testimonials directed to Mr. Brock, Baxter-gate, Loughborough, to be sent in on or before the 2nd September next.

RICHARD MICKLINSON, Loughborough.

## School of Anatomy and Medicine,

adjoining St. George's Hospital.—The WINTER SESSION will Commence on Monday, the 2nd of October, 1854.

Anatomy and Physiology—Dr. Lankester and Mr. Blenkins, assisted by Mr. Lane.

Descriptive and Surgical Anatomy—Mr. Blenkins and Dr. Deville.

Practical Anatomy—Mr. Blenkins and Dr. Deville.

Chemistry—Mr. J. E. D. Rodgers.

Medicine—Dr. Cornsack and Dr. Ballard.

Surgery—Mr. Pilcher and Mr. Spencer Wells.

Midwifery—Mr. Bloxam.

Materia Medica—Dr. Ballard.

Forensic Medicine—Dr. B. W. Richardson.

Botany—Dr. Lankester.

Practical Chemistry—Mr. J. E. D. Rodgers.

Comparative Anatomy and Zoology—Mr. R. T. Hulme.

For further particulars, apply to Dr. Lankester, 23, Old Burlington-street, or at the School, 1, Grosvenor-place.

## St. Mary's Hospital Medical School.

The Medical School at St. Mary's Hospital will be opened on Monday, the 2nd of October, at Two P.M., with an Introductory Address, to be delivered by Dr. ALDERSON, F.R.S., in the Anatomical Theatre of the School.

The following Lecturers are already appointed to the respective chairs:—

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones, F.R.S.

Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James Lane.

Pathological Anatomy—Dr. Markham.

Principles and Practice of Medicine—Dr. Chambers and Dr. Sibson, F.R.S.

Principles and Practice of Surgery—Mr. Coulson and Mr. Spencer Smith.

Clinical Medicine—Dr. Alderson, F.R.S.

Clinical Surgery—Mr. Ure.

Botany—Dr. J. S. Burdon Sanderson.

Materia Medica and Therapeutics—Dr. Sieveking.

Midwifery and the Diseases of Women and Children—Dr. Tyler Smith

and Mr. I. Baker Brown.

Medical Jurisprudence—Mr. Ansell.

Military Surgery, &c.—James Bird, M.D., F.R.C.S.

Ophthalmic Surgery—Mr. White Cooper.

Aural Surgery—Mr. Toynbee, F.R.S.

Dental Surgery—Mr. Nasmyth.

A detailed Prospectus will be shortly issued. Further particulars may be obtained by application to the Dean of the Medical School at the Hospital.

St. Mary's Hospital,

July 10th, 1854.

H. SPENCER SMITH,

Dean of the School.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1854-5, will Commence on Monday, October 2, 1854.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.

Physiology and General and Morbid Anatomy—Professors W. Bowman,

F.R.S., and Lionel S. Beale, M.B.

Chemistry—Professor W. A. Miller, M.D., F.R.S.

Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.

Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and

Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will

commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1854.

R. W. JELLY, D.D., Principal.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS.

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

**Price 200 guineas, an ample Intro-**

duction to an old established GENERAL PRACTICE, yielding £300 a year, and almost entirely confined to a small market-town, pleasantly and conveniently situated within 100 miles from London. The surrounding district being rich and populous, and one gentleman only in opposition, there is every scope for a Successor with health and energy.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,**

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

**Medical Practice for Disposal in the**

country on very advantageous terms, the proprietor leaving on account of ill-health. A large house, suited for an establishment, may be had, if required.—Address to M. D., 32, Belitha Villas, Islington.

**Wanted, an Assistant, in a Country**

and Mining District, to Dispense, attend Midwifery, and the usual routine of Practice.—Qualification not requisite.—For particulars, address Messrs. Gale, Baker, Warde, and Oldfield, Bouverie-street, London.

**Medical Assistant.—A Gentleman**

thoroughly versed in the duties of a Medical Assistant would be glad to meet with an Engagement in the country from the present time to the beginning of October. He is enabled to produce the highest testimonials as to ability and moral character, and would make the amount of salary a secondary consideration.—Address, N. B., Messrs. Gale, Baker, and Co., Bouverie-street, Fleet-street, London.

**A young Gentleman, who has been**

four years engaged in Country Practice, and has completed his first year at a Metropolitan Hospital, is open to an Engagement for August and September, in town or country, to Visit, Dispense, and attend Midwifery. Satisfactory references given.—Address, A. X., Messrs. Gale, Baker, and Co., Bouverie-street, Fleet-street, London.  
July, 1854.

MEDICAL.

**Wanted, by a married gentleman,**

aged twenty-seven, a Situation as Out-door Visiting and Dispensing ASSISTANT. The advertiser has had considerable experience in Obstetric, Club, and Private Practice; a rural district preferred. The highest Testimonials can be produced.—Apply by letter to A. B., care of Mr. Walker, 66, Liverpool-street, King's-cross, London.

**Mr. Wilkins, residing at Bedford**

Cottage, Walker, Kent, receives PUPILS, to prepare for the Public Schools. During the ensuing vacation (from July 22nd to September 11th), or earlier, he will be happy to take charge of three or four little Boys requiring Sea Air and Bathing. The House is surrounded by a large Garden, and is within a short walk of the Beach.

**Exchange of Sons.—A Surgeon,**

residing near Leeds, wishes to place his Son, aged twelve, in a family residing in London, to attend the School of University College; and would receive the Son or Daughter of a gentleman for the same period, who, from any cause, requires country air and medical care. The highest London references given and required.—Address M. D., 68, Camp-road, Leeds, Yorkshire.

**Partnership required in a Good**

General Practice where the receipts are not less than £1200 per annum, by a gentleman, aged twenty-six, M.D., M.R.C.S., of considerable experience in both Town and Country Practice, W. or S.W. suburbs, or within twenty miles of London, preferred. No objection to purchase the whole, with an extended introduction.—Address, F. G., M.D., Messrs. Westwoods and Hopkins, 16, Newgate-street, London.

TO MEDICAL ASSISTANTS.

**Wanted, with a view to a Partner-**

ship, a gentleman, unmarried, and with the double qualification, to assist the advertiser in the country, and reside in his house. As the Practice is of a first-class order, and capable of considerable increase, applicants must be of unquestionable character and gentlemanly address.—Applications, stating age, experience, and references, and whether willing to compound, (if required,) and what salary expected, to be sent (post-paid) to Y. Z., Post-office, Sea-side, Eastbourn, Sussex.—N.B. No answer will be returned, where no engagement is likely to ensue. The advertiser seeks assistance on account of his age.

**Medical Transfer and Partnership.**

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RESIGN, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

**A Practice in the West Riding of**

Yorkshire for disposal.—The extensive PRACTICE of a deceased General Practitioner, residing in a populous manufacturing town in the West Riding, is for disposal on advantageous terms.—Apply to Mr. ORRIDGE, 30, Bucklersbury, Cheapside.

**A Gentleman is open for immediate**

Re-engagement, with reference to a situation as ASSISTANT, to Visit, Dispense, and attend Midwifery, either in town or country.—Address, Thos. Colby, 11, North-place, Kingsland-road, near London.

**Wanted, in August, by a Gentleman**

aged nineteen, who will have completed his first Winter and Summer Session, a Situation to Visit, Dispense, and attend Midwifery. Satisfactory testimonials.—Address, N. N., Giltspur-street Lodge, St. Bartholomew's Hospital.

**Medical Assistant.—Wanted, by a**

gentleman, twenty-nine years of age, a SITUATION with a General Practitioner in town or country; he has been engaged in the profession fourteen years, has attended about 800 cases of midwifery, and can produce the most unexceptional testimonials as to character and abilities.—Address, A. Z., Post-office, Melton Mowbray.

**Wanted, an Engagement as Visiting**

ASSISTANT to a Medical Practitioner in town or country. The Advertiser has not previously acted as Assistant, but is accustomed to General, Midwifery, and Dispensing practices; age twenty-four; possesses the Degree and Diploma of Edinburgh; References satisfactory. Has no objection to go abroad as Ship-surgeon, or otherwise.—Address, M. R., 2, Belgrave-street South, Pimlico, London.

MEDICAL.

**For immediate Disposal, for a small**

sum, a bonâ fide PRACTICE, with Retail and Counter-prescribing, at the West-end,—parted with on account of the proprietor having obtained an Appointment, and being obliged to relinquish General Practice, from an accident received some years ago.—Address, Medicus, Mr. Chalmers Barron, Harvey and Co., Giltspur-street, City.

**A Surgeon in General Practice,**

residing in the country, is in immediate want of an active ASSISTANT to Visit, Dispense and attend Midwifery. The Advertiser will not engage the services of a gentleman, unless he is thoroughly competent, likely to remain, and able to produce the most satisfactory testimonials as to character and ability. Salary, £50 per annum.—Applications, stating age, reference, &c., to be addressed to M. R. C. S., Post-office, Wallingford, Berks.

MEDICAL.

**For Disposal, a General Medical**

PRACTICE in the Country, consisting of Union, Club, and Private Practice; receipts exceeding £300 per annum. It is situated in a wealthy agricultural district. This Practice is worth attention, as it is capable of considerable extension, and any reasonable arrangement would be made for the payment of the purchase-money, which is not required immediately. House and good garden, with or without eight acres of land.—Address, A. B. C., 19, St. George's Villas, Compton-road, Canonbury, London.

MEDICAL.

**A Surgeon in good Practice, residing**

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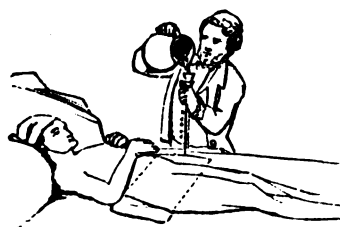
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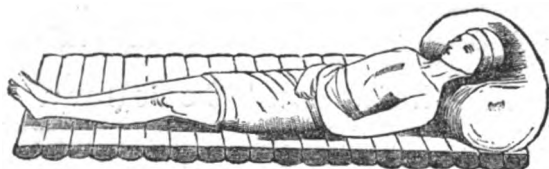
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The following remarks of the Rev. A. Leapingwell show the value of Taraxacum when properly prepared:—

"So valuable a preparation as your Taraxacum can need no recommendation from me; still I feel bound to say its beneficial effects have surpassed my most sanguine expectations. My mother, who is in her 78th year, and who through the greater part of her life has been a martyr to liver complaint, appears to have had ten years added to her life by a three months' use of it.

"I remain, yours truly,

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## Clinical Lecture

ON  
A CASE OF

## TRAUMATIC CAROTID ANEURISM.

*Delivered Jan. 16th and March 27th, 1854, at the  
Toronto General Hospital, Canada,*By W. R. BEAUMONT, Esq., F.R.C.S. Eng.,  
LATE PROFESSOR OF SURGERY IN THE UNIVERSITY OF TORONTO.

GENTLEMEN,—The case to which I am about to call your attention is of so great importance in surgery, and of such exceedingly rare occurrence, that although out of office as a teacher, I am still unwilling that it should pass by without endeavouring to impress it on your minds. This is one reason which induces me again to give a clinical lecture; another reason is that I wish to explain to you the grounds on which I have adopted the treatment at present pursued, instead of risking the performance of an operation necessarily attended with the greatest difficulty and danger. The case you have, probably, all heard spoken of, as one of traumatic aneurism of the common carotid. Before, however, proceeding with the case, I will briefly explain, for those students who are not acquainted with the subject, the important commonly-existing differences between traumatic and spontaneous aneurisms. The term aneurism is usually applied to a sac, the interior of which communicates with the interior of an artery, and consequently receives arterial blood and pulsation at each contraction of the left ventricle of the heart. This condition always exists at an early stage of the disease, but may cease under certain curative changes. A traumatic aneurism, as its name implies, arises from the wound of an artery, and as the perforation of the vessel takes place from without, all the coats of the artery are divided, and therefore none of them can enter into the composition of the walls of the aneurismal sac, which are composed of condensed cellular tissue, and it may be of other tissues also, cut at the time the artery is wounded. A traumatic aneurism is termed circumscribed when its blood is contained in a small cavity not extending far from the immediate vicinity of the wounded artery, (which is the condition in the case I am about to read to you;) and an aneurism is termed diffused when its blood is contained in a larger cavity, which has gradually become increased in dimensions by the impulse of the blood, so as to extend from the wounded vessel among parts more remote from the vessel. That form of aneurism called spontaneous, is no doubt always preceded by some degeneration of the artery, unfitting it to resist the impulse given to the blood by the contractions of the left ventricle of the heart. In some few cases, ulceration perforates all the coats of an artery, and thereby may produce a false, and usually diffused, spontaneous aneurism. In other cases it has been found, though rarely, that all the coats of an artery remain entire, and become dilated into a sac or pouch, producing that which has been considered by some as alone constituting true aneurism. Of such dilatation of all the coats of an artery in cases of aneurism, examples have been recorded. Scarpa, however, who from his numerous dissections of aneurisms is one of the very highest authorities on this subject, stated, many years ago, that "aneurism, in whatever part of the body it is formed, and from whatever cause it arises, is never occasioned by the dilatation, but by the rupture or ulceration of the internal and middle coats of the artery, and consequently that these coats have not the smallest share in the formation of the aneurismal sac." It is only the outer elastic coat of arteries, composed of condensed cellular tissue, which, according to Scarpa, enters into the composition of the walls of the sac. He was no doubt wrong in the universality of his proposition, but only in its universality. Hodgson and Wardrop, who at a later period published esteemed works on the subject, both express a positive opinion that aneurism does sometimes commence by dilatation of all the coats of an artery, but that in such cases as the aneurismal sac enlarges, the inner coat or coats are ruptured, and consequently the rest of the sac is formed only of the outer cellular coat, or the contiguous parts, so that the lining membrane of the artery is continued from the artery only over the adjoining part of the sac. This partial extension of the polished lining membrane of the artery over the adjoining part of the sac, is very clearly seen in a preparation of a large aortic aneurism in the museum of the University of Toronto.

In traumatic aneurism, the formation of the aneurismal tumour is almost always more sudden than in spontaneous

aneurism, because, in the former, there is less resistance to the impulse of the blood, and consequently to the increase of the tumour, which minor degree of resistance in the sac of a traumatic aneurism is due to the absence of the outer elastic coat of the artery in the composition of the walls of the sac. This latter circumstance is of importance in regard to the treatment of the case I am about to detail to you, for in my opinion it forbids the performance of Brador's operation—i. e., the tying of the artery on the distal side of the aneurism, by which the impulse of the blood against the walls of the sac would be immediately increased; and if this augmented impulse of the blood should cause the walls of the sac to give way, a circumscribed aneurism would become converted into a diffused aneurism, or an extensive extravasation of blood, a condition far more unfavourable to the patient than that of a circumscribed aneurism.

I will now proceed with the case. The patient, Joseph S—, aged twenty, was admitted, under my care, into the Toronto General Hospital, on the 2nd of January, 1854. He had the appearance of a healthy subject, though reduced in flesh and strength by the large loss of blood which he had sustained. He stated that it was about eight weeks before his admission, between six and seven in the evening, that he had been stabbed in the neck, and in two or three other places, which had occurred suddenly, without any fight or struggle. Almost immediately after being stabbed he fell insensible, from the loss of blood, having walked, he thought, about twenty paces before falling. He remained unconscious, or nearly so, till the next morning, (i. e., for about twelve hours,) when, in the act of sneezing, a second hæmorrhage took place from the wound; to which adhesive plaster only had been applied the previous evening. His mother stated that he had lost so much blood, that at times during the night she thought he was dead. On the following morning, immediately after the second hæmorrhage, the edges of the wound were brought together by three points of suture; after which, there had been no further bleeding. He had observed no swelling in the neck before the suture was made, but on the same day a small, roundish swelling commenced at the seat of injury, which swelling had gradually increased in size up to the last few days. There had been no pain in the swelling, but throbbing had been present from its commencement.

On examination, a very prominent tumour was found on the left side of the neck, seated close to the clavicle, and extending transversely from the inner to the outer border of the sternocleidomastoid, having made its way through the cut fibres of the muscle. The tumour was distinctly circumscribed, somewhat conical in form, and circular at its base, which was about two inches in diameter. On the summit of the tumour was a stretched and thin cicatrix, about one inch and a quarter long by half an inch broad. The direction of the long diameter of the cicatrix was oblique, and rather nearer to a horizontal than to a vertical line. We do not know the weapon with which the wound was made, nor do we know whether its point was directed horizontally, as in making a thrust, and so piercing the artery on the same horizontal plane as that on which the cicatrix is placed; or whether the weapon had been held as a knife or dagger usually is held in the act of stabbing, and its point directed downwards. In the latter case, the artery would be pierced considerably below the level of the cicatrix. The tumour pulsated strongly. To the touch, it gave a distinct vibratory sensation or thrill, and to the ear a loud *bruit de soufflet*. By compression, the sac could be emptied; and by firm pressure on the carotid distal of the tumour, the sac became much more tense and resisting to the touch, and, I believe, somewhat larger, which latter circumstances I consider the best evidence of the tumour being aneurismal, and of the aneurism being carotid. His pulse was 84, and moderate as to force and fullness; his appetite good. I ordered ten minims of tincture of digitalis three times a day, spoon diet, and perfect quietude.

On the 9th of January, a week after admission, the tumour and his pulse remained the same. He was now bled to ten ounces, (the blood containing three ounces and a half of serum, and six ounces and a half of coagulum.) His diet was restricted to a pound of bread and a pint of milk per diem, and the digitalis was continued as before. On this day, I made a cast of the tumour, in order to ascertain with accuracy any increase or diminution in its size.

On January the 15th, thirteen days after admission, and six after bleeding, the tumour appeared smaller, pulsated less strongly, and its vibratory feel was less marked. Pulsation had occasionally been observed in the external jugular vein, which I conceive may have been caused either by a communi-



cation between the currents of blood in the common carotid and in the internal jugular, or by the aneurismal tumour striking at each pulsation the external jugular, with which vein the tumour was nearly in contact. The pulse had been 72 for the last three or four days, and the patient felt rather weaker than on admission.

So far, gentlemen, the progress of the case has been favourable, and I think we may reasonably expect that its conclusion will be satisfactory. If, however, the tumour should increase and its walls threaten to give way, we may be forced to an operation as the only chance of saving the patient's life. I have recently made a dissection of the parts concerned, without in the least disturbing them from their natural relations, and, I believe, that deligation of the artery on the cardiac side of the wound would be an operation both most difficult and dangerous to accomplish. Of some of these difficulties and dangers I will speak. The carotid in this case must have been wounded very low down, and it may have been wounded just above the part where it is crossed by the left brachiocephalic vein, a wound of which vein might necessitate the performance of an operation, and would, in all probability, be fatal. A small wound in this vein, or in the lower part of the internal jugular, it is true, might by possibility be treated as Guthrie has done in the latter vein, (but high up in the neck,) i. e., by taking up with a tenaculum the margins of the opening, and then placing a fine ligature around the opening, only in such a manner as to interfere but little with the current of blood through the vein. I believe, however, that this procedure would be impracticable. On a vein lying at the bottom of a deep hollow, filling at every moment with blood flowing from the wounded vein itself. The left common carotid on the level of the sterno-clavicular articulation, you know, lies at a great depth from the surface, and is moreover in rather close contiguity with the two large veins I have mentioned, and also with the left subclavian artery, and with the nervus vagus. At the bottom of a deep wound filled with blood, it would be difficult to isolate and carry a ligature around the carotid with the certainty of not injuring any of these important parts. Some smaller veins, such as the anterior jugular, or inferior thyroid, might, if wounded, embarrass the operation by their bleeding. Any such veins might be tied in two places, and cut between the ligatures, if they could not conveniently be drawn aside. If eventually, in this case, the aneurismal sac should seem about to burst, I should endeavour to place a ligature around the artery on the distal, (though this might not be necessary,) as well as on the proximal side of the wound, on account of the large retrograde current of blood which would take place into the aneurismal sac if a ligature were placed only on its proximal side. Mr. Guthrie has recorded, in his work on "Wounds of Arteries," a case in which, after he had tied the common carotid on the cardiac side of a wound in this vessel, the hæmorrhage from the retrograde current of blood alone was nearly as great as that before the application of the ligature, and was only arrested by deligation of the artery on the distal side of the wound also. Supposing, however, that in S—'s case the operation were accomplished without any mishap, there would still be the danger of a fatal hæmorrhage, when the vessel should be divided by ulceration at the place of deligation, though this is less likely to occur than in a case of spontaneous aneurism, because, in the former case, the artery may be presumed to be healthy. Besides the danger from hæmorrhage, a fatal result may follow from other causes. Experience has shown, that stopping the current of blood through one common carotid may induce fatal disease of the brain, of which Mr. Guthrie cites some cases. Paralysis of the opposite side of the body has been an almost immediate result, attended with twitchings or convulsions of the same side on which the carotid had been tied. Softening and abscess of the brain have also occurred as more remote effects. In *THE LANCET*, of December 17th, 1853, Mr. Solly, in a lecture on Carotid Aneurism, quotes the following passage from a paper by Dr. Norman Chevers, published in the thirty-sixth volume of the late *Medical Gazette*. Dr. Chevers says, "I find fourteen cases in which obliteration of one of the carotid arteries was distinctly followed by great interference with the circulation through the brain, which in eleven cases produced fatal results." Great congestion, or inflammation of the lungs, has also been found to result from deligation of one common carotid.

With all these possible dangers attendant on an operation for the cure of the aneurism under consideration, I preferred adopting the course advised by Mr. Guthrie in analogous cases, i. e., in the wounds of arteries, for he has probably also given more profound thought to the subject than any other surgeon

of the day, and therefore may very justly be looked up to as the highest authority we have. Mr. Guthrie gives the following cases, which I take as precedents for the treatment I have adopted:—Colonel F— was wounded by an arrow, opposite the bifurcation of the right common carotid, which caused a considerable loss of blood at the moment. The wound healed, and some time afterwards a small pulsating swelling—an aneurism—was observed at the part. Sir Astley Cooper advised that, as it did not increase, nothing should be done. Mr. Guthrie was afterwards consulted by the patient at Badajos, after the siege of that place, at which time the aneurism had not increased, nor did it up to the time of the patient's death, which occurred in action the year afterwards, the tumour not having been interfered with by any operation.

Pierre Cadrieux, aged thirty-two, received, in Nov. 1811, a wound from the point of a sword, which, entering above the clavicle, wounded the subclavian artery and vein, as was presumed, where they pass over the first rib. The bleeding was terrific, and the man fainted, remaining as if dead. He was placed under the care of Baron Larrey in the hospital in Gros Caillon. The next morning the wound did not bleed, but a pulsating swelling had formed above and below the clavicle, and a peculiar thrilling sound could be felt and heard deeply in the direction of the axillary vein. The wound healed on the eighth day, and on the twentieth the aneurismal swelling had disappeared, but the thrill remained with the pulsations of the veins of the neck. In 1815, about four years afterwards, the Baron again saw the patient, who had no pulsation in the axillary, radial, or ulnar arteries, but the limb retained its warmth and sensibility. Nothing is said of the subclavian vessels, which we may therefore suppose were free from aneurismal swelling.

Delpach, in a nearly similar case of wound, in which he believed the common carotid was wounded near its origin, and which was followed by a terrific hæmorrhage, which almost destroyed the patient, acted in a similar manner, and with the same successful result.

Mr. Guthrie says, "These cases show the propriety of that rule I have endeavoured to establish, of letting large arteries alone until they bleed and demand attention. There can be little doubt that if Larrey and Delpach had tried to perform operations on these arteries they would have lost their patients. It is time enough to put men's lives in jeopardy when the necessity for doing something is manifest."

It is this advice of so eminent a surgeon as Mr. Guthrie,— advice founded on the results of these and other analogous cases,—which induces me to abstain from any operative procedure until such shall seem the only chance of saving my patient's life. The treatment I have adopted is usually termed *Val-salva's*. It consists in means tending to diminish the impulse of the blood against the aneurismal sac,—viz., venesection, occasionally, the blood being abstracted in quantities which the patient can bear, and without lessening too much the proportion of fibrin to the watery part of the blood; secondly, in spare and unstimulating diet; thirdly, in perfect quiet both of mind and body; and, fourthly, in the administering of medicines capable of lowering the force and frequency of the contractions of the heart. These means tend to favour the spontaneous cure of aneurism, which may be accomplished partly by the slow contraction of the sac, when it ceases to be distended by a superior force, and partly by the deposit of fibrin in layers on the interior of the sac, layer after layer at last rendering the contents of the sac solid, the fibrin becoming eventually partly absorbed and partly organized. The case, I told you, was of exceedingly rare occurrence, for even Mr. Guthrie seems only to have witnessed one case of traumatic aneurism of the common carotid, and has alluded only to another, the case treated by Delpach. The extreme rarity of such cases is to be accounted for by the fact that wounds of the common carotid are almost always fatal from the immediate loss of blood. This lecture, gentlemen, I will conclude when time shall have shown us the conclusion of the case.

#### [CONTINUATION OF LECTURE, MARCH 27TH, 1854.]

It is now, gentlemen, ten weeks since I had the pleasure of meeting you in order to call your attention to a case of traumatic carotid aneurism. Since that period the case has proceeded, as you already know, most favourably, and I have little else to do than communicate to you a continuation of its history. In my last lecture I read to you my notes as far as the sixth day after the first venesection, at which time I thought there was a slight diminution in the size of the aneurismal tumour. Two days after this, on the 17th of Jan., there was a very marked prolongation of the tumour upwards,



—i. e., in the direction of the blood's current, the pressure of which was probably greatest against the upper part of the sac, and, if so, from this cause its dimensions were increased in this direction. It is true that the upper part of the sac might have been the least resisting, and therefore the first to yield, even though the impulse of the blood against it should not have been greater than against the rest of the sac. This protrusion of the aneurismal sac felt like a small nodule engrafted, as it were, on the general swelling. The pulse was at this time 66, and small, and the patient did not therefore for the present appear capable of bearing a further loss of blood.

On Jan. 22nd, thirteen days after the bleeding, the tumour was decidedly smaller, and the pulsation, which had been occasionally seen in the external jugular, had ceased for some days past.

On Feb. 2nd, twenty-four days after the first bleeding, the tumour was still on the decrease, and he was bled again to twelve ounces, which he bore well.

On Feb. 6th, four weeks after the first bleeding, the tumour was reduced to half its former size, the diminution being very great after the last bleeding. It had been gradually and very perceptibly diminishing during the last fortnight. It felt quite solid and much harder, but the bruit remained as loud, or nearly so. There had not been observed any pulsation in the external jugular during the last two or three weeks, but a distinct vibratory feel or purring had throughout been perceptible over and along the course of the internal jugular, from the cicatrix to a point as high as the angle of the jaw, or very nearly as far. His health and strength had not been impaired by the treatment, which had been steadily pursued from the first.

On Feb. 22nd, six weeks and two days after the first bleeding, and fifteen weeks after the receipt of the wound, the tumour was scarcely perceptible; and as his strength had not in the least suffered, he was again (the third time) bled to ten ounces; and it is worth bearing in mind that the blood preserved its former proportion of fibrin—viz., six ounces and a half of coagulum, to three ounces of serum.

Eight weeks after the first bleeding, the tumour was still, though scarcely, visible, and it felt beneath the skin like a hard and slightly enlarged lymphatic gland. During the whole of this time, he had taken three times a day fifteen or twenty minims of the tincture of digitalis, and the same diet had been strictly adhered to. He was now allowed to sit up for the first time.

Nine weeks after the first bleeding, and eighteen after the receipt of the wound, the aneurismal tumour was no longer visible, but could still be felt beneath the skin. The bruit was perhaps as loud as ever, continuous, sounding like the roar of the sea, but increased at each pulsation; the vibratory feel was also the same.

On March 20th, ten weeks after making the first cast of the neck, I made a second, of which the right and left sides presented no difference, except that on the left there was a raised and puckered cicatrix. The same bruit still was heard as loud, and the same vibratory feel was still as distinct over the course of the internal jugular, all of which phenomena remain the same up to this day, the end of the eleventh week after the first bleeding; but no vestige of the tumour can be felt beneath the skin. For the last week, he has been allowed a small mutton chop daily, in addition to the pound of bread and pint of milk. His health is good, and he feels much stronger than he did a week ago. The persistence of the loud, continuous bruit, and of the vibratory feel perceived over the course of the internal jugular, can, I conceive, only be accounted for by the supposition of a communication between the currents of blood in this vessel and in the common carotid, both of which may have been penetrated by the wound.

P.S.—If a communication between the common carotid and internal jugular exists—and I do not see how it can be otherwise, for both the bruit and the thrill can be perceived nearly as high up as the angle of the jaw, and the thrill is not felt by placing the finger on the carotid—then this case is one of, perhaps, unprecedented occurrence, for in it we find both a traumatic carotid aneurism, and also this abnormal communication between the artery and vein. Firm pressure on the common carotid near its bifurcation causes a total cessation of the thrill, and diminishes greatly the loudness of the bruit. *A priori*, I should have expected a contrary effect. The tumour could not have been an aneurismal varix, a mere venous dilatation caused by the impulse of arterial blood, for such could hardly have occurred as a subcutaneous tumour in a vein so deeply placed, and so covered by muscles; and,

moreover, its contents would not have become solid before disappearing, nor is it likely that it would have disappeared at all.

It will be interesting hereafter to learn if violent muscular exertion can cause the upward current of blood from the carotid so to impede the downward current in the internal jugular as to give rise to any cerebral disturbance such as congestion might induce.

A cast of the patient's neck, made when the tumour was at its largest, and another made ten weeks afterwards, when the tumour had entirely disappeared, I hope very shortly to be able to send to the museum of the Royal College of Surgeons of England.

## CLINICAL AND CRITICAL CONTRIBUTIONS TO OBSTETRIC SCIENCE AND PRACTICE.

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(Continued from p. 669, vol. I. 1864.)

### II.—ON VASCULAR POLYPI.

The tumours which take their rise from the bloodvessels running under the mucous membrane are the true "*vascular polypi*," a term which has not unfrequently been erroneously applied to the fibro-cellular polypus. The vascular polypus is a form of teleangiectasis consisting in a dilatation or aneurismal growth of the vessels, resembling *navas* or *hemorrhoids*. This form of polypus is rare. Examples have, however, been recorded.

### III.—ON POLYPI SPRINGING FROM THE MUCOUS MEMBRANE.

The tumours which arise from the mucous membrane are of two kinds.

A. The *fibro-cellular polypus*, sometimes called the "*gelatinous*," the "*mucus*" or the "*vesicular*" polypus. These polypi most commonly spring from the cavity of the cervical canal; they are but rarely found in the cavity of the uterus; and perhaps this may be accounted for by the scarcity of cellular tissue in the constitution of the mucous membrane in this latter situation. The microscopical characters of these polypi assimilate to those of the fibro-cellular sub-mucous tissue. Mr. Paget has accurately described them as presenting "delicate fibro-cellular tissue, in fine, undulating, and interlacing bundles of filaments. In the interstitial liquid, or half-liquid substance, nucleated cells appear imbedded in a clear or dimly-granular substance; and these cells may be spherical, or elongated, or stellate, imitating all the forms of such as occur in the natural embryonic, fibro-cellular tissue; or the mass may be more completely formed of fibro-cellular tissue, in which, on adding acetic acid, abundant nuclei appear. In general, the firmer the polypus is, the more perfect, as well as the more abundant, is the fibro-cellular tissue." To this it may be added, that these polypi are covered by mucous membrane, containing blood-vessels in greater or less abundance. The size of these polypi varies greatly. They seldom, however, attain the magnitude sometimes exhibited by the muscular polypi. The polypus I removed from the first patient answered exactly to this description.

B. The *follicular-epithelial polypus*. I propose to give this name to the tumour which has sometimes been less accurately called the "*Nabothian*" or the "*glandular*" polypus. This form is thus described by Dr. Lee:—

"A fourth variety of tumour of the uterus, to which the term polypus has been applied, is produced by a morbid enlargement of the glands or ovule Nabothi. One of these bodies is sometimes converted into a cyst as large as a walnut, or even a hen's egg, and hangs by a slender pedicle from the cervix or lips of the os uteri. It is smooth and vascular, and contains, in some instances, a curdly matter, or yellow-coloured, viscid fluid. .... Though unacquainted with the nature of the glandular tumour of the os uteri, Herbiniaux has given a description of the appearance it most frequently presents: 'There is another species of polypus,' he observes, 'extremely soft, of which M. Levret has not made mention: it is a little excrescence, of the same form as the preceding, but which is always very small; it arises from a segment of the orifice of the uterus, and either remains within the orifice or hangs a few lines out of it.' Often it is not larger than a pea, sometimes it is the size of a finger, but its stem is usually very large, considering the small size of the tumour."

The microscopic examination of the tumour removed from the second patient demonstrates very clearly the true nature of the "glandular" polypus. The polypus referred to was of the size of a large filbert; the surface very vascular. On cutting through it, a central cavity was exposed, large enough to hold a large pea; from this there flowed a quantity of pus-like fluid. The substance of the tumour was formed of a fibrous basis, containing numerous large mucus follicles, penetrating throughout, and lined with cylinder-epithelium. The openings of the follicles on the outer surface of the tumour were distinctly traced. The constitution of the tumour will account for its consistence; it cut like butter. It also explains the facility with which the ligature severed the tumour from the os uteri.

I think it will be apparent, from this description, that it is not strictly correct to call these tumours "glandular" or "Nabothian." They contain all the elements of a villus, and the present example seems to verify a conjecture of Dr. Hassall's, quoted by Dr. Tyler Smith,\* "that the solid polypi found attached to the cervix take their rise in enlarged villi of the cervix uteri." I conceive that their growth may be accounted for in the following manner: one or more follicles in this situation become obstructed; the accumulation of secretion behind the obstruction causes the enlargement and protrusion of the follicles; an entire portion of the villus is thus carried out or projected beyond the surface, and, continuing to grow, assumes a polypoid form. I imagine that the pus-like fluid contained in the cavity of the polypus was not pus, but the result of the secretion of the follicles contained in the tumour, which opened into the cavity.

It may be observed that Dr. Lee does not advert to the minute structure of the tumours he describes.

Other forms of tumour, projecting more or less distinctly into the cavity of the uterus or cervix, occasionally appear, but they are comparatively rare, and seldom assume the polypoid form.

The foregoing history of the different forms of uterine polypi seems clearly to establish the general law, that these growths are not new formations—heterologous structures—but abnormal developments of the normal constituent tissues of the uterus.

#### ON THE DIAGNOSIS, ESPECIALLY THE EARLY DETECTION OF POLYPUS.

In the remarks I have to offer relating to the diagnosis of polypus, I shall pass over altogether the consideration of the means of distinguishing polypi which have cleared the os uteri from other abnormal conditions. At this stage of growth, the recognition of the true nature of the tumour is seldom attended with any practical difficulty. But the case is far different when the tumour still lies concealed in the cavity of the uterus or of the cervix. It is quite certain that a polypus of inconsiderable size, retained in the womb, and giving no physical sign of its presence, may yet be the cause of the most dangerous, and even fatal, flooding. The indication to remove a polypus, however small, although situated in the cavity of the uterus or of the cervix, if it be the occasion of exhausting hæmorrhages, is as manifest as that for the removal of the largest polypus lying forth in the vagina. The detection and treatment of polypi which have not emerged from the uterus, is a subject that has as yet attracted far too little attention from the profession. With the exception of the masterly and practical essay of Professor Simpson,† I am not acquainted with any successful attempt to grapple with the difficulties of the subject.

The means of determining whether a polypus exist in the uterus may be divided into two classes:—

- I. The general symptoms.
- II. Physical exploration.

1. The general symptoms, although seldom, perhaps in no case, so characteristic as to justify an absolute conclusion, positive or negative, are yet deserving of the most careful analysis. The symptoms considered by Dr. Simpson are hæmorrhage, either in the form of flooding, irregular and occasional discharges of blood, or of hæmorrhagic menstruation; in leucorrhœa, mucus, purulent, or serous; in increased size of the cervix or body of the uterus; in symptoms of irritation of the bladder and rectum.

It must be obvious that these symptoms possess in themselves no special or pathognomic value. They may all be present in connexion with simple hypertrophy of the uterus, and more frequently with tumours of the body of that organ not of a polypoid form. The womb may be increased in size from hypertrophy, or a tumour in its walls, or from pregnancy, and its increased bulk from either of these causes will be as likely to produce irritation of the bladder and rectum as

increased bulk from any other cause. I may, however, observe, that when the uterus is enlarged by the development of a body in its cavity, we may expect, it to be more evenly rounded in shape.

Hæmorrhage and leucorrhœa do not necessarily indicate any local disease at all, but they undoubtedly point to the necessity of instituting a careful examination with a view to discover the cause upon which they depend. The leucorrhœa attendant upon polypus not unfrequently possesses one quality which may have a diagnostic value. Blood may coagulate in the form of rings round the pedicle of the polypus, and then putrefy; the discharge thence acquires an offensive character, which may lead to the suspicion of malignant disease. On pursuing the diagnosis, the existence of malignant disease may be negatived, and then the probability that a polypus is present will acquire greater strength. Hæmorrhage is not even a constant accompaniment of polypus. Dr. Montgomery, Dr. Simpson, and Dr. Looock, all relate cases of polypi, some of large size, in which no hæmorrhage was observed. But although, as a general expression, hæmorrhage cannot be regarded as a diagnostic symptom of polypus, there is, I think, a mode of examining the subject which may give something of certainty and precision to this symptom. I have, in relation to this inquiry, analyzed the histories of 600 cases of disease, more or less connected with uterine derangement, which have come under my observation at the Western General Dispensary.

#### Probable Causes of Hæmorrhage in 600 Cases of Disease more or less connected with Uterine Derangement.

Inflammation, ulceration, and hypertrophy of os and cervix uteri	12
Inflammation and ulceration of os and cervix uteri	32
Inflammation of os and cervix	16
Hypertrophy of cervix	16
Total disease of os and cervix uteri	— 76
Enlargement of uterus	8
Tumours of uterus	14
Procidencia uteri	2
Total disease of uterus	— 24
Scirrhus of cervix or body of uterus	10
Polypus	8
Abortion	14
Pregnancy	6
Ovarian irritation	2
Over-suckling	18
At critical period	10
Other constitutional derangements	10
Sea-voyage	2
Emotion	6
Not ascertained	4— 90
Total cases of hæmorrhage	190

It thus appears that, out of 600 cases of disease, more or less connected with uterine derangement, nearly one-third were marked by an excessive loss of blood, either in the form of hæmorrhagic menstruation or of simple flooding.

By means of a careful analysis of the symptoms, or by vaginal examination, the hæmorrhage could be referred to an intelligible cause in 186 cases.

In analyzing these cases of hæmorrhage with the view of determining how far hæmorrhage is an indication of the presence of polypus in the womb, we must, in the first place, exclude all those cases in which the hæmorrhage was clearly connected with organic disease, with pregnancy, with abortion, mental emotion, and constitutional derangement. We shall thus eliminate 160 cases, leaving eight cases in which polypus was detected, and twenty-two cases in which tumours in the body of the womb or simple enlargement were found. I desire to arrest attention upon these twenty-two cases, because I believe it to be not improbable that in some of them the cause of the enlargement observed in the uterus might have been due to a polypus concealed in the cavity, and that in some of the instances in which tumours were discovered in the walls of the uterus there might have been also muscular tumours projecting inwards in the form of polypi. It is not improbable that a more minute exploration, facilitated by dilatation of the uterine neck, the cautious employment of the uterine sound, and other means, might have discovered a polypus at the beginning of the treatment or at a later period.

Possibly, also, fibro-cellular polypi might have been discovered in some of the cases where the hæmorrhage appeared to depend upon inflammatory and hypertrophied conditions of

\* Medico-Chirurgical Transactions, vol. xxxv.

† Monthly Journal of Medical Science, January, 1860.

the cervix, had a more minute exploration been extended into the cavity of the cervix. It might have been ascertained that the polypus was the original disease, and the inflammation or hypertrophy the secondary result. I state this, because I do not feel justified in affirming absolutely that, in none of the cases described as cases of inflammation, ulceration, or hypertrophy, did a polypus exist, and because it is known that they may exist together. In the great majority of instances, however, I had the opportunity of continuing the treatment until the local disease was subdued, and of witnessing the concurrent cessation of the hæmorrhage.

I submit that it is a point worthy of the most earnest consideration, whether in most, if not in all, cases of profuse uterine hæmorrhage, not obviously dependent upon constitutional causes, or not clearly connected with some ascertained local disease, it be not an indication in practice to explore carefully the cavity of the womb.

The analysis I have submitted appears to me to lead to the legitimate conclusion that, in a given case of persistent or often-recurring uterine hæmorrhage, where no adequate constitutional cause is observed, where no sufficient organic disease of the os and cervix uteri can be detected, in the absence of pregnancy, some local cause exists higher up in the cervix or in the body of the uterus. Having arrived at this conclusion, it is an obvious indication to pursue our investigation, and to endeavour to determine exactly in what that cause consists. Excluding all other causes, we find a residue of thirty cases of uterine hæmorrhage connected with the three following conditions: eight cases of detected polypus, eight cases of enlargement of the womb, and fourteen cases of tumours of that organ. The cause of the hæmorrhage, then, in all these cases lies above or beyond that part of the organ which is more immediately subject to ordinary tactile and visual examination. Is not the indication clear to pursue the search into that region which has alone remained unexplored?

Before considering the physical means of following up this search, I wish to point out one symptom which may furnish a useful indication. When the uterus contains a foreign body, even of small size, it rarely happens that contractions are not excited—that efforts are not made to expel it.

The occurrence, then, of spasmodic intermitting pains, resembling those attendant upon abortion or labour, together with globular enlargement of the womb and hæmorrhage, point, under the exclusive conditions premised, with a high degree of probability, to the presence of a polypus.

It must, however, be admitted, that the general symptoms can furnish at best but presumptive evidence. In the case of pregnancy, which is attended by general signs of a marked character, no practitioner of experience undertakes to base an absolute opinion upon the general signs alone. He looks for the direct physical evidence afforded by *ballotement*, the placental rush, or the sound of the fetal heart. In the case of polypus, the general symptoms can never rise to that point of distinctness which is usual in pregnancy; the necessity, therefore, of seeking for direct physical evidence is still more imperative.

*The Physical Means of detecting Polypi.*—It may be that the polypus has descended so low down as to be on the point of escaping through the os uteri. In this case it may, under favourable circumstances—that is, during the relaxation and forcing down attendant upon an attack of flooding—be perceived by the finger. Its detection is even more probable by the use of the bivalved speculum, which, by expanding, opens the os, and permits an inspection of a certain portion of the cervical canal. The uterine sound is also available in further opening the os. An observation of Dr. Looock's clearly expresses the importance of making the examination during the existence of the hæmorrhage. He says—"I never discovered the polypus in these cases when I examined the uterus in the intervals between the attacks of hæmorrhage, either by the finger or speculum. The os uteri closes in the intervals of the attacks. The tumour comes down during hæmorrhage." It has occurred to me in several instances to have observed a polypus at one examination, which could not be detected on a subsequent occasion.

Another cause that may help to conceal a polypus in the cervix, is the congestion and swelling of the os, induced by the irritation caused by the polypus, or arising from independent circumstances. This condition may be removed by appropriate treatment, and when the os has been restored to its natural state, the polypus may be brought into view.

*The Uterine Sound.*—As a means of extending tactile perception beyond the point which it is possible to reach by the finger, the uterine sound is in some cases a most valuable instrument. By its mean will generally be possible, in cases

where the os and cervix are sufficiently open, to determine whether or not a movable body be present in the uterus.

Should our conviction or our presumption, derived from the evidence of the uterine sound or from other sources, be so strong, that a polypus is present in the cavity of the womb, we possess means of bringing it into view. By causing contractions of the womb the contained body may be expelled. The ergot of rye has been used for this purpose, and no doubt sometimes with success; but I greatly prefer the agency of *galvanism*, as being both more safe and more efficacious. Dr. Tyler Smith has already applied galvanism in one instance for this purpose, with complete success.

Dupuytren recommended the practice of opening the cervix in these cases by *incisions*. Although I can conceive a case in which this operation may be justifiable, I believe that the necessity for resorting to it must very rarely occur, since we possess another means of effecting the object in view, with as much certainty and with less danger.

The plan of *dilating the os and cervix uteri* by means of sponge-tents, proposed by Professor Simpson, finds, in cases of this description, its most valuable application. The use of two or three graduated sponge-tents in succession will mostly succeed in opening up the canal of the cervix to an extent sufficient to admit of a perfect exploration by the eye and the uterine sound of the cavity of the uterus.

I am aware that the proposal to use sponge-tents, for the purpose of dilating the os uteri, has met with considerable objection. It has been urged that such a procedure may cause inflammation and other serious consequences. It does not appear to me that these objections are substantiated by experience, or by sufficient reason. Sponge-tents have been long employed for the purpose of inducing premature labour. Dr. Lee has sanctioned by his example their use for this purpose. The state of the cervix during early pregnancy does not differ widely from that of the cervix when an intra-uterine polypus exists. When a polypus is present, under the influence of the attendant hæmorrhage, leucorrhœa, growth of the tumour, and action of the uterus, the cervix is already disposed to relax and to expand; and it does not seem reasonable to apprehend that the presence of a soft piece of sponge in the os uteri should be more hurtful or dangerous than the oftentimes far greater pressure exerted upon the cervix by a polypus. Under many circumstances, of not greater urgency, that occur in obstetric practice, those physicians who express so much dread of the possible effects of the sponge-tent, do not hesitate to enjoin the violent expansion of the uterine neck by the hand.

To exclude this application of an agent which experience has proved to be both safe and effectual, is, in effect, to pronounce—in the case of an obscure disease, situated higher up than the os uteri, however threatening to life—that the resources of medicine are exhausted, and that the patient must be abandoned. To urge, as it has been urged, that if you wait long enough, the polypus, if present, will not fail to make its way into the vagina, is to advocate a delay that may be fatal. The treatment, by expectancy, is surely inappropriate when an uncontrollable flooding is fast destroying the patient.

M. Jobert de Lamballe has recently contrived an *intra-uterine speculum*, which may possibly be of service in assisting the visual examination of the uterine cavity and the cavity of the cervical canal. This instrument consists in a hollow cylinder, and a long stem to fit; the circumference is so small, that it can be passed into the uterine neck, the os uteri being previously brought into view by the ordinary speculum. By the withdrawal of a slide attached to the stem, the cylinder may be converted into a groove, so as to permit of an inspection of any part of the canal.

I cannot speak of this instrument from experience. Possibly its utility may fall short of the expectations of the inventor. Its employment would be facilitated by the previous expansion of the uterine neck by means of the sponge-tent.

(To be concluded.)

## LEAD CISTERNS AND PIPES IN A SANITARY POINT OF VIEW.

By ROBERT DUNDAS THOMSON, M.D., F.R.S.L. &  
PROFESSOR OF CHEMISTRY IN ST. THOMAS'S HOSPITAL COLLEGE, LONDON.

[THE following are notes of evidence, in the case of the Loch Kérine Water Bill, before a recent committee of the House of Commons. The corporation of Glasgow are desirous of obtaining the pure water of that romantic lake for the supply of the in-

habitants; but the plan was opposed, on the plea of its great purity, and consequent rapid action on lead. This objection has been shown, by the present and other evidence, to be visionary.]

Having been consulted on the subject of the supply of water to Glasgow, Gorbals, Dumfries, Kilmarnock, Stirling, London, Newcastle, Swindon, Liverpool, &c. &c., and very extensively on the sanitary condition of waters, the subject of the action of water on lead has for many years been familiar to me, and I have had considerable opportunities of meeting with cases where paralysis had been produced by the action of lead on the human system. As far as I can ascertain from the experience of hospitals, the occurrence of disease from the corrosion of lead pipes is an exceptional circumstance, if it has ever occurred in these institutions, the general cause of affections from lead being occupation in white lead manufactories.

Waters, from whatever source, appear to act on a freshly-polished surface of lead. Thus, I have found the water taken from the Thames, Clyde, Gorbals water-works, Kypess river, Paisley water-works, Giviel river, sources in the neighbourhood of Glasgow, to act on lead; the greatest amount of saline matter in these specimens being in that of the Thames, which contains about twenty-two grains of solid residue in the imperial gallon, while the Giviel contains only about seven grains. Again, I find the water from a well at St. Thomas's Hospital, London, to act very sensibly on a fresh surface of lead, although the solid constituents in the gallon amount to about one hundred grains. This experiment is further corroborated by a circumstance in reference to a well, respecting which I was consulted several years ago in Glasgow. The wells of Glasgow, like all those of large cities, are known to be impure. They contain from fifteen to one hundred grains of salts in the imperial gallon, and yet, on one occasion, water was brought to me which had been pumped through a new lead pipe from a well in a garden, which contained a considerable quantity of oxide of lead diffused through it. I inferred that the oxide of lead was principally in suspension, from the fact that when the water was filtered through a single paper filter, no lead could be detected in the water when it had passed the paper; and it is a well ascertained fact that water, contaminated with oxide of lead, is entirely freed from it by permeating a filter of sand. All these facts relate to lead possessing a bright surface. For lead, when allowed to remain in these waters for a few days, ceases to suffer appreciable corrosion; or, if the lead be removed from the water, exposed to the air and afterwards immersed, but an insignificant action, if any, can be detected.

Loch Katrine water I examined several years ago, when it was proposed to be introduced for the supply of Glasgow. I considered it then, as I do now, a water admirably adapted for domestic use, and I have not had my opinion in the slightest degree affected by the laboratory experiment exhibited on the committee's table, as I am convinced, from my acquaintance with the subject, that if the Loch Katrine supply had been introduced into Glasgow, nothing would have been heard of its influence on lead. I found it to contain about two grains of solid matter in the gallon, its main constituents being organic matter, common salt, sulphate and carbonate of lime.

When lead, with a clean, bright surface, is introduced into it, the lead is rapidly acted on, and white scales of oxide fall to the bottom of the vessels in which the experiment is made. When such water, with the suspended oxide of lead is passed through a double filter of paper, the oxide is detained on the filter, and little or none seems dissolved in the water which passes through the paper. Hence it would happen, that should any corrosion occur on the first use of new lead cisterns, the insoluble oxide will be deposited at the bottom of the cistern, and will only intermingle, in a trifling degree, with the contents of the cistern; while in old cisterns, or after the new cisterns have become tarnished, no action will occur. But to prevent any corrosion on first using the cisterns or pipes, the plan sometimes adopted at Tunbridge Wells might be had recourse to, of brushing over the fresh surfaces with a coating of lime. No description of water could be purer or better fitted for a beverage, or for culinary purposes, than the water supplied by lead pipes to the Trossach's Hotel, at Loch Katrine, where I lately tasted it when inspecting the experiments made under the charge of the engineer, at the outfall of Loch Katrine.

To set the objections at rest which have been urged against the use of Loch Katrine water, I may detail an experiment on a sufficiently large scale of a parallel nature, which has been in action for forty years. About 1814, a plumber at Tunbridge Wells, introduced, at his own risk, a spring of water, by means of lead pipes and lead cisterns, into the houses of that place. A similar objection was taken to its use, as on the

present occasion. Traces of lead were even detected in some places in that portion of the water in immediate contact with the new lead cisterns, but none in the body of the water, or in the water discharged from the cisterns. Specimens of this water were sent to London in 1816, and tested by Dr. Thomas Thomson, without his being able to detect a trace of lead. I have a letter in the handwriting of the late Dr. Wollaston, dated 27th of December, 1816, in which he states, that he could detect no lead in water sent to London from Tunbridge Wells. Traces were occasionally detected in the new cisterns, and, as I was assured by the late Dr. Thomson, only on the margins in contact with the lead, the largest quantity obtained being one grain in twenty gallons. Yet, from these incidental results, the water supplied to the village was condemned by the opponents of the scheme as *potentius*. But the water still continues in use; the village has increased to a large town of 10,000 inhabitants; it is a popular place of resort for invalids; and after careful inquiry, I have not been able to discover among its residents even a suspicion of its contamination by lead. I examined the company's engineer, who was employed at the original works, and laid down many of the lead pipes and cisterns in his capacity, at that time, of plumber, and persons in the town, residents of about twenty years, who assured me that they had never heard the subject of danger to water from lead pipes mooted.

When bright lead is introduced into this water, it is acted on immediately. It contains between three and four grains of salts to the imperial gallon, and is, upon the whole, one of the purest waters which I have examined in reference to the supply to towns. In examining the reservoir in which the water is retained for the supply of the town, I observed a perforated plate of lead, through which the water passed to the iron conduit pipe, which was covered with a coating of oxide of lead, precisely similar to the coating lining the lead-pipes which I have seen brought from Inverness, a town with whose water supply I am well acquainted. The plate, I was told, had been in this position for six years. The deposit was therefore insoluble, or nearly so, in the water, and acted as a protecting covering against any further action on the lead. Hence it would appear that this water, by its rapidly oxidizing power on lead, furnishes with so much the greater efficiency security against further corrosion. Perhaps no stronger fact could be adduced in proof of the perfect confidence of the inhabitants of Tunbridge Wells in the sanitary quality of the water than that, of which I was assured by the engineer, the company is now paying an annual dividend of ten per cent. The original spring introduced for supplying the village is situated at about the distance of a quarter of a mile to the south, and is emitted from the northern aspect of a declivity. Many years after it was in use, from the increase in the population, the supply was found to be inadequate to the demand, and another spring, about a mile distant in the same direction, but issuing on the southern declivity of the same ridge, was collected in a similar reservoir of brick, and pumped into the village reservoir, to mix with the waters of the first spring, which is conveyed to its destination by gravitation. The second spring I found to be more rapid and more extensive in its action on lead than the water of the first spring, which alone, as far as I could learn, had attracted any attention; and even the circumstances to which I have already referred were quite unknown to any person with whom I came in contact. Still more recently, a third spring, under different management, but of very soft water, and therefore with the corrosive qualities upon lead of the waters affording the previous supply, has been introduced into the town, with the universal approbation of the inhabitants, as far as regards its wholesomeness, purity, and softness.

Irrespective, then, of the probability that the Loch Katrine water will lose much of its corrosive power by its contact with the various strata over which it must pass in the conduit, during its flow to Glasgow, I am of decided opinion that no more permanent danger is to be apprehended, in reference to health, from the transmission of the water through lead pipes, and detention in lead cisterns, than there is in the case of other waters supplied to towns. I may add, however, that I have always recommended the substitution of iron and other materials, as water-pipes, as much as possible, for lead; and, even where lead is employed, that it should be alloyed with tin.

July, 1864.

THE LISTON MONUMENT IN SCOTLAND.—Mr. Alexander Macdonald has forwarded to the Royal Infirmary of Edinburgh a polished granite pillar and pedestal for the marble bust, by Campbell, of the late Mr. Liston, which bust was lately sent from London for erection in the Infirmary.

# A Mirror

## OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

*Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.*—MORSEUS. *De Sed. et Caus. Morb.* lib. 14. Procrutium.

### ST. THOMAS'S HOSPITAL.

#### MR. SIMON'S CASE OF VERRUCA OF THE GLANS AND PREPUCE, SECOND CROP; REMOVAL OF A CERTAIN PORTION OF THE GLANS.

THIS case offers a very satisfactory confirmation of the opinion we expressed in reporting the first operation—viz., that verrucae, which are by some surgeons considered as secondary manifestations, are simple unspecific growths, which are very apt to recur on the glans or prepuce, as they are prone to do on any other part of the body, especially the hand.

Mr. Simon had in this case (*THE LANCET*, vol. i, 1854, p. 618) removed a considerable quantity of warts, which had grown so thickly on the glans and prepuce, as completely to change the shape and form of the organ. A very small portion, had, however, been left, and the growth had recurred from the spot which had been spared. In order to prevent this very unpleasant reappearance of the verrucae, Mr. Simon removed, on the 1st of July, the group which had sprung up between the glans and prepuce on the right side, and also a quarter of an inch in depth of the glans itself. It is very likely that this will be found an effectual measure.

On the same day, another patient of Mr. Simon, presenting very instructive symptoms, was brought into the theatre. He is a man, about sixty years of age, whose penis, affected with cancer, was removed about six months before his second admission. The disease had then invaded the organ to such a degree, that amputation was performed close to the pubis, and within the scrotum. Much trouble had ever since been experienced about passing water, and Mr. Simon had recourse to various means to facilitate the function of micturition, but bougies, &c. proved of no avail. A thread was at length passed through the urethra, and allowed to ulcerate through, so that a sufficient aperture might be obtained; but all these measures were ineffectual, and when the patient was placed upon the table, the pubic region presented a rather unusual aspect. The scrotum was puckered up towards the pubis, in which locality, not a vestige of penis was to be seen; and the parts were so much contracted, that no aperture for the discharge of the urine could be discerned. Mr. Simon stated, that the fluid usually escaped through an aperture which would just admit the head of a pin.

Under these circumstances, Mr. Simon thought the wisest plan would be to establish a permanent fistulous opening in the perineum, and allow the patient to micturate through the membranous portion of the urethra; by this operation, the man would be saved the pain and inconvenience he now suffered, and freely void urine by the perineum. When he was under the influence of chloroform, a probe was passed into the pin-hole aperture over the pubis, corresponding with the urethra, but it was found so difficult to get the instrument into the urethra, that Mr. Simon thought it prudent to postpone the operation for a few days. We shall follow this case with much interest, and beg, in the meantime, to refer to one of a somewhat analogous nature, lately operated upon at another hospital.

### ST. BARTHOLOMEW'S HOSPITAL.

#### CANCER OF THE PENIS; AMPUTATION; MODE OF KEEPING THE URETHRA PATULOUS.

(Under the care of Mr. PAGET.)

In this case the patient, a man about forty years of age, and with whom phimosis had been congenital, had suffered from cancer of the penis for the last three years, the organ being involved close to the pubis. When seven years old he received a blow on the prepuce, which violence was followed by a certain thickening of the part. Three years before admission the patient had retention of urine,

when the prepuce was slit up by a surgeon; the wound thus made never healed, and upon it the cancerous ulceration, which led to the destruction of the organ, took its rise.

Mr. Paget removed the penis in the usual manner, at a short distance from the symphysis, and, after the requisite number of arteries had been tied, he incised the scrotum upwards and downwards for about an inch and a half. A thread was then passed through one side of the membrane forming the new meatus, and also through the margin of the scrotum just corresponding; the same was done on the opposite side, and, when the knots were tied, the mouth of the urethra was rendered large and gaping by its lateral connexions with the scrotum. In this manner no catheter was needed, and the results may be expected to be very satisfactory.

Mr. M'Whinnie, present at this operation, mentioned that he had succeeded in preventing the contraction and narrowing of the new meatus, after amputation of the penis, by following Dupuytren's practice. It is well known that the latter surgeon was in the habit of amputating the organ in a slanting direction, from above downwards and forwards, so as to make the spongy portion of the organ somewhat longer than the cavernous part. He thus obtained at the extremity of the urethra a kind of spout, which greatly facilitated the escape of the urine. There can be no doubt that, in whatever way the operation is performed, the most effectual mode of insuring a permanently patulous meatus, is to allow the wound to heal over a catheter left in the bladder. When the instrument causes a great deal of irritation, and cannot be borne, it would be a simple thing to fix an india-rubber or silver plug in the urethral aperture, which plug might be retained in situ as long as necessary by an elastic band running round the perineum.

#### UNUNITED FRACTURE OF THE FEMUR; DIEFFENBACH'S PEGS; AMPUTATION FOURTEEN WEEKS AFTER THE USE OF THE PEGs; SECOND REPORT.

(Under the care of Mr. STANLEY.)

AMONGST the cases of interest which have for some time been under treatment at this hospital, there is one to which we would for a moment allude. Our readers probably remember that Mr. Stanley had a little while ago under his care a case of ununited fracture of the femur, in which he used pegs, according to Dieffenbach's method, in order to excite the necessary action in the extremities of the fragments. The operation was described in a former "Mirror," (*THE LANCET*, vol. i, 1854, p. 360,) and we now add a brief account of the results.

In the first account of this case, we closed our report with these words: "The two principal features which have marked the course of this case are, a slight attack of erysipelas, and sudden hemorrhage; but it may be hoped that these untoward events will not interfere with the success of the operation." Our expectations have not been realized, and in spite of the best efforts on the part of the surgeon, sloughing, abundant suppuration, and occasional hemorrhage, reduced the patient to so alarming a state of debility, that amputation had to be performed on the 24th of June, about fourteen weeks after the introduction of the pegs. The wire which Mr. Stanley had used, in order to render the approximation of the fragments more certain, had been removed some weeks after the operation, as it was found to create much irritation. The amputation of the thigh had to be performed very high up, and the flaps were made by oval incisions, both anteriorly and posteriorly, the greatest precautions being taken to prevent the loss of much blood. The patient is now, a month after the removal of the limb, in a fair way of recovery, the stump being almost cicatrized; but his case required very careful management, as he had several attacks of hemorrhage, which, in his weak state, created some apprehension.

It may easily be imagined that some curiosity was felt respecting the state in which were the fragments which had resisted the treatment mentioned above. When the part had been carefully dissected, and the fragments came into view, they were found riding, tapering, and rounded at their extremities; here and there bony processes had sprung up, giving to the bones an irregular, nodulated appearance; but no signs of an attempt at union could be distinguished. Two of the pegs were now taken out, and they were noticed to have been reduced from one inch and a half to barely half an inch, being, in fact, much eaten away.

It has for a moment been supposed by a few observers that this diminution of size in the pegs was due to a kind of absorption, the animal and inorganic matter of the ivory being taken up into the patient's system; but such a supposition can hardly be entertained, and it appears simpler to look at the shortening of the pegs as a mere result of crumbling down of their



substance, after being softened by the moisture and the high temperature of the part into which they were implanted.

Before leaving this hospital we shall just mention, that in Lazarus' ward there is a nurse upon whom the 'Taliacottian operation' was performed by Mr. Vincent, thirty years ago. It is not often that cases of this kind can be followed through such a long series of years, and we felt much interested at perceiving the firmness and tolerably regular shape which the autoplasmic nose had retained. The scar on the forehead is hardly perceptible, and such a case is well calculated to induce operators to resort to the rhinoplastic operation, when they meet with a suitable opportunity.

### Medical Societies.

#### ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27TH, 1854.

JAMES COPLAND, M.D., F.R.S., PRESIDENT.

#### ON GOUT AND RHEUMATISM: THE DIFFERENTIAL DIAGNOSIS AND THE NATURE OF THE SO-CALLED RHEUMATIC GOUT.

BY A. B. GARROD, M.D.,

Professor of Materia Medica at University College, &c.

THE object of the author in this communication was to demonstrate the distinctive character of gout from rheumatism. He thought each disease had its own special pathology. The name "rheumatic gout" was but a cover for our want of knowledge of the precise affection under which a patient might be labouring. The characters of the acute forms, whether of gout or rheumatism, were distinctive enough; but the case was different when, from repeated attacks, the symptoms had lost all their pristine characteristics. In another paper, the author had thrown out the suggestion that the diagnosis of gout and rheumatism might, in doubtful cases, be determined by an examination of the blood. He then referred to the "*uric acid thread experiment*," and proceeded to lay before the Society a series of four tables, the object of which was to determine the pathological differences of these two morbid conditions. The plan adopted was to divide the cases into four different classes:—

1. Articular affections, in which was demonstrated the presence of an abnormal amount of uric acid in the blood.
2. Articular affections, in which the absence of uric acid in the blood was shown.
3. Articular affections, proved to be closely connected with urethral disorders.
4. Affections non-articular in character.

The result of this investigation was, that in every case of genuine gout an abnormal amount of uric acid was found in the blood, while in acute rheumatism such was not the condition. The tables contained 177 examinations of the blood, taken from 148 separate patients.

#### TWO CASES OF ANEURISM OF THE OPHTHALMIC ARTERY, CONSEQUENT ON INJURY OF THE HEAD, CURED BY LIGATURE OF THE COMMON CAROTID ARTERY.

BY T. B. CURLING, ESQ., F.R.S.,

Surgeon to the London Hospital.

THE first case related by the author was that of a man aged nineteen, admitted into the London Hospital under the care of Mr. Scott, in 1834, labouring under the symptoms of concussion from a fall down a ship's hold, which was followed by a pulsating projection of the right eye-ball and loss of vision. About a month after the injury, violent arterial hæmorrhage occurred from the nose, and Mr. Scott, who was in the hospital, at once cut down upon and tied the carotid artery. The patient recovered favourably, but vision remained lost. The second case was that of a labourer, aged forty-nine, admitted into the hospital under the care of the author, in March, 1854, on account of a fall, attended with symptoms of severe concussion, and hæmorrhage from the right ear. This was followed by a serous discharge from the ear and deafness, and subsequently by paralysis of the right side of the face. About six weeks after the accident, the conjunctiva of the right eye became inflamed, and the globe gradually protruded, and was shortly observed to pulsate. The patient also suffered from throbbing pain in the head. As soon as vision began to fail, June 2nd, the author placed a ligature on the right carotid artery, which at once arrested the throbbing pain and removed

the pulsating projection of the eyeball. Vision, however, instead of improving was entirely lost on the second day after the operation, and the cornea had become dull and hazy, the pupil being widely dilated. In about a week the cornea became clear again, and vision returned, but remained imperfect, owing to the preternatural dilatation of the pupil. The patient otherwise did well. The author remarks that the history of these cases clearly shows that a severe injury of the head had been the occasion of the formation of an aneurism of the ophthalmic artery. He noticed certain points of difference in the two cases, and considers it probable that in the first case the aneurism was the result of a severe concussion, and in the second that the petrous portion of the temporal bone was fractured, and that by the extension of the fracture to the optic foramen the ophthalmic artery had been wounded by a splinter or detached fragment of bone. The author ascribes the loss of vision shortly after the operation in the second case to changes consequent on defective nutrition from the arrest of the circulation through the carotid artery; but as the proptosis subsided and the circulation became re-established, the eye recovered its nutrition, and sight returned. The preternatural dilatation of the pupil, which continued after the recovery of vision, he considers to be due to the aneurism pressing on the ciliary nerves, and destroying their functions as respects the motions of the iris, producing, in fact, hydrasis. The author concludes by remarking that these cases establish the great danger to vision arising from a traumatic aneurism of the ophthalmic artery, and indicate its sources to be threefold:—1. From pressure on, or traction of, the optic nerve. 2. From interference with the nutrition of the eyeball. 3. From injury to the ciliary nerves. They also show, that to avoid these dangers a ligature should be applied to the common carotid artery at an early period, or soon after the detection of the pulsating projection of the eye.

#### ON WATER-STRAPPING AS A SURGICAL APPLIANCE, AND A PROPOSED SUBSTITUTE FOR THE ORDINARY STICKING-PLASTER.

BY C. HOLTHOUSE, ESQ.,

Assistant-Surgeon to the Westminster Hospital, and Lecturer on Anatomy in its Medical School.

THE object of the author of this paper was to direct the attention of the profession to the superiority of wet-strapping over ordinary diachylon plaster in the treatment of ulcers and certain cutaneous affections of the extremities, as advocated by Mr. Chapman, and to recommend its adoption in injuries and diseases of the joints, and in dressing stumps after amputation. The advantages of this application over plaster are—

- 1st.—Its innocuousness, being entirely free from the irritating effects of the latter, and never producing inflammation of the skin, or the eruption of pustules or vesicles.
- 2ndly.—The comfort the patient experiences from its application.
- 3rdly.—Its cleanliness.
- 4thly.—The ease and quickness with which it is removed, from its not adhering to the hairs of the part.
- 5thly.—Its cheapness.
- 6thly.—It may be made the vehicle for the application of remedies.

The material made use of may consist of linen or calico, bleached or unbleached, and the older it is, provided it be not rotten, the better it answers the purpose. It must be cut or torn into strips of varying length and breadth according to the part to which it has to be applied; the strips must then be immersed in water till thoroughly saturated, when they are fit for use. If the disease to be treated be an ulcer on the leg, the strips should be about two inches in breadth, and of a length exceeding somewhat the circumference of the limb; they should then be applied exactly in the same manner as plaster, each piece overlapping a portion of the one immediately below it; in fact, the directions given by Mr. Baynton for strapping up the limb may be strictly followed in the application of the water-strapping, save and except that his directions to remove the hair from the part may be dispensed with; a roller must afterwards be applied in the ordinary manner.

Four cases in illustration of this method of treatment, and of its beneficial results, were then given; one being an ulcer of the leg of fourteen years' standing, that had resisted repeated attempts to heal it at other hospitals; another, a case of eczema impetiginodes, affecting both lower extremities, and of three years' and a half duration; a third was a case of a crushed thumb, followed by gangrene and subsequent amputation; and the fourth was an amputation of the thigh, for extensive disease of the knee-joint and upper third of the leg.

## NORTH LONDON MEDICAL SOCIETY.

WEDNESDAY, JUNE 14, 1854.—DR. HARE, VICE-PRESIDENT,  
in the Chair.

MR. W. J. ANDERSON read a paper

## ON SOME CASES OF OBSTETRIC PRACTICE,

and commenced with a description of uterine hæmorrhage, more particularly dwelling upon that which arises either from partial or complete placenta presentation; and alluded to the latter, because certain modern innovations with regard to practice had been proposed, and which appeared to him fraught with the greatest danger. The author urged the necessity of speedy delivery, by turning, the moment it could be accomplished, and recommended that the hand should be introduced into the uterus, either by detaching the placenta from the walls of the uterus, and entering the membranes beyond its edge, or by boring the fingers right through the substance of the placenta itself, the mode of operation varying according to the nature of the case and state of the patient. He then stated, that the removal of the placenta, in such cases, before the birth of the child, had of late years been advocated, but such an operation appeared not only inadmissible, but really frightful to contemplate. It was to be remembered that two lives were at stake, and certainly no rash undertaking should be had recourse to, for the sake of experiment, in such dangerous cases. The removal of the placenta under such circumstances must be attended with the greatest danger to the mother, and, in addition to this, it must, in the majority of instances, insure, to a certainty, the death of the child. The temporary lungs of the child are removed, and, let the operator be as expeditious as he will, in all probability the child will be dead before he can extract it. The use of chloroform was next adverted to, and the author maintained that it was totally inadmissible in obstetric practice, for why should such a beautiful process as natural labour be interfered with, and a favourable case be possibly converted into one of imminent danger? Or why, in an operative case, should the patient be put in the greatest peril, by being placed under the full action of this agent, merely for the sake of avoiding a little extra trouble on the part of the practitioner, and a little extra pain or fear on the part of the sufferer? Two cases were then cited, in which (the patients being under the full action of chloroform) the presentation receded, just as if the uterus had been ruptured, and this organ became completely paralyzed, like a large, loose sack. In both cases the patients were delivered by turning, but the relaxed condition of the uterus remained until the effects of the chloroform passed off, clearly showing the inevitable danger which must have ensued if hæmorrhage had come on during this period. Dr. Robert Lee's cases of insanity, occurring after the use of chloroform during labour, were alluded to, and this led to the consideration of insanity, taking place during pregnancy and after delivery. An interesting case was mentioned, in which the attack showed itself almost contemporaneously with conception, and assumed a low form of monomania, accompanied, in the first instance, with a suicidal, and, subsequently, a homicidal, tendency, the whole train of symptoms passing off when quickening took place. It was then remarked, that it is a circumstance very much to be lamented, that the study of insanity is, in the majority of instances, totally neglected. How many frightful crimes, how many melancholy events, might be avoided, and how many families might be saved from being plunged into irremediable grief, by the early detection of an attack? It is a sad reproach, but in very many cases the public are quite as competent to give an opinion as medical men. Matters should be different. The study of insanity, not by book, but practically, in a lunatic asylum, should be imperative, and should necessarily form a part of every student's examination. To the accoucheur, a competent knowledge of this complaint must be of the most essential service, inasmuch as women are much more prone to it than men, and frequently from causes to which his attention is particularly directed—viz, menstruation, pregnancy, parturition, and lactation. Cases of puerperal insanity, moreover, bear a large proportion with regard to those arising from other causes. Some statistical tables were given, by which two important facts were proved—first, that insanity is of far more common occurrence in the female sex than the male; and, secondly, that commoner though it is among females, a much larger number of them recover from its effects than males.

**SURGEONS FOR THE EAST.**—Assistant-surgeons Williams and Sherlock, of the first battalion of the Rifle Brigade, have gone by the *Himalaya* to join their corps at Varna.

## Reviews and Notices of Books.

*L'Huile de Foie de Morue, envisagée sous tous les rapports comme Moyen Thérapeutique.* Par L. J. DE JONGH, Docteur-Médecin à La Haye. Paris: Librairie de Victor Masson, Place de L'Ecole-de-Médecine, 17. 1853.

COD-LIVER oil has become one of the most generally prescribed and popular remedies of the day, and there are but few medical men who have prescribed it largely who do not bear witness to the benefit very frequently derived from this remedy, especially in cases of scrofula and phthisia.

The work of Dr. de Jongh is highly interesting and important, as it treats fully of this remedy in all its bearings and relations. It gives the history of its medical employment, furnishes extensive and complete analyses of the different kinds of cod-liver oil, and it treats of its therapeutical action.

The composition of genuine cod-liver oil is not so simple as might be supposed. Dr. de Jongh has discovered in it an organic principle which he terms *gaduline*, as well as the following constituents:—*Oleic acid, margaric acid, glycerine, butyric acid, acetic acid, fellicinic acid, cholinic acid, bilifellinic acid, bilifuloic acid, iodine, bromine and chlorine, phosphoric acid, sulphuric acid, phosphorus, magnesia, and soda.*

After a careful examination of the different kinds of cod-liver oil, Dr. de Jongh gives the preference to the light-brown oil over the pale oil, which contains scarcely any volatile, fatty acid, a smaller quantity of iodine, phosphoric acid, and the elements of bile, and upon which ingredients the efficacy of cod-liver oil no doubt partly depends. Some of the deficiencies of the pale oil are attributable to the method of its preparation, and especially to its filtration through charcoal. In the preference of the light-brown over the pale oil we fully concur.

The chapter devoted to the adulteration of cod-liver oil is a very useful and practical one. Under the head of "falsifications" of cod-liver oil and the means of recognising the genuine oil we meet with the following remarks:—

"It is certain that oils, which are anything but the oil of the liver of the cod, are often sold as such. These oils are sometimes fish-oils, purified; sometimes mixed with iodine or iodurets; sometimes mixtures of genuine cod-liver oil with ordinary fish-oil, or oil of olives, or of poppy.

"The total absence of iodine, observed so often in the analyses of cod-liver oil, proves not only that these falsifications are practised, but also that often the true cod-liver oil does not constitute any part of these mixtures."

Fortunately we possess in sulphuric acid a simple re-agent by which genuine cod-liver oil is easily distinguished from most other kinds of oil: a few drops of this acid produce, in olive oil, a dirty grey colour; in poppy-oil, a deep yellow colour, approaching brown; and, in ordinary fish-oil, a deep brown colour; while, poured drop by drop into cod-liver oil, sulphuric acid produces in it a centrifugal movement, particularly where the drops fall, and, at the same time, a beautiful violet colour, which changes to purple the moment the mixture is agitated, and, ultimately, to a rich sienna brown. This colour is no doubt due to the action of the sulphuric acid on the constituents of the bile contained in the oil. The action of the re-agent is best seen by adding one or two drops of concentrated sulphuric acid to about half a teaspoonful of the oil, spread out upon a white porcelain plate.

Dr. de Jongh points out the method by which other falsifications may be detected, particularly those with iodine and iodides.—See page 150.

We have carefully tested, in the manner directed, a specimen of the light-brown cod-liver oil, prepared for medical use under the direction of Dr. de Jongh, and obtained from the wholesale agents, Messrs. Ansar, Harford, and Co., 77, Strand. We find it to be genuine, and rich in iodine and the elements of bile. A few drops of concentrated sulphuric acid produces a beautiful violet colour, quickly passing, on agitation, to purple, and, ultimately, to a deep rich sienna brown.

# THE LANCET.

LONDON: SATURDAY, JULY 29, 1854.

THE feelings of anxiety and indignation which pervade the profession, in consequence of the verdict which was returned at the late inquest on ALFRED RICHARDSON, could not be easily described. The agitation of the professional mind is universal: it affects all ranks and classes of the profession, and every practitioner feels that he cannot carry on his professional pursuits without being placed in a situation of the most extreme danger. All honourable men are asking how they are henceforth to be protected from the plots of traitors and spies within their ranks, and from the prejudices and blindness of unscientific persons acting as jurymen. All agree that something must be done to avert the threatened consequences of a verdict that is contrary to law, in direct opposition to the evidence, given directly in the teeth of the facts of the case, and consequently directly opposed to equity and justice. Thus far one of the intended victims has received the prompt and hearty support and protection of the governing body of the institution of which he has been so many years an honourable, efficient, and an able medical officer. Mr. WEEDON COOKE, on the day after the verdict was returned, sent in his resignation to the committee of governors of the Royal Free Hospital, who, however, on the 24th instant, unanimously resolved that Mr. COOKE should be requested to retain his office as one of the surgeons of the hospital. The savages, therefore, who sought to destroy this excellent man, lose a portion of their prey.

The preliminary meeting intended to have been held at the Freemasons' Tavern, on Tuesday last, to take the subject of the verdict into consideration, was postponed in consequence of the numerous complaints respecting the hour fixed upon—eight P.M.—and because there also existed some undecided legal questions, which made it inexpedient to discuss subjects in connexion with some of the late judicial proceedings. It was further objected, that the chief purpose for convening the meeting had not been sufficiently defined. It is now intended to convene the meeting about a fortnight hence, and the chief object of holding it will be to determine on the best measures to be adopted for shielding the profession from the effects of a verdict which threatens it with danger, torture and ruin.

There is a feeling of brotherhood which unites the individual members of every honourable profession into one body. Every man who enters such a profession contracts an obligation towards his new associates that he will do nothing to throw discredit upon the profession of his adoption. Of course there are limits to this obligation. A man is not bound, out of an overstrained deference to professional feelings, to submit to personal wrong, or, by a cowardly silence, to connive at the infliction of wrong upon others: nor is he bound to ignore, and by ignoring to support, those abuses which are but too apt to

grow up in every community, and which may be inconsistent with the public good. Many treatises have been written for the purpose of laying down with precision and authority the relative duties of medical men towards each other. But we apprehend that elaborate disquisitions, and nicely-drawn rules, are scarcely necessary. All rules of this kind that are deserving of respect flow from one governing principle—at once the highest and the most sacred in the moral world—Do unto others as you would that others should do unto you. He who is animated by this principle will not be found wanting in that sense of honour and propriety of conduct which mark not only the circumstances of professional intercourse, but also the bearing of gentlemen towards each other.

The feeling that an honourable *esprit de corps* is both useful and becoming in a professional body is universal. What is the aspect of the late inquest that—apart from the odious nature of the charges advanced, and which, having been utterly disproved, afford little occasion for comment—has most shocked the public mind? It is that aspect which exhibits some members of the medical profession vindictively persecuting their professional brethren.

It is in this respect that the deepest injury has been inflicted upon us. For many years the profession has been earnestly struggling, by means of associations, and by individual exertions, to advance the claims of Medicine to a more just and useful appreciation by the public and the legislature. But how can that profession urge its common claims effectually which is open to the reproach of being untrue to itself?

Those who have given this occasion for scandal—who have proved recreants and traitors to the common cause—have a heavy account to settle with the profession. It is difficult to conceive anything more humiliating, or more deserving of execration, than the spectacle of one professional man ferreting out occasions for impugning the professional skill of his brethren, and instituting criminal proceedings against them. It is not to be expected that persons so lost to all sense of honourable feeling should be scrupulous as to the means of promoting their ends. Bad ends and questionable means bear a pretty constant relation. Treason is naturally wrought out by treachery. It is not, however, for the purpose of aggravating the enormity of the outrage against the medical body, perpetrated in the getting up and conducting the late proceedings, that we now think it our duty to comment further upon a case which, in the eyes of all honourable men, already reveals depravity enough; but we do think it may serve a useful purpose to illustrate the treasonable character of this plot, by pointing to some features of the evidence.

That one surgeon should instigate a prosecution against another surgeon for a presumed failure in an operation,—for we again insist that, so far as JOHN GAY knew anything of the operation performed by Mr. COOKE, at the time when he was labouring to convict his late colleague of malapraxis, the failure was only presumed,—is a treasonable act against the profession, every one will admit. If the act itself was conceived in treachery, so was every succeeding step by which it was sought to substantiate the charge equally traitorous. In estimating the character of this charge, it is important to bear in mind what are the feelings and prejudices of the mass of the public, including many of the educated classes, as well as the uneducated. No one of us is ignorant how easily all the low passions, the absurd suspicions, and vulgar prejudices of the public can be excited against the

medical profession. No inconsiderable proportion of the people is ever ready to lend a credulous ear to every tale of slander against a medical practitioner. It is almost a matter of faith with not a few that the poor are habitually "experimented upon" in hospitals. Any blockhead may at any moment "get up" a storm of popular indignation against a hospital surgeon, upon the most slender foundation. Indeed, for a purpose of this kind, the less of truth the greater the success. That such were the feelings appealed to in the late proceedings, no one will question, if he consider the object of those proceedings, and the means employed to accomplish that object. From the beginning to the end no opportunity was lost of obscuring the sufficiently-limited intellects of the jury by playing upon their prejudices. Thus Mr. BALLANTINE was instructed to say, that the "parents decided that the body should not, on any account, be opened; but when it was carried home, they found it had been opened and sewed up again." Now, we will not say but that, if the parents had urged this objection this was a prejudice which might with propriety be disregarded. But we will refer to the evidence of MERRER, the house-porter, who heard the father give his assent to Mr. SCORRELL for the examination of the body.

Further on, we find JOHN GAY deliberately stating "the operations have to be performed on the dissecting-table where putrid bodies are placed." Questioned upon this statement by the Coroner, JOHN GAY further says—"I refused at first myself to operate upon that table until I received an order from the Committee, with a view to throw the onus upon them." From this confession, and on this flimsy pretext, it would appear that JOHN GAY has performed operations under circumstances in which he knowingly exposed his patients to the imminent risk of purulent infection and death! Does the onus of such conduct rest on the Committee or on JOHN GAY? But we think it right, in justification of the Committee, to observe that the assertion is unsupported by any other testimony. We know, from our own observation, that the hospital is duly supplied with a special operating-table, and that the necessity of operating upon a dissecting-table "where putrid bodies are placed" has never arisen. But we have no doubt this revelation by a surgeon, from his own experience of "what those doctors do to the poor people in the hospitals," had the effect intended.

Such were the despicable arts by which it was sought to inflame the minds of a prejudiced, ignorant jury, and to extort a verdict which it was hoped might be fatal to the professional prospects of two meritorious surgeons.

It is not often that we feel called upon to remark upon anything that our contemporaries may say or do, with the hopeless object of raising their circulation at the expense of that of THE LANCET. The form, the headings, the leading features and departments of this journal, the very type, have been successively imitated; and in accordance with an invariable law, observed in the proceedings of those who seek for public support by practices of this kind, we have been abused in proportion to the extent of their obligations to us. But the two journals to which we devote a little of our space to-day, have lately given a sample of what they can do in the way of originality. The course they have adopted in regard to the late inquest is characterised by a certain degree of ingenuity and independence, for which we are anxious to give them credit. That the respective

editors are somewhat disappointed by the failure of that infamous attempt to damage ourselves, it would not perhaps be charitable to assume: that they are really disappointed in their natural anxiety to turn the matter to account, we feel no scruple in assuming. We remember, with gratitude, the amiable alacrity they displayed, in circulating what the profession would not pay for—dreary columns of the trashy abuse poured out against us in Hanover-square. It will not be altogether uninteresting to examine the tactics of these worthies on the present occasion, and to see in what a complimentary way they now estimate the intelligence and professional spirit of their unfortunate readers.

Both of these journals showed a very disinterested anxiety to fan the exertions of those who were busy in instigating the inquiry. "*The suppressed inquest*" figured in prominent letters in their columns. They gave what countenance they could darkly convey, without using terms which would render them amenable to those laws of which one of them has had recent experience, to the odious accusation that the Coroner for Middlesex had shown corruption in his office. They knew the accusation was false, but they wished it might be believed. The result of the inquiry has been to scatter this imputation to the winds. Those who had the conduct of this persecution—for such it must be called—took infinite pains at the beginning of the case to strengthen the suspicion that had been so malignantly raised. It was the very pith of the representation made to Lord PALMERSTON. The suspicion once set afloat, pains as great were taken to prevent the opportunity of defence. It was difficult to believe that baseness enough could be found, beyond the prime conspirators in this transaction, to carry on a policy so unworthy and malevolent. But the profession has had to endure the yet further outrage of seeing this policy taken up by the Editors of two medical journals. The *Medical Gazette*, not slow to favour the slander so long as it could not be contradicted,—now that the accusation has been proved to demonstration to be as false as the hearts of those who invented it,—passes over the wrong to the judicial character of the Coroner for Middlesex, and jesuitically professes to confine its attention "to the strictly medical part of the question, and refrains, as the jury have done, from all comments on the alleged attempts to suppress the inquest." The candid Editor grows suddenly scientific and evangelical. He criticises the operation; advances the monstrous doctrine that the assistant at an operation is, like the operator himself, responsible for the success of the operation; exhausts his ingenuity in attempting to justify the jury in identifying Mr. THOMAS WAKLEY with the operation; and concludes by a miserable cant about retributive justice, his notion of justice being that it is right and fitting to blast the professional reputation of Mr. THOMAS WAKLEY, not because Mr. THOMAS WAKLEY has sinned, but because many years ago THE LANCET admitted into its pages the reports of two unsuccessful cases of lithotomy.

We will not insult any portion of the profession by supposing that such homilies, or such morality, are to their taste. Nor do we advert to the harmless labours of our contemporary because we feel any disappointment at not receiving that candid acknowledgment, that he had for a moment given something like currency to a calumny, which common honesty would have prompted. But that such a course, so marked by meanness, and so calculated to injure the profession in the public esteem, should be adopted by a journal circulating, to however limited

an extent, amongst medical men, is a circumstance that cannot be passed over in silence.

But the journal conducted under the auspices of the Provincial Medical and Surgical Association must be considered in a different light. It cannot be for a moment presumed that the eminent and respectable medical practitioners to whom that journal belongs have any interest in the propagation of slander. Should the *Journal*, under its present management, ever attain the improbable position of paying its expenses, the subscribers can receive no dividend. The publication, at length, of the *first part* of the recent proceedings, containing all the slander, carefully holding back, as long as possible, the refutation, was not undertaken for profit. Was it done to enhance the scientific value and moral character of the *Journal*? Or are the weight and respectability of the Provincial Medical and Surgical Association assigned over to the Editor? Is their *Journal* committed to his hands to enable him to use it for the destruction of the character of his professional brethren, and the gratification of private malevolence? Let the Association consider well to what extent they are committed by the acts of their Editor. Once before he sold their *Journal*, and perverted it to uses alike remote from science and opposed to the feelings and interests of his employers. In January last, Dr. CORMACK thought it becoming and just to bring out an "indignation edition," devoted to a full and particular account of the meeting at Hanover-square, summoned for JOHN GAY! It need not now be said that that report contained, and could contain, only one side of the question. It was intended, with generous disinterestedness, to circulate that number *gratuitously* throughout the profession. A natural anxiety was felt by us to send a calm statement of the facts, along with the *ex-parte* statements of the *then* supporters of JOHN GAY. We are not in the habit of circulating gratuitous editions, after the manner of our contemporaries, with a view to make a figure in the stamp returns. It was thought not unreasonable to ask the impartial CORMACK to insert our own defence in the accusing columns of the *Association Journal*. We invite the attention of the members of the Association to his reply. *He had sold the entire edition, and had no control over it!* The *Association Journal* had been bid for as the vehicle of slander, and the Editor had sold it. But for the small charge of "five guineas" we might insert what we wished in the form of an advertisement! *Verbum non amplius*. Such is the plight of the *Association Journal*!

ESSENTIAL as must be a medical staff to every military or naval force, important as must be the aid that medical science can bring to the success of every enterprize that has to be carried out by masses of men, if we were called upon to point out one sphere in which a band of able and zealous surgeons was pre-eminently important, we should name the British possessions in India. For many years the East India Company never lacked a body of medical officers distinguished for their ability and remarkable for their zeal. It is not too much to say that the moral power and dignity of the British name—the strongest and the most durable basis of the sway we hold over so many millions of men differing from us in race, language, customs, and religion—has been as much advanced in India by the labours and example of our profession as by those of any other. The blessings dispensed by the medical practitioner fall upon all alike—upon friend and foe, upon Christian, and Mussulman, and Hindoo. He knows no caste;

the Brahmin and the Pariah have an equal claim upon his beneficent ministrations. Amongst uncivilized or half-civilized nations, Medicine must ever be the most humanizing of all professions. Nowhere has this truth been more strikingly displayed than in India. The soldier subjugates by force; the statesman rules too often by oppression and unequal laws; the judge cannot hold the scales of justice even unless attended by an armed force; the minister of the gospel, though animated by the zeal of the early martyrs, cannot hope for more than the most partial success. The good deeds of the physician are unalloyed by oppression, by violence in any form, either to customs, to prejudice, or to religion. What is so near akin to that mercy which blesseth him that gives and that takes as that divine art which, with universal love, seeks to relieve the sufferings of all mankind?

That it is a rule of soundest policy to attract men of superior character and attainments to the Indian Medical Service will not admit of doubt; and many illustrious names,—witness ANNESLEY, MARTIN, ALLAN WEBB, and others,—testify to the fact that such men have been attracted to it. But of late the policy of the Company towards this most important branch has been unwisely, unaccountably, and, we will add, most unjustly, altered. The matter was ably brought forward at the late Court of Proprietors, and the case so admirably stated by Dr. BURNES, that we cannot do better than quote the following extract from his address:—

"In 1796, when the Indian army was assuming the important character it now possesses, the Medical Department was officially declared by the Court of Directors to be an integral portion of it. Liable to the same dangers, and to more than the same fatigues and exposures, the right of its members to rank, quarters, pay, and pension, relatively with military officers, was freely and fairly conceded. The same just principle was again enunciated in the Court's despatch of the 5th of February, 1823, wherein it was unequivocally expressed that no distinction should exist betwixt the Military and Medical branches, but that the one should enjoy proportionate advantages in common with the other. And so for forty years the united departments proceeded *pari passu*, the officers of each retiring on the pension of the grade which they had respectively attained. In 1838, however, the Home Government granted to military officers pensions by length of service, as well as by rank, giving them an option to choose between the two, but without including their medical brethren in the boon, and when the latter prayed for a similar favour, they, strange to say, granted the pension by service, but withdrew that by rank; thus drawing a marked distinction between the departments, rendered more galling by the fact that the avowed object, as respected the military, was a gracious intention to raise, so far as pension could, the unfortunate in promotion to a level with the fortunate, while the manifest design, in regard to the medical service, was to bring down the lucky to the standard of the unlucky; or, in other words, because one branch of it had been slow and supine in its rise, another, which had mounted the ladder with an active step, was also to be brought down to, and retained at, zero. Could any legislation be more mistaken, or disheartening?"

"But the singular anomaly did not end here. In every other case where innovations injurious to individuals had been introduced, they were only to affect new comers, and not those already in the service. Take, for instance, the new rules as to the pensions for chaplains, dated August 31st, 1836, those for veterinary surgeons, dated May 2nd, 1861, by both of which it was clearly defined that present members were not to suffer; and, again, those promulgated in the present year for chaplains, prolonging their pension period from fifteen to seventeen years, but guarding religiously the interests of actual incumbents. While strict justice was thus being administered to other departments, the Medical Service was told that for ten years from July, 1842, its members might retire either under the old or new rules; but that in July, 1852, the latter were to become absolute. This narrow concession might reconcile the seniors to the change, but its practical effect was, by a stroke of power, to alter arbitrarily the conditions on which several hundreds of valuable public servants had accepted the employ of Govern-



ment,—men who, without any disparagement to the ecclesiastical and veterinary departments, had done their duty as well as they, and were as much entitled to the consideration of their masters.”

We are unwilling to doubt, that claims so well established on every principle of justice and of policy, and advocated by a man who has himself reflected so much credit upon the Indian service as the late Physician-General to the Bombay Army, will meet with just consideration.

The expediency of this course will be the more obvious to the Directors, if they reflect that, at the present time, it is in contemplation to open up the access to their service to merit, in preference to mere influence. But men of merit are not slow to discover proper fields for their exertions, and it will be well to consider whether, if the Indian Medical Service be not placed upon a footing honourable to the profession, that service may not be *tabooed* like the Royal Navy. The claims of science are being every day more and more widely recognised; it will soon be impossible to maintain that invidious and injurious policy which seeks to degrade the Medical Profession below any other.

## INQUEST

ON THE

BODY OF ALFRED RICHARDSON, WHO HAD  
DIED AFTER THE OPERATION OF LITHOTOMY.

### VERBATIM REPORT OF THE SUMMING UP OF THE CORONER.

GENTLEMEN OF THE JURY,—After ten days of heavy duty, the time has at length arrived at which it becomes my task to sum up the whole of these proceedings, and to lay before you the evidence which has been given by the witnesses in this most anomalous, but at the same time most important and difficult case, involving, as it has done throughout, matter of the deepest interest, and at the same time of the most afflicting, painful, and, I may add, disgusting character; and by far the greater portion of which consists of extraneous subjects foreign to the inquiry you are especially called upon to enter into,—namely, *the cause of the death of this child*, and foreign as being subsequent to it.

I feel sure, gentlemen, that under such circumstances, (and I am strengthened in that assurance by the deep attention you have paid to the whole of the facts laid before you throughout, and which I need therefore hardly recapitulate,) that you will give your undivided, cool, calm, and patient attention to the observations I shall feel it my duty to address to you, and the cases I shall have occasion to refer to; and, in my turn, I promise you that they shall be as brief as the nature of the subject will permit, more particularly as I shall occasionally have to observe on the evidence laid before you as I proceed.

I must first, gentlemen, entreat of you to discharge from your minds every syllable which has reached you out of the walls of this court, and confine yourselves solely and exclusively to the evidence, and *calmly, coolly, and dispassionately*, according to the solemn oath which you have taken, which is, “to diligently inquire, and a true presentiment make, of all matters given you in charge *touching the death of the deceased*.” For I feel it my duty to state that if in your verdict you exceed that, you do but exceed your duty, and may render yourselves open to censure, and perhaps to legal proceedings, as I will presently show you by reference to a case recently decided by the late Chief-Justice Lord Denman, one of the ablest judges of the superior courts.

And here, gentlemen, I cannot refrain from alluding to the strange and anomalous proceeding which has brought within the verge of this court, not only a gentleman learned in the law, sent here at the express desire of Lord Palmerston, her Majesty's principal Secretary of State for the Home Department, to watch over these proceedings, but I am happy to add, also, seeing their nature and difficulty, that he has been pleased to denominate himself as a sort of assessor to me,—as the judge in this inquiry, (and for whose kind assistance throughout I

beg to tender him my most grateful thanks); but it has brought here also other learned members of the law,—one on the part of the parents of this child, who has directed the powerful energies of his mind against the real or supposed authors of an attempt to suppress the inquisitorial powers of this court in its inquiry into the cause of the death of the deceased, by the negotiation for, and the ultimate payment of, no less a sum than £100. And it has brought under this inquiry matter, gentlemen, be it observed, not only of a very serious character as to the cause of the death of this child, but matter subsequent to, and some portion of it nearly two months after, the death of the deceased, and which could scarcely, by any ingenuity or construction, be brought to bear upon that which, as I have already told you, is the only inquiry you have really to direct your attention to,—namely, *the cause of the death of this child*. Thereby it has been rendered necessary that four or five other barristers of eminence should also be called before you, to protect their respective clients, adding much to the length of our proceedings, and the many difficulties which have attended this inquiry; so, indeed, that four whole days have elapsed before the real cause of death was ascertained, or that we were enabled to trace the source from whence the pecuniary funds arose, which were supposed to have issued from some persons connected with the Royal Free Hospital, or engaged in the operation connected with the death of the deceased. This money has since been clearly ascertained to have been the voluntary and free gift of Mr. Steele, the solicitor of Mr. Cooke, the operator, Mr. Steele being also a subscriber to the Royal Free Hospital; but, as it appears from his own statement on oath, advanced by him (Mr. Steele) from his own funds, without the knowledge or consent of that gentleman (Mr. Cooke) or of the committee of the hospital, and without the knowledge or consent also of Mr. Wakley, sen., or myself, or of Mr. Wakley, jun., who was present at the operation as the operator's assistant. The fact has been now amply corroborated by the testimony of the hospital secretary, who also repudiates in the strongest terms, on the part of the committee of that hospital, any participation in the payment alluded to, or in the negotiation for its advance whatever, or in the measure of an arbitration of any kind whatever, or that any license whatever was given to Mr. Steele to compromise the hospital or any of its officers, by providing for their dismissal under any such proceeding, which, indeed, it is absurd to suppose could have had any such operation, had it taken place.

Now, gentlemen, do not imagine for a moment that I feel personally annoyed at this extraordinary intrusion on the generally peaceful and quiet duties of the coroner's court, which is rarely attended by counsel, who are more rarely allowed to address juries. On the contrary, it has operated as a great relief to my mind, in the discharge of the arduous duties that I perform, not to be clogged or embarrassed by the defence of parties supposed to be implicated in these transactions, who have thus been so powerfully and ably defended by their respective counsel, in the cross-examination of the witnesses; although I regret extremely, that they have one and all retired from the more arduous and important duty of addressing you, as I should have permitted them to have done, in reply to the observations and serious charges preferred by the learned counsel, Mr. Ballantine, on the part of the parents, at the commencement of these proceedings. Their motives for the course taken by them have been publicly advanced by them in court. I presume they have taken that course, on the clear case made out in evidence, that they have no observations to make, and that they are thoroughly satisfied that it fully appears to you, on that evidence, that each of their respective clients is free from any charge; at any rate, any charge of a legal or criminal nature. I cannot for a moment suppose it was intended that *their* defence should rest on my shoulders, and that I should bear that additional incubus to the one by which they are already encumbered. All that I can do on their part is to make such observations on the evidence as bears upon them, and as the circumstances stated appear to warrant. They must have been satisfied that the conduct of their clients stood in no need of their eloquent advocacy, and I own, as far as any legal or criminal charge can extend, I come to the same conclusion from a knowledge of the law I shall soon lay before you.

So far I am satisfied, then, with what has occurred; and I shall only make one further observation upon it, which is this, that I could have wished that the discussions during the evidence had been conducted with a better temper than has been displayed throughout, and that the dignity of the coroner's court had been more respected and better sustained. I sit here as the representative of her Majesty, in the administration of

the law, and considering that this court has existed from time immemorial, that its very origin is lost to the history of this country, that it has remained unscathed for a great many centuries amidst the wreck and downfall of other institutions, and that it erects its head at the present day as a proud bulwark of the wisdom of our ancestors, and affords a sure and invaluable haven of refuge for the lives, liberty, and security of her Majesty's subjects, it surely has some title to respect and veneration.

Gentlemen, if I had had an opportunity of an interview with her Majesty's Secretary of State before I was called to enter upon this inquiry, I think I could have satisfied his lordship that other means, and those by far more effectual than the coroner's court, could have been adopted, to meet and grapple with the many grievous and weighty matters which have been submitted to your judgment; that all I should then have been called upon to do would have been to procure and impound, as I have done, the documents which have been handed in, for some future inquiry in another court, and that complete justice, which cannot be administered here in such an inquiry as this, might be elsewhere brought home to any one, if culpable, either by a motion for a criminal information, by an indictment preferred for a misdemeanor or conspiracy for the means taken, and the attempt made, to suppress the inquiry in this court as to the cause of death of the deceased, or by some other legal course, not necessary for us now either to inquire into or define.

However, gentlemen, now it is nearly over, I may express my entire satisfaction that the inquiry has proceeded on the broad basis it has done, and that no attempt whatever has been made, at the last hour, to prevent the largest possible investigation into the conduct of every one implicated in these transactions; because I feel now satisfied and convinced that neither Mr. Wakley or myself have ever been in the slightest degree instrumental in suppressing the former inquiry, but, on the contrary, that every prudent care and attention was used on his part to set the inquiry on foot—firstly, by gaining the necessary preliminary information as required by the magistrates, as to the facts and witnesses (I am speaking as to the intended inquest on the 17th of May last); secondly, by ordering the room at the "Wheatheaf;" thirdly, by issuing his warrant for disinterring the body for the purpose; fourthly, by Mr. Coulson being called in by him to make a *post-mortem* examination; and fifthly, by previously appointing me to hold the inquest, on account of the very peculiar circumstances in which he (Mr. Wakley, sen.) was placed, as a member of the Royal Free Hospital committee, and the father of an assistant to the operator. All of which, as far as I have observed, was completely accomplished, and no attempt whatever made to prevent the inquiry, until, at the very last moment, after two peremptory demands for an inquest, down came the important document, (No. 3,) from the father of the child, which has been read to you during the evidence twice over, abandoning the inquest altogether.

You will observe, gentlemen, that down to that moment not a syllable whatever was said by Mr. Wakley, sen., or to myself, of any negotiation having been entered into for stopping the inquiry, or of any money whatever having been paid for that purpose; and this is now completely established by Mr. Steele's clear and elaborate statement. Sitting here as judge in this case, I may solemnly declare to you that the very thought of money having passed then never crossed my mind, nor had I the slightest knowledge that the stopping of the inquest by the parents was based on any pecuniary arrangement whatever. The document (No. 3) appeared to be the most perfect of its kind in all respects. It bore upon the face of it not only the consent of the parents, but the acquiescence of the solicitor also, and was based on the only ground on which it could have been put an end to—the letter containing these remarkable words, under the father's hand, "I am quite satisfied with the medical gentlemen's testimony respecting the death of my child." Nothing could be more complete, nothing more satisfactory; and I felt no difficulty whatever, on receiving it, in assenting to its withdrawal. What transpired after that was not communicated to me. The wife appears to have been afterwards dissatisfied, and further communications were made, which it is hardly necessary for me to trouble you with. According to Mr. Brent's evidence, and Mr. Evans's clerk's evidence, it appears, however, that some message was to have been sent to Mr. Wakley if the inquest was to proceed; but no such message arrived, and, as appears by Mr. Evans's statement, no such message was sent, and the inquest was dropped at that time; and Mr. Wakley, senior's, testimony, I hope, sufficiently sets this matter at rest. My own opinion is, that he has exercised a sound judgment in the

course he has taken, and that he could not properly have acted otherwise than he has done. If I had then been applied to a second time, after the solemn act of abandonment by the parties, I should still have hesitated. I should then have suspected, as it appears he did, that some engine had been at work to set the machinery again in motion, it might be for the purpose of establishing a case for an action for compensation under Lord Campbell's Act, which alone would form no ground for inquiry in this court, all parties being, as they expressed themselves, from the medical gentlemen's testimony, fully satisfied, as appeared by the documents, as to the real cause of death. It now appears, from Mr. Evans's evidence, that some such expectation had been opened to them in his intention to take out administration to the son to enforce the claim, and no doubt the £20 is thrown aside and repudiated as standing in the way of obtaining more enlarged damages. Mr. Evans, in his evidence, distinctly says, "There was no message after that sent to Mr. Wakley to hold the inquest. I thought I had done my duty to all parties, and the matter was at an end." So that it was clear that the parties had closed the inquiry then, and not Mr. Wakley or myself. What has since transpired to render necessary this inquiry on the 17th of June last, one month after, has been fully detailed.

It appears that fresh solicitors were employed by the parents, no doubt under the auspices of Mr. Webber or Mr. Courtenay. They called upon Mr. Evans to deliver in his bill of costs, and hand over to them the whole of the papers. That he afterwards delivered his bill, amounting to £85 6s. 4d., in which the whole transactions were unravelled: the receipt of the £100 admitted to have been received from Mr. Steele; the £20 paid to his clients to cover their expenses, as previously agreed on; and the £80 retained by himself to cover his own costs.

A more extraordinary bill of costs than this I think I have never seen, in a tolerably extensive practice, extending over many years; and I think I may add a more disgraceful transaction throughout was never disclosed. The whole bill, which has been given in evidence, may be seen by you if you desire it; but there is one item in it to which I particularly desire to draw your attention. It is that which relates to the time of the operation, which he assumes to have been one hour and forty minutes, first by Mr. Cooke, and then by Mr. Wakley, jun., and in which he charges £5 5s. for waiting on professional gentlemen to ascertain if it was usual for one operator to perform first, and then another. It now turns out from Evans's own statement that the only source from which he derived this information was from Mary Rosser and the nurse, from what one had told the other, and the other had told him; whereas it appears, from the more authentic sources, that it all lasted short of an hour. It appears that Mr. Webber (whom Mr. Parry has described, whether justly or not I cannot say, as Mr. Wakley's most bitter enemy—I presume as a rival journalist in the medical department; I hope not otherwise) got by some means or other a clue to this matter; that he called on the parents, obtained full information, took the matter out of their hands, and made a statement of all the facts, in writing, which was delivered by a Mr. Courtenay to Lord Dudley Stuart, the respected member for the borough of St. Marylebone, who delivered the same to Lord Palmerston, her Majesty's Secretary of State, by whom this inquiry was then ordered. All I hope is that this proceeding will not be considered as any precedent for a Coroner's Court to act upon in future; for I consider it, as regards all this extraneous matter, to be entirely alien to its original constitution and purpose, which is confined to the cause of death, and should by right have been taken a day or two after it, and ought to be now so considered, as then taken, long before any of the extraneous matter had occurred. Taken at this late period, it is still voidable in law, and may be quashed on affidavits of the circumstance of the body not being in a state to be viewed by the jury. The law is so laid down in "Jarvis's Coroner," in a case there quoted. (See 1st Str. 22; 2 Hawk., P. C., c. 9, sec. 24.)

[Here the Coroner read extracts from the annual lectures of Sir Astley Cooper, delivered at St. Thomas's Hospital in 1824, (*vide* fol. 316, 317, 318, and 319, of THE LANCET, vol. ii.,) and cited the several law cases in Baker's "Law of Coroner," (fol. 204 to 210,) and then read the other evidence relative to the death of the deceased.]

Now, gentlemen, let us pause for a moment, and see what this case really is. You will recollect, when this case was first introduced to your attention, that Mrs. Richardson, not being satisfied as to the cause of the death of her child, one of the main causes being that she has not had the stone produced, stated that she had employed Mr. Evans to look into the matter. Now, so far from this being the real nature of the case,

it appears abundantly clear from Mr. Evans' statement, and it now stands more fully corroborated by that of Mr. Gay also, that, so far from the parents having employed him, he actually employed them, and made them his clients and instruments to serve Mr. Gay's purpose. That the first engine at work in this great affair was Mr. Gay, the discarded officer of the Royal Free Hospital, and Mr. Gay alone, he at the same time evidently smarting under that dismissal, and clearly intending to rake up some matter or other, as he seems to admit, that he could make a handle of, and the groundwork of an onslaught on the committee for his dismissal, and for certain reports against him subsequently issued, which he describes as libellous, and which he was evidently writhing under since that event took place. That he is recommended to Mr. Evans; that he employs him on a sort of saving commission to "forage out" something that would suit his purpose; and it appearing that this was a case under the hands of the gentleman who had succeeded him, it naturally presented itself as one which might furnish something suitable for the object which he had in view. How Mr. Evans performed his part in these transactions has been so abundantly laid before you during the whole of the inquiry into this matter, that it would be needless to trouble you more about it further than to say, that what he commenced in trickery he amply followed up in cupidity and thirst for lucre; that he has, in forwarding Mr. Gay's views, taken especial care of himself, made merchandise of his own clients, whom he softens down, when they become alarmed about expenses, by saying that they need not be uneasy about that; he would take them upon himself. This they accordingly designate by the term, "doing their business gratuitously," forgetting all the time that he was converting the circumstances attending the death of their child to his own purposes, in running up a bill of costs to an amount beyond all precedent; and he, seeing his way clear in obtaining that, through a certain channel, shrewdly turns round upon his own clients, asks them if they have not been put to some expenses, ascertains it to amount to about £20, receives the £100 of Mr. Steele, puts the £80 into his own pocket to cover his bill, and pays them £20 in sovereigns, delivered in an envelope of so flimsy a texture that the sovereigns were heard to chink as the clerk passed them into Mr. Richardson's own hands, and for which Mr. Richardson thanks him, but says he will see Mr. Evans next morning. No doubt he intended to do so when he felt the small sum which he had handed over to him. But, gentlemen, Mr. Evans had been talking to him before about administration being taken out to the son, and a fresh action arising for further damages and further costs, under Lord Campbell's Act, and no doubt this was the subject in reserve on which an interview became necessary. It was no doubt to come to an understanding that the payment of the £20 was not to close the door to any such further proceedings. Lamentable indeed is it, gentlemen, that persons should cling together to promote such unworthy objects, that the remains of this unfortunate child should be twice exhumed from their sacred deposit for any such base and unworthy purposes.

It is not unfrequently happens, however, under the wise dispensation of an all-ruling Providence, that the hand of man is stayed in its guilty purpose. Mr. Gay, when he made a full discovery of what had occurred, under his unseemly commission to Mr. Evans, became paralyzed when he found the instruments he had set in motion were turning to his own destruction; and he appeared glad enough, ere it was too late, to retire from this disgraceful transaction, before the thunder of the indignation of the whole profession should burst upon his head. However deeply it is to be lamented that Mr. Steele should, without the sanction of the hospital authorities, Mr. Cooke, Mr. Wakley, sen. or jun., or any other person, have paid these parties the sum of £100, it nevertheless clearly furnished the means of putting a stop to this inquiry in May last; and it must be clear, gentlemen, to you, and to every one who has paid any attention to the whole of this case, that it is owing to the parties themselves, and not to Mr. Wakley, sen., or myself, that an end was put to the inquiry in May last. That it was brought before you in June last, seems entirely to have been the work of Mr. Webber and Mr. Courtney, who have rekindled the smoking ashes, which were on the point of extinguishing, and lighting up a fresh fire, have through Lord Dudley Stuart and Lord Palmerston, brought the whole matter before you, with what feelings and with what intentions I leave you to judge and determine. It appears to me not a whit better than those which had preceded them, and it has nothing now to do with your verdict.

Gentlemen, you have both the law and the evidence before you. You cannot fail to have seen by the law, as laid down by the learned judges that to impugn a person in an operation of

this character (in which, like all other surgical operations of a dangerous and difficult nature, the operator is especially protected by the law, or who would dare to tread upon such dangerous ground?) you must discover gross ignorance, gross negligence, or gross want of caution; and where that is not established, a criminal charge cannot attach, and all the witnesses I think, concur in opinion, that it does not arise in this case. All ascribe the purest motives, as well as the most diligent care and attention, to Mr. Cooke, and speak as to his careful conduct throughout. He is young as an operator, but it must be obvious to all of you, that every one must have a beginning, even in the most difficult operations, and Mr. Wakley, jun., observes he was within a hair's-breadth of the bladder, where the incision terminated. You must of course therefore first drive from your minds all notions of accelerating the death of the deceased—an intention which cannot of course apply to such a case as this: far less can you entertain any notion of a case of wilful murder—that is entirely out of the question. Every motive which can operate on the mind of man of that character must be absent in such an operation. There can be no malice aforesaid. The motives of the operator must all lie in the opposite direction. His first care must be to preserve the life of his patient, for that is the very reason why the operation, after due consultation, is undertaken; the strongest desire must exist in the breast of the operator to use his utmost skill, and his utmost diligence and care in so delicate and difficult an operation; not to use too much haste on the one hand, or to be too long in the operation on the other, but still always bearing in mind, that the stone must, if possible, be extracted. If that is not accomplished, two powerful feelings must cross the mind of the operator—one, that the dreadful operation must be again performed at another time, the other, and that not distant, that the child must die under the awful irritation of the stone. His reputation is at stake on the occasion. Mr. Coulson says it may be in three or four months, or it might be a year; but all agree that the stone must be extracted if possible. Nor can it, I think, at all occur to your minds, after hearing the law so clearly laid down by the learned judges, that a case of manslaughter can arise in this case, unless there were the grossest neglect, the grossest ignorance, or the grossest want of caution or due circumspection in the operation. You cannot fail to have observed throughout the evidence the very opposite of all these, in the conduct of Mr. Cooke, the operator in this case. He appears throughout the whole transaction, although somewhat embarrassed—as owing to the untoward circumstance he might be, his knife not having perforated the bladder, which in a child appears to be placed high up, and somewhat differently to that of an adult—to have acted cautiously, but unfortunately to have accidentally slipped and passed his knife in between the bladder and the rectum, which that experienced and skillful operator, Mr. Coulson, (who has written a very able work on "Lithotomy and the Bladder and Rectum," extracts from which Mr. Ballantine has referred to whilst examining his witnesses,) Mr. Coulson tells you, with all his practice and experience, "it might happen to him to-morrow," so hazardous, difficult, and dangerous is this operation. All the other witnesses also concur in praising Mr. Cooke's great coolness, calmness, and preservation of temper; and when, under the embarrassment of not being able to discover and grasp the stone, after all his efforts, who can wonder, under the extreme anxiety he witnessed that the operation should be fully accomplished, that he should have turned round to Mr. Wakley, jun., (who appears to have been the person holding the forceps, sounds, and other instruments which might be required during the operation, as his assistant,) and request him to try and search for the stone? Mr. Wakley, jun., gentlemen, could not for a moment hesitate in complying with such a request, and he accordingly tried, as is admitted, with the sound, but whether with the forceps or any other instrument does not, I think, very clearly appear from the testimony of the several witnesses, though a knife was mentioned by one, who describes his (Mr. Wakley, junior's) share in the transaction as that of an examination, rather than an operation, and who appears to have been only three or four minutes engaged, and who clearly was not engaged in this operation as himself an operator, after Mr. Cooke had been engaged for any such time as forty minutes. Nor does it, I think, appear, according to the evidence, that he was at all engaged longer than was essentially necessary—he says about seven or eight minutes—under the extraordinary difficulty which he must have laboured under had he endeavoured to extract the stone, which he could not by any possibility have grasped, for want of the incision having been made into the bladder by Mr. Cooke. One witness only speaks of a knife, but it might possibly have been covered by the finger, the

witness might possibly be deceived, and it is clear he did not make an incision into the bladder; nor does it at all appear in evidence that he was engaged longer than the necessity of the case required, or that he did not skilfully, correctly, and properly perform his part in this distressing and embarrassing case of difficulty; and I think the case, as opened against him by the learned counsel in his address to you, has, according to my view of it, and more particularly as regards time, been quite unsupported by the evidence. It is not the learned counsel's fault, but the fault of those who have instructed him. He has relied upon his instructions, which have since been discovered to have had their origin from a second, or rather third-hand communication, derived not from a trustworthy source, first originating from Mr. Evans, whose bill of costs states that he was engaged forty minutes after Mr. Cooke,—Mr. Evans himself, as appears by his own statement, having received his information primarily from one nurse, who told another nurse, who told him. Mr. Evans, throughout this extraordinary transaction, does not appear to have been very scrupulous in getting up a case to justify his enormous bill of costs. On this flimsy communication made to him he obtains first an erroneous statement of facts, and then builds up opinions from other surgeons on false hypotheses. Nothing can be more vague and uncertain than the information obtained by him, and you will assign to it the worth it is entitled to in your dispassionate judgment, and no more.

Now, gentlemen, you must take with you as an ingredient in this case, that chloroform—that great boon and beneficent gift of the Creator, sent to shield the wretched patient from excruciating torture under severe operations, was not known until very lately, as to its peculiar sedative power in allaying pain in the manner now applied, and which, from its recent discovery, could not have existed in the reported cases which have been referred to—that chloroform was successfully used upon this occasion at various times during the operation, the patient being carefully watched, and his pulse felt. Chloroform, gentlemen, has the peculiar property of deadening all sensation of pain during its influence, and hence it must be obvious to you that not only is some length of time used in bringing the patient under its influence, which appears here was considerable, but a more lengthened search might be indulged in, with less fear of injury to the patient, and efforts prolonged rather than leave the stone behind, rendering another of such fearful operations still necessary to be performed at no very distant period, or involving the continuance of that agonizing and irritating pain which has its termination only in death.

And, gentlemen, you cannot fail to have been struck with the remarkable expression of that great man, Cheselden, made use of by Mr. Coulson—one of the greatest operators of his day, and whose name is quoted as one of the highest authorities in lithotomy—who said, that he never went to such an operation “without feeling sick and faint.” Awful consideration! that at such a moment the arm of the operator should be unnerved! I beseech you, gentlemen, when you calmly consider your verdict, to attend to this great man's painful suffering at the moment of proceeding to such a duty, and let me entreat of you, by that verdict, to be so temperate as not to arrest the hand of any future operator in so trying and so awful an occasion. Beware, gentlemen, of unnerving the hand of the operator, and by causing him to tremble at the consequences of such an inquiry as this, and thereby lead him to commit the same fatal error which has unfortunately occurred in this case. No, gentlemen, this is no competent tribunal for discriminating on the niceties of surgical practice. We must all deplore and condemn the rash and inconsiderate act of Mr. Steele in the payment of a sum of money to suppress an inquiry of this nature, and the only palliative which can be suggested, is his anxiety to protect the character both of the hospital and of his client from being assailed—a fatal error in judgment, as the true interests of both would in reality have been better promoted by inviting rather than by erasing an inquiry; for it is by the publicity of all their proceedings that these valuable institutions have acquired so just a title to the confidence and support of the public. This inquiry, though tardy, has had its benefits as well as its evils. It will lead, no doubt, to increased vigilance and caution on the parts of the committee, of the medical and surgical officers, and of the hospital nurses, and to the satisfactory establishment of all the minor departments as well as general arrangement of the hospital.

It would have been melancholy, indeed, if, from the callousness of the human heart from the constant repetition of such awful operations, a recklessness of conduct and a fretfulness and impatience on the part of the nurses and other subordinates should arise; and my blood, I confess, ran cold when I heard of such expressions applied to this child, as “d—d little

devil;” “It would be a good thing when the little wretch was dead;” and on his crying out for drink, to hear the unfeeling expression, “I will jump down your throat, you little wretch, teasing me for drink.” I am sincerely glad to find, gentlemen, as I am sure you must be, that these expressions have been untruly urged against the nurse, Faulkner, from some hostile feeling against her, as well as the inhuman conduct of daubing the child on the bed directly after the operation. These expressions and this conduct have been expressly negatived by Faulkner as ever having been made use of by her, upon her solemn oath; and that testimony has been amply corroborated by respectable patients of the hospital, who were present, and who bear testimony, with Mr. Gay, to her uniform good conduct and kind feeling, and many other testimonials to her general good character have been produced; and I sincerely hope with this powerful corroboration, the balance of the negative on her part will have the ascendancy in your judgment. I trust, however, that the conduct of the nurses, and of the whole of the subordinates of the hospital, when this inquiry is over, will undergo the most searching investigation by the Committee of Governors, who, I have not the slightest doubt, will do their duty in that respect for the general benefit and character of the hospital; and such a consideration in your minds may perhaps, for the reasons I have already mentioned to you, properly influence you to leave the matter in their hands; and unless you feel it a solemn duty devolved upon you to act otherwise, so to leave it. I have no doubt that entire justice will be done by the committee, who consist of thirty gentlemen of great respectability, and that the matter may safely rest in their hands. The nurses are the paid servants of the establishment, whilst, on the other hand, the duties of the surgeons are performed gratuitously, and by men beyond all suspicion as to their general skill, qualification, and ability as regularly-qualified surgical operators, who have passed through the regular courses of clinical and other lectures, have attended the usual courses of practical operations, and are presumed to be, from their education, rank, and standing, when elected to these offices, fit and perfectly competent to discharge their duties in every respect. It is gratifying to find that Mr. Cooke has been attached to this hospital for ten or eleven years, although only recently elected to his present office as one of the head surgeons, from his acknowledged good services during that long period; and I feel assured that you will be slow in pronouncing any harsh sentence against an individual for a single failure in his practice, for all must have a beginning, but that you will take a higher and far more enlightened view of the subject, and set off his general conduct and practice for that very long period against the particular failure in this one lamented instance, which that very able, efficient, and skilful surgeon, operator, and author (Mr. Coulson) has told you *might happen to himself to-morrow*, so difficult is the operation, and particularly in a child, although Mr. Skey, also an able practitioner, takes a different view. You cannot fail, gentlemen, to have been deeply struck by Mr. Cooke's candid avowal of the failure of the operation. Let us charitably hope that it will be a salutary lesson through life, and that this transient error in practice may be the means of his future success and eminence, by using the utmost possible care hereafter.

You will take with you, also, this further consideration, that the whole of this operation was performed in a theatre, before skilful and experienced surgeons, and that although it was off and on for a period of an hour, not a murmur of disapprobation appears to have escaped from the lips of a single person present, or an observation made by any surgeon present that the operation was lasting too long, and ought to be suspended. Time, as it has been observed, slips on, and is scarcely noticed, and under the influence of the chloroform the operation was proceeding without pain or suffering to the child. Had there existed a feeling in the mind of any one present that the operation was being conducted in an unfeeling and reckless manner, and was too much protracted, no doubt some burst of indignation would have been displayed; but, on the contrary, it appears to have passed over without a single murmur, or any attempt whatever made to stop the proceedings.

These establishments, gentlemen, exist, thank God, in every large town in this United Kingdom, and there are very many in this great metropolis, and it is a most gratifying circumstance that, upon the whole, the machinery works well, and many thousands receive their benefit. I can speak most decidedly of the hospitals within my own district of the county. In the London Hospital, where there are the Vice-President of the Royal College of Surgeons and many other surgeons of eminence, I have 150 cases annually of deaths from accidents and other causes, and where operations are almost daily performed.

For heaven's sake let us then, gentlemen, take especial care how we interfere with the practice of such establishments as these. These hospitals are all supported by voluntary contributions. Let me intreat of you to be careful that you shake not their stability by any intemperate verdict, lest you raze to its foundation the establishment which has endeared itself to you, by its many benefits, conferred on your poorer neighbours, amounting, as you have heard, to some 36,000 persons, and thereby also shake to its base the stability of every other similar institution in the United Kingdom, by unnerving the hand of the operator, paralyzing him in his best efforts, and rendering them abortive. At the same time it should be remembered, that public establishments, maintained by the voluntary contributions of the public, should be prepared to undergo a rigid scrutiny, whenever the acts of their officers are called in question.

Gentlemen, as regards your verdict, laying aside, as I think you may with propriety do, any criminal charge, after what has been laid before you by the learned judges in the several criminal cases which have been referred to, you have, in the language of the gentleman (Mr. Curgenven) who made the first *post-mortem* examination, a clear rule to guide you as to the real cause of the death of the deceased. He describes the cause to be "inflammation of the peritonæum after an operation of lithotomy, imperfectly performed," as it is admitted the bladder was not perforated, and it is clearly by misadventure or misfortune, to which he added, speaking of the inflammation, "not at all an uncommon occurrence after lithotomy."

As to the extraneous matter which has occurred since the death of this child, you really need have nothing to do with it in your verdict, which is properly confined to the cause of death alone. No doubt some proceedings will take place upon what has occurred here, whether you recommend them or not; and I shall be enabled, by having impounded the several documents which have been delivered in, to assist in any further investigations of these matters, which I think you may safely trust to other hands.

Gentlemen, you will now consider your verdict, and may retire for that purpose, and if you require any part of the evidence, I shall be happy to assist you.

## THE ROYAL FREE HOSPITAL.

### SPECIAL MEETING OF THE COMMITTEE.

A SPECIAL meeting of the Committee of Governors of the above institution was held on Monday last, in the Board-room of the Hospital, for the purpose of taking into consideration a letter from Mr. Thomas Weedon Cooke, tendering his resignation to the Hospital, and which resignation had been addressed to the weekly board, on Wednesday the 19th inst., upon the termination, and in consequence of, the verdict of the jury at the late inquest.

There was a very full and numerous attendance of the members of the Committee present upon the occasion.

Thomas Beale Browne, Esq., of Montague-square, was unanimously requested to preside during the proceedings.

Letters of a highly satisfactory nature in connexion with the object of the meeting were read by Mr. Fenn, the secretary, from Mr. Fergusson, of King's College Hospital; Dr. Peacock, of St. Thomas's; and also from gentlemen connected with the institution, regretting their inability, from the urgency of prior engagements, to attend the board.

Mr. Weedon Cooke's letter of resignation, which was as follows, was then brought forward and read:—

*"To the Committee of Governors of the Royal Free Hospital.*

"GENTLEMEN,—After the verdict given yesterday, upon the case of the child Alfred Richardson reflecting so injuriously, and I hope I may say unjustly, upon my character as a surgeon, I feel that I have no alternative but to place my resignation in your hands; and, after upwards of ten years' active and anxious service to the poor, pursued not only without reproach until now, but acknowledged, on many occasions, by the Committee and Governors at large, with the warmest expressions of confidence and thanks, I retire from the position you have honoured me with, retaining the sense of affection for the charity which has increased the longer I have had the privilege of serving as one of its officers.

"With the greatest respect for every member of the Committee,

"I remain most faithfully yours,

"T. WEEDON COOKE."

"July 19th, 1864.

After several members of the Committee had expressed themselves in the warmest terms with reference to the attainments of Mr. Cooke, and the efficient manner in which he had discharged his duties during a period of ten years as one of the officers of the hospital, it was resolved unanimously, amongst the most hearty plaudits, "That Mr. Cooke be requested to recall his letter of resignation, and to continue in his office as one of the surgeons of the Hospital."

Some formal business was then transacted, and a vote of thanks having been voted to the Chairman, the proceedings terminated.

## Correspondence.

"Audi alteram partem."

### THE AMENDED VACCINATION ACT.

*To the Editor of THE LANCET,*

SIR,—Some time since, you published a correspondence between Lord Lyttelton and myself relative to the "New Vaccination Act;" permit me to offer the following also, relative to "the amendment" thereon.

As I have been led into an error respecting the *one shilling* fee, the organs of our profession (yourself and other medical journals) are to blame, for I certainly understood from you, by your last week's leader, that under the amendment "any practitioner may vaccinate" for "one shilling a-head," to be paid for by the guardians; and this has, I think, misled many others of our professional brethren. The following letter of Lord Lyttelton's will correct such an erroneous impression.

Now, Sir, unless some grand professional stir is made by general practitioners in this matter, success will not even "loom in the distance" next session. Our friend, John Brady, promised last Tuesday, in committee, before the House, to bring forward next session "a more comprehensive measure" respecting vaccination. Let us assist him in his endeavours during the recess, and hope the result will be an *Act* of benefit to the public and the profession.

In the working of the present Act there is much double-dealing enacted by parish authorities. Whilst, on the one hand, the registrars give the parties registering their printed form, with the names of the parish vaccinators thereon; on the other hand, recommend them to get their children vaccinated at the Government vaccine depôts, their object being doubtless to save the parish the fee. Whether there is any collusion between registrars and guardians is unfathomable. Such a proceeding, to say the least of it, is anomalous, and requires that the working of the system effectually should be invested in other hands.

I am, Sir, your obedient humble servant,

Cambridge-terrace, July, 1864.

W. H. BORHAM.

Cambridge-terrace, Hyde-park, July 17th, 1864.

MY LORD,—The amendment of your Vaccination Act has been so unostentatiously and speedily hurried through the upper House, that the profession had not an opportunity of knowing the amendments you have made, or expressing an opinion thereon.

There is no portion of her Majesty's subjects more anxious to carry out measures affecting the public health than the medical profession, and especially that on vaccination, which owes its origin to a professional brother.

I think, my lord, that every medical man ought to vaccinate those children that he has brought into the world, for many obvious reasons—it would make the object more complete. He can do so by your recent amendment; but the slight remuneration of one shilling will deter many from accepting it, and thus it will rather tend to the dissemination of other diseases *equally or more frightful than the small-pox*. To make this clear to you, I will illustrate it by cases that have fallen under my own observation, and these are legion—viz., many children are born apparently healthy, and seemingly remain so for two or three months, when an eruption breaks out upon the region of the anus, precluded from observation by the apparel, but the face and arms appear quite healthy. The district vaccinator is deceived by the appearances of these children; they are vaccinated, fine pustules are produced, and this vitiated virus is transmitted to scores of others, who shortly after suffer from fulsome eruptions, or the foundation is laid for scrofula or tuberculous consumption. These children have been born of parents who were either suffering from primary or second-



dary syphilis during utero-gestation; and this frightful disease, after the birth of the child, either lies dormant, or slightly shows itself about the third month, the time for vaccination. Such diseases are most likely to be known by the medical attendant of the family, and I humbly submit it as a strong reason for the remunerating fee to be sufficiently large to induce him to vaccinate those he attends, so that such diseases may have less chance of being propagated.

Thanking you, my lord, for the fulfilment of your promise in extending the operation to all qualified surgeons, and hoping that I may not be too late for you to give an increased fee your favourable consideration,

I am, my Lord, your obedient humble servant,  
To Lord Lyttelton. W. H. BORHAM.

10, Great George-street, July 19, 1854.

SIR,—The House of Commons have rejected the proposed fee of 1s., and I must now let the matter alone, having done what I could; but you have misunderstood the object of it. Union surgeons are paid 2s. 6d. and 1s. 6d. for operation, certificate and all. Private practitioners complained that they had to furnish certificates for nothing; I therefore proposed that they should be paid 1s. for the certificate alone, which, compared with the other, seems about in proportion for the operation. Of course they are paid by their employers, unless they choose to do it gratis.

The object was not to throw contracts open to all, which, though I should be glad if it could be done, I did not venture to do, because I found doubts expressed in high authority whether it might not interfere with the due supply of lymph.\*

Your obedient servant,  
To W. H. Borham, Esq. LYTTLTON.

## THE LATE INQUEST.

To the Editor of THE LANCET.

"Use every man after his desert, and who shall 'scape whipping?"  
HAMLET.

"Vis unita forlor."

SIR,—There are few persons who have a higher estimate of the medical profession than I have, and few persons who feel more distressed when its usefulness or dignity is impaired. Its value to the social fabric is too well known to need my eulogy; and, taken as a body, a kinder, more intelligent, or more hard-worked body of gentlemen cannot be found. If united, they could accomplish much; but as they are, they become enfeebled by the want of such power, and fall to the ground, as a bundle of sticks held merely by a thread. This want of union has been long felt as a bad omen for future progress or reform; and the unhappy inquest lately held upon the child who died after an operation for lithotomy, has inflicted one of the most grievous blows that has ever fallen upon the surgical profession.

I shall take no part respecting the squabbles previously at the Royal Free Hospital. I have no acquaintance either with Mr. Gay or Mr. Weedon Cooke, so that my remarks will be general. From my heart I sympathize with the latter surgeon, as he has been made the "Ignatius Polyglot" or scapegoat in this matter, and no doubt feels his position most acutely. Of all the passions of the human mind, vindictive revenge is the most terrible. The commencement of this inquest, its progress, and its climax, are the offspring of that demon! The maw (or man) who first advanced towards this assault upon the whole profession will assuredly find a reward. His bed will be no bed of roses; but if so, the thorns will be amidst them, and perpetually torment him. Had there been no vindictive feeling, the poor child would have been conveyed to its select resting-place without a sound of lamentation. Has there been no failure in this or any other operation before? Is the art of surgery perfect, or man's skill? Have none of the aiders and abettors of this inquest ever committed an error? If they have not, I can only say they are paragons of perfection, and rival the black swan of antiquity. Let them pause in their headlong career; for so surely as the day-beams scatter the clouds of darkness, so surely will this backsliding be kept in the memory of the profession. Heaven knows, the anxiety of the surgeon's life is enough to endure, without his being exposed in the exercise of his duty to the shaft of malice. I would rather be in the position of Mr. Weedon Cooke than in that of other

\* How, if the contract were open to all, it could interfere with the due supply of lymph, I should like the "high authority" to explain. This high authority must have hoodwinked his lordship.—W. H. B.

persons whose names I will not mention. He is a victim, certainly, but let him be of good cheer. He may remember the school-lessons from his "Eton," and this extract, "Nemo mortalium omnibus horis sapit;" and knows, as I do full well, that many unhappy results have ensued from hands high in the annals of surgery, but who had no "d—d good-natured friend" (*School for Scandal*) to give him a tilt over the stile. What Mr. Thomas Wakley had to do with the sequel of the case I cannot understand, or why he was lugged in. If every surgeon who stands by and helps his friend when in a dilemma is to be gibbeted at an inquest, few men will be so forward in future; I for one would not. A few words more, and for the present I shall have said my say. If cruelty had been practised on the child for mere sport; if the operation had not been one of paramount necessity; if Mr. Weedon Cooke had not been one of the surgeons of the Royal Free Hospital,—may I ask whether the strong feelings of philanthropy for the unfortunate patient would have been roused, or consigned with it to the "tomb of all the Capulets"? Will any of the "Tria Juncta in Uno" answer these questions?

Yours faithfully,  
Twickenham, July, 1854. ADELPHOS.

To the Editor of THE LANCET.

SIR,—I consider that the verdict of the coroner's jury in the "Richardson inquest," which accuses Mr. Wakley, jun., of unskilfulness in an operation that he did not perform at all, and actually had nothing to do with, no more than any bystander in the profession who might have been asked by the operator to assist in any way, as is usual,—I consider that verdict so absurd and so infamous, that it is due to Mr. Wakley's reputation that the profession should testify their approval of his conduct, and their abhorrence of such illegal and malicious decisions. I shall be glad to act as one of a committee to carry out so desirable an object.

I remain, Sir, yours obediently,  
J. BERNCASTLE, M.R.C.P.L., &c.  
Albany-street, Regent's-park, July, 1854.

## THE CHARTER-HOUSE.

To the Editor of THE LANCET.

SIR,—The Charity Commissioners are about to sit at the Charter-house to inquire into its management (but with closed doors!)

I beg to point out an imposition practised for the benefit of its solicitor. I was one of about twenty candidates for the appointment of resident medical officer. We each received a note stating we must send a guinea with our application for the solicitor of the Charter-house, who was to lay it before the governors. Is it creditable for such an Institution to allow their paid officer to make such a demand?

I defy them to instance any other Institution whatever, where such a practice is adopted.

I am, your obedient servant,  
M.R.C.S. & L.A.C.

## IMPORTANCE OF UNIFORMITY IN PRESCRIPTIONS.

To the Editor of THE LANCET.

SIR,—A few weeks since, you were kind enough to insert a letter from me on the "fluid pound," in which I mentioned the sad want of uniformity in dispensing, arising from the non-observance of apothecaries' weight. The *Pharmaceutical Journal* of this month contains the same letter, appended to which is an extract from a letter of Mr. James Murdock, of Glasgow, and also a remark from the editor, maintaining that the ʒxvj. avoirdupois is the correct weight for the pound. I think it is but justice to myself that I should reply to the above statement, being, as it is, diametrically opposed to that which I maintained in my letter—namely, ʒxij. as the fluid pound. I must, with all due deference, beg leave to differ from the editor of the *Journal*, and in doing so I am only carrying out the opinion of the majority of chemists, who agree with me, if apothecaries' weight is used in one article, why not in the other? As an instance of this, the following prescription will illustrate the absurdity: "℞ Tinctura arnicæ, aque addantur lb. j." According to the editor's opinion, the pound should be dispensed as ʒxvj. avoirdupois, and the tincture would of course be measured by apothecaries' weight. What is possible to be more inconsistent than this—and it must

appear so in the mind of every man—that in a prescription with only two articles there should be two different weights observed? It certainly ought to convince medical men of the important necessity of discontinuing writing the word “pound,” as it is evident that it admits of a great possibility of mistake. Though the 3xvj. is considered to constitute the fluid pound in dispensing, for which we have the authority of the editor of the *Pharmaceutical Journal*, it would be but only a right inference to draw, that the pharmaceutical chemists all observe that weight: it is not so; there are as many mistakes committed by them as there are by those chemists who cannot boast of being a member.

I trust you will give space for this in your journal. I should not have troubled you, if it were not to show the glaring inconsistency in dispensing, which I think you must agree with me ought to be obviated, and it is only by giving publicity that it can be effectually removed.

I am, Sir, yours, &c.,

AN EXPERIENCED DISPENSER.

July, 1864.

### CHOLERA IN BARBADOES.

THE following fearful details are extracted from the letter of a private correspondent:—

“Barbadoes, 27th June, 1864.

“You have no doubt heard that the cholera has made its appearance in this island, but you have not yet been informed of the awful havoc it has made. It first broke out in Bridgetown, slightly at first, but soon increased in the crowded and filthy lanes of the black population, where it raged most fearfully. It soon increased from ninety to between three and four hundred per diem; and I am informed by Mr. Nicoll, who has the contract for carting the dead to the burial pits, that, up to the present time, upwards of seven thousand have died; but he says that the correct number will never be ascertained, as whole families have been swept off, and in a great many instances several small children have been placed in one large coffin. Up to the 21st, at St. Leonards and the piece of ground purchased by the authorities for the purpose, four thousand two hundred and one were buried. What then must be the whole number, when it is now raging nearly all over the island? I have witnessed a great deal during my residence of nearly fifteen years in the West Indies, but never anticipated such scenes as these. I have only had occasion to go to the town once during the epidemic; the whole place seems panic stricken. Carts, instead of carrying bales of goods, are now employed conveying the dead; in every street you will meet two or three carts, and now and then a hearse, with from six to eight coffins in each. You can get nothing done; people will not work, and the poor are in a state of starvation; there are no provisions to be got, and many die from actual want and neglect, as their own friends, in numerous cases, run and leave them in the agonies of death to die by themselves; and if we do not soon get plenty of rain, I am afraid a famine will succeed the pestilence, as the very cattle seem to be dying for want of fodder. I cannot picture to you one-tenth part of the misery in this at present unfortunate island. It broke out in the garrison on the 31st of last month, amongst the military labourers, with whom it has done its work. As you will see by the statement at the close of this, the number of deaths in the garrison up to last night were two hundred and twenty. I was amongst the first who had an attack. The 36th has suffered greatly, and the 67th, as you will see by the list, and artillery, according to their strength. The artillery are encamped at Gunhill, and the 36th at Brittons; the 67th's encampment is to be pitched at Brittons to-day. We have had an awful time of it with the hospitals, as every article is burnt by general order. If we had not got the stores up from the vacated islands, I do not know what we should have done; the destruction of bedding, &c., has been ruinous. A piece of ground has been measured off at the lower end of the graveyard for a burial-ground where the bedding is burned in pits, from twelve to eighteen per diem. All the lunatics at the Navy Hospital are dead. All Mrs. B——'s old pensioners are gone.

Royal Artillery	24
36th Regiment	55
Two companies 67th Regiment	29
“ 69th Regiment	8
“ 1st West India Regiment	26
Military labourers	78

Total ... 220

not including women and children.”

## Parliamentary Intelligence.

### HOUSE OF LORDS.

TUESDAY, JULY 25TH.

#### MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

LORD MONTEAGLE moved the second reading of this Bill.

The Duke of ARGYLL thought there were great objections to dealing with the Bill as it now stood. He should be sorry to oppose the principle of the Bill, because he felt that the University of London ought to be placed upon the equality originally promised to it with the Universities of Oxford and Cambridge. There was, however, a great controversy amongst the medical profession, as to whether licensing for general practice should be given by licensed bodies, or by the universities alone. This Bill, however, would only settle the question in a partial manner. He thought it would be extremely unfair to grant this privilege to graduates of the London University alone, without extending it at the same time to Scotch and Irish graduates, and it would be much better, on the whole, to limit the Bill to the second clause, which relieved graduates of the London University from the pains and penalties to which they were liable under the Lunacy and Vaccination Acts, and to leave the larger question of medical reform untouched.

LORD CAMPBELL was perfectly ready, for his part, to accept the compromise proposed by the noble duke. The Scotch and Irish graduates had no wish to obtain any advantage over their fellow practitioners, but, at the same time, they objected to being placed in an inferior position.

The Duke of ARGYLL gave notice that, in committee, he should move the insertion of a clause in the Bill to include the graduates of Scotch universities.

LORD BROUGHAM saw no ground whatever for not extending the same privilege to Scotch and Irish universities as was proposed to be given to London. He perceived that Durham was included in the Bill, and though he had no objection to that, he thought the claim of the Scotch and Irish universities were ten times stronger than that of Durham.

The Bill was then read a second time.

### HOUSE OF COMMONS.

TUESDAY, JULY 18TH.

#### VACCINATION ACT AMENDMENT BILL.

SIR J. PAKINGTON moved that the House go into committee on this Bill.

MR. BRADY said that the Bill could not be worked in its present shape and form. So long as the stamp of pauperism remained upon this Bill by associating vaccination with the machinery of the Poor-law Board, there would never be a perfect system of vaccination in this country. There was a Vaccination Board appointed under the Act, but there were no means of securing a full and proper supply of lymph to the large towns and unions. He thought it unnecessary to legislate further on this subject at present, and recommended that the Bill should be more fully considered during the recess. He thought he could promise that when the House again met he should be able to introduce a measure of a more practical and satisfactory character. He moved that the House go into committee on the Bill on that day three months.

SIR J. PAKINGTON said that the Bill had been brought in to correct two errors in the Bill of last session. One was, that a wrong number of days was prescribed, at the end of which the child was to be brought before the medical man for examination; and the other was, that in the Act of last session no sufficient mode of recovering the penalties was enacted. There were also two or three clauses inserted by the request of the Registrar-general. He could not assent to the postponement of the Bill.

The amendment was negatived without a division, and the House went into committee on the Bill.

On clause 1,

MR. HENLEY objected to throwing the expense upon the poor-rates, which was, in fact, creating an additional burden upon land.

MR. BAINES said, that by the Act of 1840, the expenses of vaccination were paid out of the poor-rates, and every subsequent Act had proceeded in the same direction.

MR. HENLEY did not see why, because a wrong principle had been established, it should be persevered in.

MR. BRADY thought it very undesirable that the vaccination stations should be at the workhouses.

LORD SEYMOUR remarked upon the silence of the Government

with regard to this Bill. As the Government did not tell the committee what they thought of the measure or of the working of the Act of last session, it would be better to throw out the first clause. The noble lord moved an amendment accordingly.

Mr. BARROW supported the amendment, inasmuch as he objected to the payment of vaccination out of the poor-rates.

Mr. BAINES felt doubts whether the Legislature had acted wisely in placing public vaccination under the administration of the Poor-law Board. It was found that a mistake had been made in the Act of last session, and that it was necessary that the child should be brought to the medical man on the seventh, and not on the eighth day, and this alteration was one of the principal objects of the Bill. He thought it would be more equitable that the expense of vaccination should be paid out of the poor-rates than out of the consolidated fund, because, if it were defrayed out of the consolidated fund, he did not know what amount of jobbery might not be perpetrated. (Hear.)

Mr. BRADY doubted whether the alteration of the Bill from the eighth to the seventh day was an improvement. He thought that in this climate the eighth was the proper day for bringing the child to the medical man.

Lord BARRINGTON observed that the opinion expressed by the President of the Poor-law Board amounted to a condemnation of the Bill. He recommended the postponement of the measure.

Mr. FITZROY said that, as doubts had been expressed as to the alteration of the day, and after the opinions expressed in favour of the withdrawal of the Bill, he should recommend the right hon. baronet (Sir J. Pakington) to consent to withdraw all the clauses but the second. (Hear, hear.) Next session, the whole matter might be referred to a select committee, who might inquire how the Bill of last session had worked. (Hear.)

Mr. MICHELL knew that the President of the Poor-law Board had received great complaints from various parts of the country that this Bill could not be worked. He doubted whether vaccination was a preventive to the small-pox.

Sir J. PAKINGTON did not feel justified in abandoning the Bill.

Lord SEYMOUR wished to encourage vaccination, and only objected to the mode of carrying it out. In country parishes, where people lived two or three miles from a medical man, it might be the death of the child to compel the mother to carry it to the doctor on the seventh day after vaccination. He should propose that the various clauses of the Bill, with the exception of the second, be struck out.

The clause was then negatived.

Clause 2 was agreed to.

On clause 3,

Sir J. PAKINGTON said that, if this clause were not passed, the committee would reverse the principle of compulsory vaccination which was adopted in the Bill of last session.

Mr. T. DUNCOMBE proposed to insert the words "and fifteenth" after the word "seventh." He knew medical men who would stake their reputation upon the fact that two examinations were necessary after vaccination, and that the examination on the fifteenth day was the more important of the two.

Sir J. PAKINGTON said that the second attendance would impose an unnecessary hardship upon the poor.

The amendment was then negatived.

The remaining clauses of the Bill were put and negatived without a division, and the Bill was reported, with amendments, to the House.

#### SATURDAY, JULY 22ND.

##### MEDICAL GRADUATES' (IRELAND AND SCOTLAND) BILL.

On the motion for the third reading of this Bill,

Mr. E. LOCKHART presented a petition against the further progress of the measure from the Royal College of Surgeons.

Mr. GOULBURN observed, that the Bill had hitherto been proceeded with when but few members were present, and it was now brought on for a third reading without any discussion having taken place upon it. He hoped the third reading would be postponed.

Colonel DUNNE said, the Bill had already received a long and eminently practical discussion.

Mr. E. LOCKHART hoped the suggestion of the hon. member for the University of Cambridge would be acceded to. He, as well as several other hon. members, had left the House when the Bill was brought on, under the impression that it would be referred, with another Bill, to a select committee. He begged to move that the Bill be read a third time that day three months.

Mr. CRAUFURD seconded the amendment.

Lord NAAS said, a Bill had been brought in for extending to the graduates of the University of London the rights enjoyed by the graduates of the Universities of Oxford and Cambridge. It was thought by the House and by the Government that the rights of practice enjoyed by certain bodies should be extended, and that was the sole object of this Bill.

Mr. GOULBURN thought that some general measure ought to be introduced, not having reference to any particular university, but to secure to the public some uniformity of medical qualification. (Hear, hear.)

Lord J. RUSSELL said, it was a matter for consideration whether there were not questions of medical reform which ought to be discussed before the Bill was read a third time and passed. He thought that the Bill ought not to be rejected at once, and he would, therefore, propose that the debate be adjourned till Wednesday.

The House then divided on the motion for the adjournment of the debate:—

Ayes	...	...	...	...	...	82
Noes	...	...	...	...	...	43

Majority for adjourning the debate ... —39

The Burials Beyond the Metropolis Bill was read a third time and passed.

#### MONDAY, JULY 24TH.

##### THE ROYAL FREE HOSPITAL INVESTIGATION.

Mr. PELLATT asked whether the inquest on the body of the child Alfred Richardson was held by orders from the Government, and whether a short-hand writer's notes could be procured, so that the evidence given on that occasion might be printed?

Lord PALMERSTON said the Government had no short-hand writer at the inquest, and therefore could not lay any such notes before the House. He could, however, lay the coroner's notes of the inquest on the table.

##### HIGHWAYS (PUBLIC HEALTH ACT) BILL.

This Bill was read a third time and passed.

##### NUISANCES REMOVAL AND DISEASES PREVENTION ACTS CONSOLIDATION AND AMENDMENT BILL.

Lord PALMERSTON moved the second reading of this Bill, *pro forma*, with the view of introducing some amendments.

Lord SEYMOUR was altogether opposed to this Bill, and recommended that it should not be proceeded with, so that an opportunity might be afforded of bringing in a Bill better suited for the purpose next session.

Mr. HENLEY was also opposed to the Bill.

After a short discussion,

Lord PALMERSTON said he had felt it his duty to proceed with this Bill which had come down from the Lords. He considered that, as there was no doubt cholera had made its appearance, a Bill on this subject should be gone on with; but if the feeling of the House was against the Bill he would not press it on their attention.

The second reading was then negatived without a division.

#### WEDNESDAY, JULY 26TH.

##### MEDICAL GRADUATES (IRELAND AND SCOTLAND) BILL.

Mr. GOULBURN seeing the hon. member who had charge of this bill in his place, asked whether he intended to proceed with it this session.

Colonel DUNNE said he had unfortunately been absent when the order was read, in consequence of which the Bill would be postponed until to-morrow. It was, however, his intention to persevere with it, and he was only waiting to see the result of another measure in the other House.

#### ROYAL PANOPTICON OF SCIENCE AND ART, LEICESTER-SQUARE.

THE directors of this interesting place of amusement well deserve the support and encouragement of the public, for the spirit and energy with which this scientific exhibition has been established. The requirements of the age now demand something more than mere amusement. In 1851, the Crystal Palace gave so grand and unexpected a lesson to the people, as to the real extent and limits of useful art, that the value of such institutions as the present is now justly and properly appreciated.

The founders of the Royal Panopticon have incurred great expense in establishing a school of popular instruction, and of rendering the details of many of the important sciences attractive to the bulk of the public, which, clothed in their technical language are by no means usually so. The education of the middle class of visitors is sufficiently advanced to enable them to comprehend the chief bearings of science when offered to them in a simple form, and more especially when aided by well-conducted and brilliant experiments.

By these institutions most essential service is rendered to the advancement of knowledge. The building itself consists of a splendid circular domed hall or rotunda, around which, at different heights, run two extensive galleries. In these are arranged stalls and compartments, in which are carried on, under the eyes of the visitors, various useful trades and ornamental works, and in one of the galleries is a compartment exhibiting new kinds of "humane" beehives, by means of which the bees are not destroyed when removing their honey.

The floor of the rotunda is occupied by machinery in motion, sculptures, and other works of art and science, which absorb a large amount of study and consideration.

On the side of the rotunda, opposite to the door of entrance, is a plate electrifying apparatus of an enormous size, and furnished with a battery of twenty-four jars of the same dimensions, and from these, when in action, extraordinary effects may be expected.

In the centre of the building is a very powerful and beautiful fountain, about which great taste has been displayed in the application of glass mosaic. During each exhibition this fountain is made to throw a jet of water up to the centre of the dome, a height of ninety-seven feet, which descends again in a finely divided spray, giving, in warm weather, to the atmosphere of the building a refreshing and acceptable coolness.

There is also a magnificent organ which is occasionally made to lend its glorious tones to the attractiveness of the exhibition. Connected with the building also are two lecture rooms, one of them especially arranged for the delivery of class lectures on different subjects. This may be considered as the most important portion of the building, in a scientific point of view, since it is carefully fitted-up for the complete study of chemistry.

The chemical school is open for the reception of pupils, and is placed under the superintendence of Mr. G. F. Ansell. It is supplied with a well-arranged laboratory, and is capable of affording all the necessary instruction in practical chemistry to the student, and of offering a ready mode of obtaining analyses for the public. There are four sessions in the year, and in the month of August the pupils undergo examination for prizes. The hours of attendance are conveniently arranged, and the terms moderate.

We trust that the carrying-out the objects of this institution will continue to be pursued with as much regard to the progress of advancing science as the spirit of the present management seems to indicate, and, with such a guarantee, there can be little doubt that the Royal Panopticon will occupy a forward position amongst the most attractive exhibitions in London.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 21st inst. :—

BAKER, JAMES BOWYER, Hargrave, Northamptonshire.  
BARNETT, HENRY CALVERT, Peninsular and Oriental Steam-packet Company's Service.  
BIDDLE, THOMAS JAMES, Army.  
CARR, ALEXANDER MACALEEN, Royal Ophthalmic Hospital.  
CURTIS, JAMES, Bristol.  
GARDEN, ARCHIBALD MACDONALD, Hon. East India Company's Service, Bengal.  
HUTCHINSON, THOMAS STEERS, Moore-place, Kennington.  
JONES, EDWIN, Blackfriars-road.  
PEARL, WILLIAM, Hoxne, Suffolk.  
REED, WILLIAM, Newtown-Hamilton, Armagh.  
RYALL, EDWARD CALLY, Australia.  
SKAIFE, JOHN, Easingwold, Yorkshire.  
VITALIS, OTHO FREDERICK, Constantinople.  
WATSON, THOMAS, Bristol.

At the same meeting of the Court, Mr. CHARLES EDWARD STILLMAN passed his examination for naval assistant.

The following gentlemen were admitted Members on the 24th inst. :—

BARRY, THOMAS STOWELL, Cork.  
CLERY, GEORGE CARLTON, Ashton-grove, Cork.  
FOX, JOHN, Weymouth.  
HAWKER, CHARLES, Southsea, Hants.  
ROCHE, THOMAS, Cork.  
SMITH, JOHN GOVETT, Tiverton, Devon.  
VOUT, AUGUSTUS, Yalding, Kent.

At the same meeting of the Court, Mr. JAMES THOMSON passed his examination for naval assistant.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, July 20th, 1854.

MASTERS, MAXWELL TYLDEN, Canterbury.  
MACK, ROBERT, Shadwell.  
SPICKER, NORTHGOTE WILLIAM, Chard, Somerset.  
INCE, JOHN.

**MEDICAL BENEVOLENT COLLEGE.**—We are authorized to state, that the President and Council intend to make another visit of inspection of the College, building at Epsom, on Saturday, the 5th of August next, on which occasion they will be happy to meet any of the friends of the institution who may desire to witness the progress of the works. Gentlemen who may wish to attend should inform the secretary on or before the 1st of August, in order that proper accommodation may be afforded. The Council will leave the London-bridge station for Epsom by the quarter-past two o'clock train.

**TESTIMONIAL TO MR. J. P. GARLICK, OF LEEDS.**—The members of the West Riding Medical Charitable Society have just presented a very splendid testimonial to Mr. J. P. Garlick, their late honorary secretary. The testimonial, which was in the shape of a large silver tray, and a silver tea-kettle and stand, (constructed by Messrs. Smith, Nicholson, and Co., of London,) was previously exhibited in the "Granby" room, at the White Lion; and its exceedingly chaste character excited general commendation. The tray bore the following inscription:—"Presented, on the 13th of July, 1854, to Joseph Prince Garlick, of Leeds, Esq., F.R.C.S., by the members of the Medical Charitable Society for the West Riding of the County of York, in grateful acknowledgment of his services as their honorary secretary for twenty-five years; during which time, by the most unwearied efforts, he largely aided in accomplishing this great object of his active benevolence,—that the institution over whose early years he so faithfully watched should become a permanent blessing to the disabled and necessitous members of his profession, and to their indigent widows and orphans." The attendance of members of the medical profession from various towns, to witness this interesting presentation, was greater than had been expected; and it became necessary, therefore, that the dinner should take place in two rooms, the company meeting for dessert, the speeches, and the presentation in the large room. The testimonial was presented by Mr. Wm. Hey, in a highly complimentary address, Mr. Garlick acknowledging the compliment in a very suitable speech.

**ATMOSPHERIC PHENOMENON.**—A phenomenon of a remarkable kind was experienced on Tuesday at some parts of the city of Bath. During the afternoon, there fell from the clouds a large number of drops, which were at first supposed to be rain, but which, on being examined more closely, were found to consist of a gelatinous substance of about the consistence of thin starch. Upon being submitted to the microscope, the spots were found to be thickly impregnated with eggs, perfect in form, but exceedingly minute in point of size—so minute, indeed, as to be altogether invisible to the naked eye.

**BOMBAY MEDICAL COLLEGE.**—Mr. John Henry Sylvester, one of the students in Human and Comparative Anatomy of the Royal College of Surgeons, who only a few months since was presented by Mr. Plowden with an Assistant-Surgeony in the Hon. East India Company's Service as a reward of merit, has just obtained the following appointments:—Acting Curator of the Museum of the Grand Medical College, Acting Professor of Anatomy and Physiology, and Acting Assistant-Surgeon of the Jamsetjee Jejeebhoy Hospital. This is a rare instance of rapid promotion, but not more so than Mr. Sylvester deserves, a fact which must be very gratifying to Mr. Plowden's discernment in selecting the best students of the various hospitals for his patronage; it is to be wished that the other honourable Directors would imitate the conduct of their esteemed colleague.

**SICKNESS.**—At the last ordinary meeting of the Institute of Actuaries, held at the rooms of the Institute in St. James's-square, John Finlaison, Esq., President, in the chair, a paper was read, entitled, "Observations upon the Sickness and Mortality experienced in Friendly Societies," by Henry Tompkins, Esq. The author commenced by urging the importance of correct data as to the law of sickness. It was more difficult to determine than the law of mortality. Mr. A. G. Finlaison, in his recent Report made by order of the House of Commons, upon the Sickness in Friendly Societies, in which associations nearly three millions of persons were enrolled, had determined the ratio of sickness with a greater approach to accuracy than had ever been accomplished before. Previous investigations have included claims made on account of old age with those of sickness. This had led to erroneous results. Thus at age sixty, every man had been stated to be ill on an average one month in the year; at seventy, two and a half months; at seventy-five, four months; at eighty, five months; and at eighty-five, six months. In consequence of the promulgation of this erroneous data, it was supposed by many that Friendly Societies in general were in an insolvent state. The author proceeded to analyse Mr. Finlaison's Report, from which it appeared that between the ages of twenty and thirty, each person had, on an average, nearly 7 days' illness a year; at 40, it increased to 8 days; at forty-five, to 9; at fifty, to 11½; at fifty-five, to 14; at sixty, to 18½; at sixty-five, to 27½; at 70, to 43½; at seventy-five, to 66, and at 80, to 97½. It was stated that the total amount of the sickness experienced by each person in the 32 years elapsing between 18 and 50, was 260 days; in the 10 years between 50 and 60, 147 days; between 60 and 70, 299; and between 70 and 80, 712. Locality had very little to do with the ratio of sickness. It has also been found that the duration of sickness was in the inverse ratio to susceptibility of attack, as shown in the proportion of persons attacked with sickness. Thus in the northern parts of England nearly 20 per cent. were yearly attacked with illness, while in the midland districts 30 per cent. were so attacked; but, on the other hand, the proportion of sickness to each sick man in the north amounted on the average to 50 days, while in the midland districts it reached only to 36 days: the liability to attack being balanced by the duration, thus making very little difference in the amount of sickness experienced in one part of England when compared with another. With regard to the mortality experienced in Friendly Societies, it was very light, there being at age twenty, only one death in 135; at thirty, one in 130; at 40, one in 97; at fifty, one in 67; at sixty, one in 38; at seventy, one in 18; and at eighty, one in 8. This part of the inquiry coincided with previous investigations almost to repetition. The Report divided labour into two classes—viz., light labour and heavy labour; and each of these again into the two sections—labour in the open air, and labour under shelter; and the results showed a great difference in their ratios of sickness and mortality. The most healthy condition of existence appeared to be "light labour in the open air." The author concluded by enunciating the theory that the duration of sickness was in direct proportion to the vital power. Thus, let  $S_x$  the sickness, be multiplied into the numbers out of which one will die, or intensity  $I_x$ , it should produce a constant number  $C$ . It was stated that tables of payments required in Friendly Societies, calculated from the Report by Mr. Finlaison, were in the press.

**MAIDSTONE INFIRMARY.**—Mr. Thomas Cubitt has given £10 to this institution, as an acknowledgment of the services conferred on a boy while there, and who had been severely injured at the Burham works.

**CHOLERA IN THE MAURITIUS.**—According to despatches per the *Aringo*, cholera has broken out in the Mauritius, attacking the prisons, which were accordingly cleared out, and their inmates removed to the hulks. Port Louis was never less prepared than at present for this dreadful disease, and should it break out there with any violence the effects will be terrific. The number of cases to the 30th of May was 276, and of deaths, 170.

**TESTIMONIALS TO DR. WALKER.**—Dr. John Walker, late of Inverness, now of Birkenhead, has by this time received the last of the testimonials subscribed for by his friends in Inverness and its neighbourhood. The committee to whom the superintendence of the presentation was remitted, ordered, through their convener, the provost, a very handsome brougham, which has been presented to Dr. Walker. The carriage was made by Messrs. Macnee and Russell, of Edinburgh, and is of the best workmanship. On a silver plate inside, the following suitable inscription has been engraved:—"Presented to John Walker, Esq., M.D., by a number of his friends and well-

wishers in Inverness and its vicinity, as a tribute of personal esteem and regard, and in testimony of their high respect for his professional character. 1854."

**MELBOURNE UNIVERSITY.**—Professor M'Coy, of the Queen's College, Belfast, has been unanimously selected by Sir J. T. W. Herschell, Professor Airey, (the Astronomer Royal,) and other members of the Melbourne Professorship Committee, to fill the Chair of Natural Sciences in this university. The stipend is £1000 a year, with a house, and allowances for travelling expenses, &c. Professor M'Coy is nephew of the late Frederick William Conway.

**POISONED SWEETMEATS.**—On Tuesday, Mr. Baker held an inquest in Bethnal-green, on a girl, aged eighteen, who had been in the habit of eating sweetmeats, and who died on Sunday from mortification of the stomach, produced, according to the medical evidence, by the poisonous ingredients used in colouring the sweets of which the deceased had partaken.

**THE EMIGRANT CHOLERA PATIENTS.**—The cholera is rapidly disappearing from the ship *Dirigo*, through the promptness and activity of Government and the medical officials; there are only eighteen in the convalescent ward, five in the union hospital, and two in the depot hospital, all of whom are progressing well. It is also satisfactory to learn that not a case has occurred in the township of Birkenhead. The commissioners of the town have communicated with the Home Secretary, and the commissioners of emigration, London, urging the necessity of making adequate provision to meet any sudden outburst of cholera that might take place.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 22.**—In the week that ended last Saturday the total number of deaths registered in London was 1006, nearly the same as in the previous week. In the ten corresponding weeks of the years 1844-53 the average number was 1016, which, with a correction for increase of population, gives 1118. Last week's return, in which the deaths are more than a hundred less than the estimated amount, shows a favourable state of the public health at a time when it is threatened with a renewal of the cholera epidemic. The deaths returned last week as caused by zymotic diseases were 293, whilst the corrected average is 342; they show an advance on the previous week. Small-pox carried off 12 children, and 4 persons of twenty years and upwards, whilst scarlatina has increased its weekly proportion of fatal cases to 80. The latter disease has visited some families with severity, and in the present returns an instance is recorded in which three children died of it in the same family within six days. Diarrhoea has increased, and cholera has suddenly sprung into activity; the deaths from the former rose in the last two weeks from 46 to 53; those by cholera from 5 to 26. The Eastern Districts, especially Limehouse, are the chief field of its earliest operations.

## Obituary.

ON July 6th, at 1, Warwick-street, Charing-cross, of paralysis, ALEXANDER THOM, Esq., first-class staff surgeon, formerly of the 11th and 86th Regiments, and late principal medical officer at the Mauritius. By the death of Staff-surgeon Thom, the British army has been deprived of one of the most talented, energetic, and efficient officers of its medical service, to which he was an ornament, and at a time, too, when his great practical experience of the diseases of military life in foreign climates, and his acknowledged superiority as a superintending and directing medical officer, might have become available for economising the valuable lives of our officers and soldiers now serving on the banks of the Danube. The merit and services of Mr. Thom were well known to, and fully appreciated by, the present chief of the Army Medical Board, under whom he had served two years at Chatham, before he exchanged with the surgeon of the 86th Regiment, then in Scinde. Dr. Smith's ever-ready forwardness to advance Mr. Thom's prospects in the service, and his kind attention to him during his last moments, are gratifying proofs of how richly deserving of public reward he considered him. Having been selected by his chief for the important and onerous task of bringing up arrears of public medical business at the Mauritius, though labouring under indifferent health at the time, he did not shrink from the duty which had been assigned him. Leaving Bombay, where, for some time after the death of Dr. Kinnis, he had been acting as Deputy-Inspector of Hospitals, he assumed the office of principal medical officer at the Mauritius, on the 19th April, 1852. The estimation in which



his services, military and civil, were held by the authorities of this settlement, was evidenced by the complimentary Governmental order issued on his departure for England, and by the address from the Meteorological Society of the island, requesting him to accept the office of honorary president, with a vote that his portrait should be hung in the rooms of the Society. Apart from his duties there as principal medical officer to the troops, were those appertaining to his office of chief medical adviser to the Government, and between these his labours were so greatly increased that he felt a sacrifice, it is feared, to his keen sense of public duty and his untiring energy. Mr. Thom served with distinction in Portugal, the Ionian Islands, and in India. Next to his professional studies, the subject of meteorology was his favourite pursuit. His well-known work, "On Storms," was published in London in 1846, at the pressing request of Captain Beecher, assistant-hydrographer to the Admiralty, and of Captain Stokes, who had just returned from a survey of the Eastern seas. Its publication led to many gratifying testimonials from the scientific men of the day, with many of whom afterwards the author kept up a friendly correspondence. His excellent report on "Cholera," as it affected all the troops at Kurrachee, but more particularly the men of H. M. 86th Regiment, during June, 1846, was published by order of the House of Commons, in March, 1848. The dreadful mortality of this epidemic, which in a few days destroyed 700 fighting men and several thousand civilians, deeply impressed the profession and the public; and the report which embraces its history has been acknowledged to be a masterly production. Mr. Thom's career is a proof of how much talented individuals may, by persevering industry, accomplish for the honour of their profession, and for the benefit of their fellow-creatures; and to all desirous of attaining the same honourable distinction we would say, "Go and do likewise."

On the 21st inst., at Duke-street, St. James's, in his 69th year, John CALLANDER, Esq., late surgeon of the 7th Hussars. At Clapham-rise, Mr. FREDERICK CLIFFORD CHERRY, aged 74, principal veterinary surgeon to the army. At Exeter, Mr. JOHN FERGUSON BACON, late surgeon on the Bengal Medical Establishment.

## The BRITISH MEDICAL DIRECTORY for 1855.

It is particularly requested that the "returns" or "entries" for this Work may be forwarded as early as possible.

### TO CORRESPONDENTS.

*Chirurgus.*—The conduct of Mr. Home Popham throughout was most honourable. His evidence was clear, and evidently that of a man actuated by generous sentiments. To mark his sense of the traucers of Mr. Cooke, he placed a patient suffering from strangulated hernia under the care of that gentleman within a week after the occurrence of the operation for lithotomy.

*Aquarius.*—Pure spring water does not contain animalcules, the presence of which in any kind of water is a certain evidence of impurity. Thames water, as might be supposed, swarms with microscopic animalcules.

*M.D. Edin.* will perceive that the committee of the Royal Free Hospital have not accepted Mr. Cooke's resignation. It "is an example worthy of imitation."

*M.R.C.S.L. and L.A.C.*—However the levity of the judge may be condemned, we fear that the law was against our correspondent. It is only another instance of the gross injustice to which medical practitioners are exposed by the present state of the laws which regulate the profession.

*H.E.*—The bill of Messrs. Goulden and Sons is certainly a contemptible production.

*L.H.*—The extract of Indian-hemp is used as a sedative, in doses of three to five grains.

*A.B.*—Cases of the kind are not uncommon.

*L.F.*—The Apothecaries' Act does not interfere with the trade of the chemist and druggist.

*The Royal Maternity Charity.*—We will endeavour to find room for Mr. Sparkbrook's communication in our next.

*An Anxious Inquirer.*—At present we do not know what arrangements have been made. The information might be obtained by applying to the secretary at the hospital.

*Bur.*—It is not probable that the alteration will be made during the present session of Parliament.

*A City Man.*—It is doubtful whether any good would result from publishing the correspondence.

In conclusion of Dr. Henry Bennet's valuable paper, "On the Use and Abuse of Potassa Fusa and Potassa cum Calce in the Treatment of Uterine Disease" is unavoidably postponed.

The correspondence that has been addressed to us, relative to the proposed meeting at the Freemasons' Tavern, will be forwarded to the chairman. The hour will be changed from eight to three.

*Mr. W. E. Beaumont, (Toronto).*—It will scarcely be necessary, as we publish Mr. Beaumont's lecture entire, to insert his letter in THE LANCET. Our attention has been directed to the subject of which it treats by the perusal of some articles in the *Upper Canada Medical Journal*, referring to the matter. We trust that the misunderstanding may be amicably settled.

*A. B. C., (Norwich).*—Full information has reached us on the subject, which shall receive early attention.

*A Student.*—The double qualification is necessary. Those instances in which the surgeon possesses only one qualification are quite exceptional cases.

*A Friend.*—Under existing circumstances, it is desirable not to open the controversy.

*Pater Familias.*—Full information will be found on all the points enumerated in the next Students' Number of THE LANCET. That number will be published before the commencement of the next winter session, and in sufficient time to make all necessary arrangements.

### REPORTED EXEMPTION OF MEMBERS OF THE JEWISH PERSUASION FROM ATTACKS OF CHOLERA.

To the Editor of THE LANCET.

SIR,—In your journal of last week, in the "Notices to Correspondents," I find the following on the above subject:—

"Mr. G. L. Spencer.—Several letters and other articles appeared in this and other journals respecting the subject. It was suggested by one correspondent that the Jews were exempt from cholera, in consequence of eating much olive oil. Other correspondents were of the same opinion; but others again attributed the exemption to other causes, one of which was the care which the Hebrews exercise in their diet, avoiding shell-fish and other articles likely to produce diarrhoea."

In the paper I had the honour to read before the Epidemiological Society on the 3rd of July, "On the Use of Vegetable and Mineral Acids," &c., an abstract of which appeared in THE LANCET of July 15th, having spoken of the use made of vinegar with articles of diet by the ancient Jews, I remarked:—

"Perhaps it will be found upon further inquiry that the members of the Jewish persuasion of the present day are somewhat indebted to the use made of vinegar and lemon-juice, as well as to olive-oil, for their reported exemption from attacks of cholera. I possess a statement of the use made of both of these vegetable acids with articles of diet, which serve to throw some light on this subject. The merit hitherto, as far as I know, has been given to olive-oil, abstinence from spirituous liquors, as well as to the precautions taken with respect to animal food before cooked, and to the rigid observance paid to the cleanliness of all cooking utensils."

Many medical men will have opportunities of inquiring of their Hebrew patients as to the use made of vinegar and lemon-juice by that sect; and should they hereafter find them exempt from the malady which may afflict others, it is hoped that, for the sake of science, and the benefit of the whole human race, they will impart their opinions of exemption to those whose desire it is to promulgate facts.—I am, Sir, your obedient servant,  
Berners-street, July, 1854. J. H. TUCKER.

*A Patient.*—There is no difficulty in procuring admission. Any governor of the hospital would, under the circumstances, give a recommendatory letter.

*J. C.*—Unless a special contract was made, the principal is not liable. If such contract could be proved, there is no doubt that the whole charge would be recovered. There have been several similar cases before the courts.

*A CORRESPONDENT*, signing himself *Veritas*, has addressed a letter to us relative to the abuses at the Royal Infirmary, Manchester. The composition is so defective, that the letter is inadmissible. The object of *Veritas* is to prove that no abuses exist in the infirmary, and that the assertions contained in a letter that was published last week are untrue.

*F. H.*—The case has not sufficient interest for insertion.

*M.B.*—The Bill was read a second time in the House of Lords on Tuesday last. *A Subscriber to THE LANCET.*—The words of the Act indicate clearly that the certificate of either the London or Edinburgh College is essential.

*A Surgeon, (Nottingham).*—Such a disreputable document deserves publicity:—

"Important to the Public!—Advice Gratis.—Mr. Day, Surgeon and Accoucher, Licentiate of the Faculty of Physicians and Surgeons, may be consulted daily at his residence, W. J. Day's, dispensing chemist and druggist, opposite the Review-office, Bridlesmith-gate, Nottingham."

Generally, that in consequence of his brother's residence with him they will secure what is so much needed in Nottingham, (especially for the benefit of the poor), a qualified opinion in all cases of sickness and disease, free of charge, and medicines prescribed dispensed at the usual druggists' prices.

"Mark the address.—W. J. Day, dispensing chemist and druggist, opposite the Review-office, Bridlesmith-gate, Nottingham."

*The Case of Captain Childs.*—We propose to offer some observations on the important case of Captain Childs in our next number.

*ERRATUM.*—In the Notices to Correspondents of last week, for Mr. Hardy read Mr. Harley.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. W. Liloy, (Sparkbrook); Mr. J. Eaton, (with enclosure); Mr. E. P. Mingay, (Dedham, with enclosure); Mr. F. Merry, (Shottesham, with enclosure); Mr. E. Locke, (East Dereham); Mr. B. Dawson, (Montreal); L. H.; Mr. T. Pearce, (Plymouth); Aquarius; Mr. W. L. Dickenson, (Wokington); Mr. T. Baker; An Indignant Member of the Profession; Mr. Wilkinson, (Sydenham, Kent); Parental Endowment Assurance Company; Adolphos; The Secretary of the Medical Benevolent College; Dr. O'Connor; *Veritas*; F. H.; M.B.; M.D. Edin.; M.R.C.S.L. and L.A.C.; H. E.; A Surgeon, (Nottingham); A. B.; L. F.; Buris; An Anxious Inquirer; Mr. W. R. Beaumont, (Toronto); A. B. C., (Norwich); A Student; A Friend; Pater Familias; A City Man; Mr. J. Tucker; A Patient; J. C.; A Subscriber to THE LANCET; Mr. M. Lockhart; Guido; An Observer; Mr. Harley, (Stockport Infirmary); Mr. Maxwell; &c. &c.

## Sir William Burnett's Disinfecting

FLUID.—This valuable Deodoriser and Disinfectant instantaneously destroys all BAD SMELLS without producing any itself. Its free use, as directed, PREVENTS CHOLERA and all CONTAGIOUS DISEASES.

Sold by all Chemists and Druggists, and at the Office, 18, Cannon-street, London-bridge.—N.B. Beware of a spurious and low-priced imitation.

## The Cholera Prevented by the

destruction of all noxious effluvia.

CREWS'S DISINFECTING FLUID. Recommended by the College of Physicians. The cheapest and strongest CHLORIDE OF ZINC.

Quarts, 2s.; Pints, 1s.; Half-pints, 6d.—Sold by all Chemists, Druggists, and Shipping Agents, and at Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

## THE MOST CERTAIN PREVENTIVE OF CHOLERA YET DISCOVERED.

FURTHER GREAT REDUCTION IN PRICE.

## Crews's Disinfecting Fluid is the

Best and Cheapest for the Purification of Dwelling-houses, Stables, Dog-kennels, Ships' Holds, Cesspools, Drains, Water-closets, &c.; the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion.

The extraordinary power of this Disinfecting and Purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other Disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crews's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide Instructions accompanying each bottle.

It is sold by all Chemists and Shipping Agents in the United Kingdom, in imperial quarts, at 2s.; in pints, at 1s.; half-pint, at 6d.; and in larger vessels, at 6s. per gallon.

Manufactured at H. G. GRAY'S, Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

## Cotyledon Umbilicus. — Epilepsy

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 25th, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Insipissated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

Taraxacum (Davenport's) Liquor, or Fluid Extract, prepared by Spontaneous Insipissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.

IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE AND IRON.

FROM DR. GOLDING BIRD.

"49, Russell-square.

"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.

"Fellow of the Royal College of Physicians,

"Physician and Professor of Materia Medica, at Guy's."

FROM DR. GEORGE P. MAY.

"Having for some time past extensively used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anemia, and, indeed, in all instances in which the exhibition of Iron and its Compound is indicated. This preparation appears to combine all the therapeutic powers of its constituents, without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of Childhood.

"Maldon.

"Geo. P. May, M.D."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, prepared by Spontaneous Insipissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON, 25 per cent. of Quinine. 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON (P.L.), 3s. per lb.

BI-MECONITE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, 15 to 30 Drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz. also the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, (of Poole,) in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, GREAT RUSSELL-STREET, BLOOMSBURY.

## Pure Coco-Oleine, as prepared by

PRICE'S PATENT CANDLE COMPANY, for use at the Hospital for Consumption, Brompton. It has no unpleasant smell or taste, and is sold at about half the price of Cod-liver Oil, for which it often proves an efficient substitute. It may now be had in sealed quart and pint bottles, from all retail chemists and druggists, and wholesale from the principal wholesale druggists, and from Price's Patent Candle Company, Belmont, Vauxhall, London.—Imperial Quarts, 3s. 6d.; Imperial Pints, 2s.

## JOZEAU'S COPAHINE MÈGE.

Or SACCHARATED CAPSULES, approved of by the French College of Physicians, successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of certain diseases. (See THE LANCET of November 6th, 1852.) Price per 100, 4s. 6d.; 50, 2s. 9d.

To be had of the Inventor, GABRIEL JOZEAU, French Chemist, 49, Haymarket, London, whose name is printed on the Government stamp; and all the principal Chemists.

## Hare-Lip.—Extraordinary Application and CURE.

Communication from Mr. BROADBENT, Surgeon, Ferry Hill, Durham.

MR. BENJAMIN NICKELS,

SIR,—I wish to state concerning your Plaster to the following effect. About ten days after an operation for Hare-lip, the boy fell against a stone step and ruptured the lip. The day previously I had received your Elastic Plaster, and on being summoned to the boy, (without much hope of success,) I applied three strips of the Plaster, extending from ear to ear, bringing the ruptured edges into apposition. Seven days after, the Plaster retained the cheeks in the position I had left them on the day of application. Fresh strips were then applied, and the edges ultimately united. In my opinion, no other plaster could have answered the intention, and I think it specially adapted to wounds on the face.

I remain yours obediently.

(Signed) G. W. BROADBENT.

NICKELS'S PATENT ELASTIC ADHESIVE PLASTER, and ELASTIC ADHESIVE BANDAGES, which are made on quite a new principle, rendering them a cheap, efficient, unvarying support as a spiral covering, or stocking (without the trouble of lacing), for varicose veins, sprains, weak joints, and all rheumatic affections. These Bandages may also be cut and applied as ordinary strapping.

The Patentee has had the honour of receiving the highest testimonials in approbation of his ELASTIC PLASTERS from the following most eminent Members of the Profession, and many other Gentlemen, by whom they are patronized and used in their hospital and private practice.—J. C. W. LEVER, M.D., Physician Accoucheur, Guy's Hospital, Mr. FRAUVESSON, Surgeon to his Royal Highness Prince Albert, Prof. Surgeon, King's College, London; Surgeon King's College Hospital. Mr. HILTON, Surgeon, Guy's Hospital, Surgeon to the City of London Hospital for Diseases of the Chest.

THE PATENT ELASTIC COURT PLASTERS are found most superior both in appearance and quality.

Sold by all principal Chemists in the United Kingdom, and by Mr. BENJAMIN NICKELS, Surgical Plaster Manufacturer, 9, Camberwell-green; London.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lyttae P.L., easily applied and removed, and will not produce stranguity or troublesome after-sore. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1852.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction."

60, Grosvenor-street, London. "Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicatory, when carefully applied, and has not been productive of any degree of Stranguity.

"ANDREW SMITH, M.D., Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared by Thomas B. Brown, Pharmaceutical Chemist, 49, Admiral-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignees, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

## Hooper's Waterproof Sheeting, for protecting Bedding from Sloughing Sores, Incontinence of Urine, Hemorrhage, &c.

Mr. Hooper has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft, and inodorous; it is not affected by Urine, Heat, nor Cold, Acids, nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with Valves, for sitting, lying, or travelling, in any position.

HOOPER, Pall Mall East, and Grosvenor-street, London.

## Purification of Linen—Prevention of

Disease.—J. BOILESSVE, 55, King William-street, City, London, solicits the attention of the nobility and gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1853.

Sir,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) put up in the Laundry at Woburn Abbey in May, 1852, by Mr. Boilessve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy; I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

I am, Sir, your obedient servant,

J. Boilessve, Esq.

J. PALFREMAN, House Steward.

## Warming and Ventilating, by Hot

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

Highfield, Berkhamstead, Herts., January 24th, 1854.

Sir,—I read some time ago in your valuable paper, an article advocating the need in this climate of warming dwellings with some simple apparatus, giving ventilation, combined with the healthiest temperature, at a great saving of fuel. I am very glad to give you the result of my experience of a new kind of stove, named "Calorifere," erected some months ago at this residence by Mr. J. Boilessve, London; it answers its purpose perfectly; the house and every room to which the ventilation is adapted, is kept at an agreeable temperature, with an utter absence of the oppressive atmosphere usually experienced by all other methods of warming dwellings; that I have seen several persons, some of them highly scientific, who have examined the apparatus and have expressed themselves satisfied, and consider it a most perfect application of warm air and ventilation combined. The cost of warming the house and conservatory attached, has been *Eightpence per twenty-four hours*, during the late cold weather, and the trouble of attendance is very little. The economy of fuel will cause this stove to be generally adopted. I have no doubt, more especially as the charge for coals is constantly on the increase. The stove in operation should be seen to be appreciated, and I can add, from my experience of its effects during this winter, that it is invaluable for any invalid in so variable a climate as ours, and no one can be aware of the comfort until it is tried.

I am, Sir, yours obediently, a Subscriber,

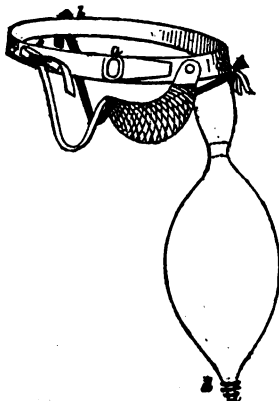
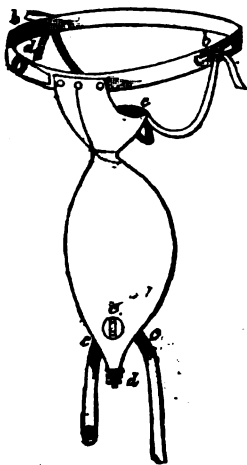
The Editor of the Times.

E. W. FERRIS.

## India-rubber Urinals for Male and FEMALE RAILWAY TRAVELLERS AND INVALIDS.

No. 1.

No. 2.



URINAL FOR BED USE.  
Price 15s., 18s., and 21s.

URINAL FOR TRAVELLING.  
Price 15s. and 18s.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their construction prevent the objectionable smell complained of in those of other Manufacturers.

Manufactured by W. S. SPARKS, 115, New Bond-street, London.  
A liberal discount allowed to the Medical Profession.

## Mr. T. H. Wakley's Stricture Instruments.

Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.

## New Urethrotome, by Mr. Ure,

Surgeon of St. Mary's Hospital, described in THE LANCET of June 10th. —Manufactured only by PRATT, Surgical Instrument Maker, 420, Oxford-street. The cheapest House for Elastic Stockings, Trusses, &c. Wholesale and Retail.

## Anatomical and Dental Repository,

45, Museum-street, Bloomsbury, London. —JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

## Darby and Gosden beg to call

the attention of the Medical Profession to their CHARCOAL RESPIRATORS, made according to the principle recommended by Dr. STENHOUSE, as a preservative from contagious diseases or a poisonous atmosphere. They have been approved of by the Society of Arts in Edinburgh, and many eminent Physicians and Professors of Chemistry in London.—An inspection of their powers requested.

140, LEADENHALL-STREET, CITY.

## ELECTRICITY

FOR NERVOUS, FUNCTIONAL, AND RHEUMATIC DISEASES.



MEINIG'S New and Greatly Improved GALVANIC ELECTRO GENERATOR, for supplying vito-functional energy to any organ in want of the same, and to the system generally, may now be had at the Establishments, 103, Leadenhall-street, and at 213A, Piccadilly. All wet and metallic contact with the Body is entirely obviated; it acts with water alone, without acid, the action lasts more than twenty-four hours after each damping, and can be renewed and regulated without undressing, the Generator, enclosed in an envelope, being carried in the pocket or suspended from the neck.

THE EXTRAORDINARY CURATIVE VIRTUES OF THESE MILD CURRENTS OF ELECTRICITY ARE NOW FULLY ESTABLISHED BY EXPERIENCE. The Prospectus (to be had gratis or by post for Two Stamps) contains the names of more than 800 persons cured within the last eighteen months, and this remedy is now adopted in nearly all the Hospitals, and by the most eminent practitioners. Sold at 6s. and upwards, according to power, at C. MEINIG'S, 103, Leadenhall-street, and 213A, Piccadilly.

N.B.—In the first stages of CHOLERA the continuous current from the colon to the liver has been found eminently successful in checking the further progress of the disease.

POCKET-BATTERIES for Medical Practice on the same principle. (Intensity of 120 cells within the space of a small pocket-book.) 103, LEADENHALL-STREET and 213A, PICCADILLY (near Regent-circus.) Prospectus gratis, or by post for two stamps.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

FIG. 2.

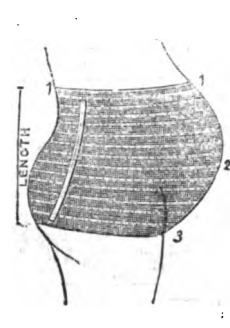
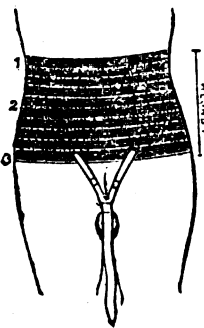


FIG. 1. BELT AND AIR-PAD FOR PROLAPSUS UTERI OR ANI.—Mr. Bourjeaud begs to state that the apparatus here figured has been found extremely useful in cases of prolapsus uteri or ani, and with patients, especially females, who require support for the perineum. The compressing agent is a caoutchouc bag, filled with air; it is in the diagram hanging loose in front of the patient, and is fixed in its place by the strips of elastic tissue, the free extremity of which is seen. The latter is fixed to the lower and posterior margin of the belt, and by the elasticity of the bag and straps sufficient compression is made, and not the slightest uneasiness is experienced. This is a most valuable adjunct to surgical and obstetrical practice, and is highly appreciated by the most eminent members of the profession.

FIG. 2. This is a most useful belt, called the ABDOMINAL SUPPORTER. It is made of varying strength, to suit the peculiarities of patients, and is most useful during gestation or after parturition, to forestall the uncomfortable state called pendulous abdomen. During gestation, it relieves the veins from the pressure of the distended womb, and thus prevents swelling of the legs; and after the birth of the child it is most valuable to those ladies who are anxious for the look of their waists. This belt is most useful in cases of dropsy, especially when ovarian, as the pressure may be increased so as to conduce, in favourable cases, to the absorption of the fluid. Mr. Bourjeaud cannot too strongly recommend this belt to corpulent people: they will find it a real comfort.

## Caution!—Messrs. Allsopp and Sons

find it necessary to caution the Public, and especially Shippers of their Ales to the Colonies, against frauds committed by parties in selling spurious Ales for those of Messrs. ALLSOPP & SONS.

Messrs. ALLSOPP & SONS have felt compelled, by the extent to which this disgraceful practice has been carried, to proceed, in several cases, by obtaining Injunctions from the Court of Chancery; and have ultimately been driven to prosecute criminally, for the commission of this offence. They beg to call attention to the case of "THE QUEEN v. GRAY & GOSLIN," in which Lord Campbell sentenced the parties charged to TWELVE MONTHS IMPRISONMENT WITH HARD LABOUR.—*See Times and Morning Advertiser of the 18th May.*

Messrs. ALLSOPP & SONS will thank all persons having reason to doubt the genuineness of any article sold under their name, to send them the earliest information, in order that immediate steps may be taken for prosecuting the parties.

Messrs. ALLSOPP & SONS will be happy to furnish the names of respectable houses, where a supply of their Ales may be depended on, as genuine from the Brewery.

Brewery, Burton-on-Trent.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts; delivered free within four miles. Merchants supplied with Pale Ale and Porter for exportation at the lowest prices.

WOOD & WATSON, 16, Clement's-lane, City.

## Malt Tax—addition of 50 per cent.

BASS'S EAST INDIA PALE ALE.

BERRY BROS. & CO. take the liberty of announcing that they have now on hand, in Cask and Bottle, an ample supply of BASS'S PALE ALE, with all its accustomed beauty of flavour and delicacy of colour, and WITHOUT ANY ADVANCE IN PRICE.

3, St. James's-street, London.

## Baron Liebig on Allsopp's Pale Ale.

"I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust."—*Glossen, May 6.*

ALLSOPP'S PALE ALE ONLY IS BOTTLED BY PARKER & TWINING, Beer Merchants, 54, PALM-MALL.

IMPERIAL MEASURE.—Quarts, 8s.; Pints, 5s.; Half-pints, (for luncheon,) 3s. per dozen. Also in Casks of 18 gallons and upwards.

## Allsopp's Pale Ale.—Medical gentle-

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1853, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BOTTLED PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

## George Hanson's Sparkling Hop

CHAMPAGNE, Quarts 18s., Pints, 12s., Sparkling Nectar, 8s., bottles included; Hampers, 1s.

This new and exhilarating beverage, possessing the fine aroma and pure tonic properties of the Hop, with all the brilliancy of the foreign Champagne, stands unrivalled as a luncheon and dinner luxury. To Invalids it is invaluable, and can be taken without affecting the head—its habitual use assisting the digestion.

To Merchants and Captains it will be found an excellent article for Export—to Passengers in sea-sickness this restorative will be highly appreciated—it will be found a cool and refreshing drink at the Mess Table—and in Warm Climates most desirable.

G. H. has the greatest confidence in recommending the above, and the demand, which its excellence has created, is sufficient guarantee of its quality.

May be had at most of the Taverns and Refreshment Rooms in the neighbourhood of the Crystal Palace.

Sold Wholesale, Retail, and for Exportation, by the Manufacturer, GEORGE HANSON, 39, Clement's-lane, Lombard-street, City.

## Tobacco Smoking.—Tobacco Smoke

contains two very powerful poisons, which, when absorbed by the system, as in ordinary smoking, produce many serious diseases destructive of the physical and mental health of the smoker.

PHILLIPS and CO.'S Patent Condensing and Filtering Pipes and Stems for Meerschaums are the only inventions known that permit of healthful smoking, and which the medical profession will find worthy of their notice as a valuable therapeutic agent in all cases where the smoking of tobacco and stramonium may be desirable.

Read the Smoker's Friend, or the Philosophy of Smoking, which may be had gratis of all Phillips and Co.'s agents, and also of the Patentees and Manufacturers, 9, Lyon-street, Caledonian-road, Islington, London, who will send them post free to all applicants.

A Pipe or Stem sent post free, price 2s. each, or two for 3s. 6d.

## Metcalf and Co.'s New Pattern

TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO.'S only establishment, 130 n and 131, Oxford-street, second and third doors west from Holles-street. Metcalf's Alkaline Tooth Powder, 2s. per box.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMCEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## Cocoa of the finest quality, prepared

in the best possible manner.—Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 8d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s., for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

## DOMESTIC ECONOMY

## H. Sparrow and Co. beg to announce

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Soucheong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the Kingdom. Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes,—light for supper,—and alternately with the Patent Barley is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON, BELLVILLE & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London. Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d., and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Do you bruise your Oats yet?—New

Oat-crushers, £3 15s., £4 5s.; Chaff-cutters, £1 7s., £3 7s.; Mangles £2 10s.; Flour-mills, £4 10s.—WEDLAKE and Co., 118, Fenchurch-street.—One bushel when crushed makes two.

How to Keep a Horse for 2s. a Week; or a Book on Feeding, 1s. 4d.

## Rice Harris and Son, Islington

GLASS WORKS, BIRMINGHAM, and No. 1, THREE KING-COURT, LOMBARD-STREET, LONDON.—PATENT SANITARY GAS SHADES.—These Shades, manufactured exclusively by RICE HARRIS and SON, on an entirely new principle, effectually destroys the effluvia and smoke, which have hitherto made the use of gas so objectionable in dwelling-houses and offices, where cleanliness and freedom from smell are of importance. They are simple and inexpensive, and may be had in a variety of forms adapted to the style of fittings or the taste of the purchaser, at the Works in Birmingham, and at Mr. JOHN SHORTER'S, Crispin-street, Spitalfields, London.

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## Important Saving, by Pre-payment,

in the PURCHASE of NEW WHITE MOULDED VIALS. APSELY PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

1 oz., 1 oz., & 1 1/2 oz. per Gross, 6s.	
3 oz. " " 7s.	
3 oz. " " 8s.	
4 oz. " " 10s.	
6 oz. " " 15s.	
8 oz. " " 18s.	

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

4 1/2 oz. graduated in 3 doses 12s. 6d. The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

APSELY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.





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MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS,

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(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

**Assistant.—A Licentiate of the Hall,**  
married, aged twenty-five, is in want of a Situation as Out-door ASSISTANT. He is accustomed to Union and Club Practices. Good references given.—Address, stating salary, to C. L., Post-office, East Duesham, Norfolk.

**A married gentleman, of active**  
habits and experience, both in town and country, wishes for a PARTNERSHIP with an elderly or invalid Practitioner.—Address, L.S.A. care of Messrs. Gale, Baker, Warde, and Oldfield, Bouverie-street, Fleet-street.

**Medical Assistant wanted by a**  
Surgeon in the country. One qualification required. Salary £40 per annum, with other privileges.—Address to T. T. W., care of Messrs. Gale, Baker, Warde, and Oldfield, Bouverie-street, Fleet-street, with two references

MEDICAL.

**The Advertiser, who has served three**  
years of his apprenticeship with a Surgeon in the country, wishes for a Situation with a Medical Man in London, to whom his indentures can be transferred.—Address, Messrs. Gale, Baker, Warde, and Oldfield, Wholesale Druggists, Bouverie-street, Fleet-street.

TO THE MEDICAL PROFESSION.

**To be Disposed of, a good Practice,**  
on very advantageous terms, in a populous village and neighbourhood in the county of Lincoln. To a qualified and industrious gentleman this offers a rare opportunity.—For particulars apply to P. O., at Mr. Smedley's, Bookseller, Sleaford.

**Wanted, by a Surgeon in the country,**  
a duly-qualified ASSISTANT, to Visit and Dispense. It is requisite that he should have a thorough practical knowledge of his profession. One having a knowledge of the Welsh language would be preferred.—Address, stating age, reference, and salary required, to D. Davies, Esq., Brynagolwg, Aberdare.

**King's College, University, or**  
MIDDLESEX HOSPITALS.—An M.D. London, Associate of King's College, and L.A.C., residing near Cavendish-square, and attached to a Public Dispensary, wishes to receive a PUPIL, with nominal Apprenticeship if required.—Address, M.D., care of Mr. Reed, 15, John-street, Regent-circus.—References to former pupils.

**Wanted, an Assistant, with at least**  
one qualification, to take charge of a small Branch Practice in a large town. The situation would be permanent. Salary, £80 per annum, with one-fourth of the Midwifery fees, for the first year; afterwards, an additional percentage on the receipts.—Address, Medicine, Messrs. Butterfield and Clarke, York.

MEDICAL.

**Wanted, by a young gentleman,**  
(L.R.C.S.E.), a Situation as ASSISTANT to a General Practitioner in England, where every opportunity would be afforded him of gaining a practical knowledge of his profession. Salary not so much an object. Satisfactory references can be given.—Apply to T. W., Coldstream, Berwickshire.

**Medical Partnership Wanted in a**  
large town in the north of England, where the present proprietor is still active, but wishes to relieve himself of a portion of his more arduous duties. The Advertiser is twenty-five years of age, and possesses a double qualification.—Address, stating terms, &c., to Alpha, Box 1, Post-office, Wakefield.—None but principals need apply.

**A gentleman, aged 19, son of a**  
clergyman of the Established Church, wishes to obtain a Situation (in Birmingham or its immediate neighbourhood) as ASSISTANT to a Surgeon, where, in return for his services, he would be permitted to pursue his Hospital Studies, and afforded a comfortable home, with gentlemanly treatment.—Address, T. M. D., care of Mrs. Bogle, Stationer, Dudley.

**The Friends of a Lady, for whom a**  
change from home is desired, wish to place her in the family of a Medical Man, residing within an easily accessible distance of London, where she may obtain kind and careful attention, with cheerful society.—Address, with full particulars, terms expected, &c., to Dr. Lever, Wellington-street, London-bridge.

TO SURGEONS AND APOTHECARIES.

**To be Disposed of, the Stock, Fixtures,**  
Goodwill, and Lease of a SHOP and DWELLING-HOUSE, situate in one of the most public thoroughfares in Manchester. The business has been conducted for the last eight years by a respectable surgeon, who is declining it solely in consequence of increased professional engagements. Sum required, about £600.—Apply to Messieurs Deloitte and Halliday, Accountants, 29, Dickinson-street, Manchester.

**Medical Transfer and Partnership.**

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RETIRE, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

**Assistant.—A gentleman, fully**  
qualified, aged thirty-five, of much experience, wishes for a Situation, or to act in the absence of the principal. Satisfactory references given.—Address, L. R., THE LANCET Office.

**Mutual Advantage.—A General**  
Practitioner in London is desirous of EXCHANGING his PRACTICE for that of a gentleman practising in the Country.—For further particulars, address H. B., THE LANCET Office, Strand, London.

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Vol. II. 1854.

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"Giessen, Oct. 30, 1847.

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The late

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## On Medicine.

DELIVERED BEFORE THE

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DURING THE SESSION OF 1853-54.

By THEOPHILUS THOMPSON, M.D., F.R.S.,  
PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION.

## LECTURE III.

## ON THE TREATMENT OF PULMONARY CONSUMPTION.

*Palliative treatment. Night perspiration. Diarrhoea. Cough. Adaptation of treatment to the element of the disease and to its different stages. Digitalis. Animal and vegetable oils: Sperm; Seal; Malabar; Cod; Sunflower. Cocoa-nut oil shown to have properties analogous to that from cod-liver. Introduction of oil by the skin. On the correction of hereditary tendency to phthisis and scrofula. Conclusion.*

MANY years have not passed since the treatment of pulmonary consumption was almost confined to the palliation of urgent symptoms, and no encouragement was afforded for the expectations we may now occasionally entertain of witnessing permanent amendment under improved methods of management—expectations which may be cherished chiefly in cases subjected to treatment at an early period, and in those instances of advanced disease where cavities are distinctly bounded, and tubercular infiltration does not exist extensively in the lungs.

Even as respects palliative measures there has been of late some accession to our resources. In support of this assertion, let me briefly notice three distressing incidental symptoms—namely, night perspirations, diarrhoea, and cough. In the treatment of night perspirations, sulphuric acid was formerly the remedy most commonly employed, and with very partial success. Other acids, such as the gallic and the acetic, are probably more effectual for the purpose. Considerable abatement of the symptoms may often be derived from the use of a night-dress dipped in sea-water or a solution of salt, and dried; but a most important improvement in the treatment of this symptom is the administration of oxide of zinc at bedtime, in doses of about four grains, combined with any anodyne extract, such as henbane or hemlock. This property of the oxide was first observed by Dr. Robert Dickson. The mode of action of the remedy is undetermined, but the relief induced by its administration is more decided than from any other medicine with which I am conversant.

One of the most trying of the complications of phthisis is diarrhoea. It is not my present intention to attempt a description of the various modifications of this condition, but a few practical remarks on the subject may not be inappropriate. When diarrhoea is associated with intestinal ulceration, or with an appearance of the tongue and other circumstances indicating irritation of the mucous membrane, the diet, notwithstanding the existence of debility, must be bland and unstimulating. Instances dependent on a relaxed state of the intestinal exhalants may require astringents. The peculiarities of the individual case must determine whether we select the preparations of silver, copper, or lead. My experience, however, during the last six years, has confirmed my impression, that of all the remedies which have been recommended for this affection, there is none more generally available than tris-nitrate of bismuth. This medicine, combined with a little gum and magnesia, and when necessary with Dover's powder, perseveringly employed, usually affects the object more permanently than other measures, and without inducing any opposite or collateral evils.\*

The variety of remedies employed for the relief of cough serves to show how intractable this symptom often proves; and I think we may assert that, till within a few years, sooner or later, opium, in some one of its many preparations, has usually become the chief reliance of the practitioner in its treatment. I rarely meet with instances where the inhalation of chloroform, combined with three times the quantity of spirits of wine, fails to relieve; but there are objections to the

indiscriminate use of so powerful a measure. Often the inhalation of camphorated spirits is equally effectual; sometimes the vapour of warm water, or infusion of hops. The simple expedient of swallowing a little oil slowly often gives more relief than the use of what are called intentional medicines. In some irritable conditions, tincture of aconite, in doses of four minims, is worth the trial. When expectoration is profuse, creasote, pyroacetic spirit, infusion of pitch, or balsam of Tolu, may be administered; but of all the remedies referable to this class, appropriate for cases accompanied with profuse expectoration, not one has proved in my hands so efficient as petroleum, or Barbadoes tar, the cough being frequently relieved, and the expectoration rapidly moderated, under its use.

On the treatment of hæmoptysis I need not dwell. Single doses of mercury, and a few saline aperients; antimony, even bleeding, may, in special cases, be requisite. Direct astringents, such as gallic acid and acetate of lead, may occasionally be required. In a larger proportion of cases, turpentine is the most satisfactory remedy, but not unfrequently it is inexpedient to attempt the sudden arrest of hæmoptysis, since, when moderate, it is rather useful than dangerous. Such are a few simple hints which I would venture to offer as derived from my own observations of the treatment of individual symptoms. It is not my present object to give an elaborate essay on the treatment of phthisis, but rather to confine my remarks to the statement of opinions either formed or confirmed by my special opportunities for investigation. I feel that a detailed review of the subject would scarcely harmonize with the broad principles which it was the object of preceding lectures to illustrate. The symptoms thus briefly noticed are but incidental evils springing from that error of the organism which I formerly described as exhibiting itself locally in faulty cell-formation, generally in defective blood, and disturbed, imperfect, hurried action. No satisfactory or systematic view can be presented on the subject of treatment without regard to the different degrees of progress of the morbid action.

The disease may be only threatened. Rapid growth, some approach to the phthisical physiognomy, a pearly or somewhat coloured margin to the gums, observed in a member of a consumptive family, although not considered an invalid, may be the chief indications of the impending disease. In such instances well-arranged exercise, especially of the arms, as in fencing or archery, the adoption of judicious plans of education, and the appropriate choice of climate or employment, may often avert decided mischief.

But supposing local pulmonary disease to be commencing, as evinced by a disposition to chilliness; a feeling of oppression under the sternum; gnawing sensations about the scapula; effort in making a thorough expiration; prolonged expiratory murmur; hæmoptysis; expectoration, of the character described in my first lecture, (see figs. 3 and 4,) as resembling isinglass in appearance; a pulse evincing the characteristics formerly described.—Congestion should then be obviated. A dose of blue-pill, followed by an aperient, may be administered. Sometimes the application of a few leeches applied over the threatened part, and the administration of liquor potassæ with infusion of cascarrilla, may be advantageous.

But softening may occur, the second stage be established, with the clicking, or "humid crepitation," as an auscultatory sign, expectoration exhibiting, perhaps, elastic tissue under the microscope, as well as characteristic cells of tubercular character. The treatment must then be cautious, unstimulating, but strengthening, exposure to cold or heat must be shunned; change to a tropical climate is now dangerous, and even the excitement of sea air may do harm.

When the third stage is established, indicated by gurgling or amphoric respiration or cough, we have to adopt such treatment as shall strengthen the constitution of the patient, so as to become tolerant of the local disorganization, reparation of which can be expected only under very favourable circumstances and assiduous care.

Such general statements as those which I have offered will not, however, satisfy minds anxious to make a distinct and decided step in the treatment of this fatal disease. Do the modern acquisitions furnished by pathology, zoo-chemistry, and histology, assist us in establishing any principle calculated to determine the appropriate treatment? The chemical condition of the blood of the consumptive patient is, in some respects, analogous to that characterizing chlorosis; but it is not the true olichæmia of that disease, and iron will not cure, although it may often be beneficial as an auxiliary.

We have described the deviation from the natural condition in the process of cell-formation as the earliest local manifes-

\* See Transactions of the Royal Medical and Chirurgical Society, vol. xxxi., page 305.  
No. 1614.

tation of phthisis. Will our knowledge in this respect assist our decision? Fat degeneration, tubercular degeneration, and cancerous disease, in their cellular relations, may be contrasted. Cancer-cells as compared with phthisical, having, perhaps, more of albumen and less of fat, but the nature of the action is more important than the attendant chemical conditions. In fatty degeneration, we have life failing; in tubercle, running out by undue rapidity; in cancer, running riot.

Is there any kind of treatment calculated to moderate this undue action, and at the same time give tone? I have lately tried the influence of digitalis. The effect of this remedy in lowering the pulse is well known; but I have been interested to observe that the rule obeyed by the phthisical pulse is no longer strictly applicable when the sedative influence of digitalis has been produced on the heart. If the anomaly of pulse formerly described depends on the presence of the tubercular element in the blood, the restored susceptibility to change of posture might seem to imply that some effect is produced on the tubercular disease. It is worthy of note that some of the most able physicians of the last century attached great importance to the use of digitalis in pulmonary affections. Dr. Ferriar's remarks on the subject evince an honesty and intelligence which entitle them to our respect. "Digitalis," he observes, "has often quieted the pulse, relieved the cough, and given the patient feelings of recovery." He adds, "the patient's ultimate recovery is not to be confidently expected, even when the pulse is reduced in velocity, and the symptoms are evidently mitigated by the action of the medicine. Many disappointments have taught me not to be elated by one or two instances of success, and I should deceive the public if I presented to them only examples of fortunate practice. To cure (such disorganization as we sometimes observe after death) would require an effort of the power which first created the living body."

It would be unreasonable to disregard the assertion made by so cautious and trustworthy a physician, that, after seven years of careful experiment (from 1792 to 1799) he had come to the conclusion that digitalis, with iron for the scrofulous phthisis, with opium for the florid, enabled him often to hope for a cure under circumstances which would formerly have precluded all hope of recovery. On the whole, we may venture to suggest that the endemic introduction of digitalis, by means of a blistered surface, may occasionally prove worth the trial, as an auxiliary measure, at the commencement of some cases of consumption.

The importance of careful and discriminating attention to the peculiarities of each individual constitution must not be overlooked; still there is one medicine so safe and, in a large proportion of cases, so useful, that I shall be excused for giving it a prominent consideration in the remainder of the lecture. Perhaps there is no substance, the value of which has been in a short time established by so large an accumulation of evidence, as cod-liver oil. About ten years since, in my office as one of the Pothergillian adjudicators, some remarks in one of the competing essays, regarding the efficacy of this remedy in scrofula, induced me to try the medicine in consumption. As far as I am aware, the earliest extensive trial of cod-liver oil in London was made by me at the London department of the Hospital for Consumption, and the results of that investigation were detailed to this society, the coarse kind, such as is used in tanning leather, being employed. Of the first thirty-seven patients, ten were greatly benefited, and increased materially in plumpness and strength; twelve were slightly improved; twelve remained unchanged; and three were obliged to discontinue the remedy, on account of the nausea which it occasioned. Under the use of this oil all the symptoms were ameliorated; the pulse became slower, the cough and expectoration lessened, the night perspirations abated, diarrhoea ceased, and the urine often ceased to exhibit the excess of uric acid. The diminished liability to hectic in patients thus treated furnished remarkable evidence that this variety of fever has more relation to conditions of blood than to local disorganization. It is obviously a question of great practical interest, whether cod-liver oil owes its efficacy to some ingredient not present in other oils. With a view to determine this question I tried various other oils, such as sperm and seal, and the result was a conviction that fish oils generally resembled one another in their remedial properties, although differing in their aptitude for digestive assimilation in the human stomach. It seemed to me an object of interest to determine whether other animal oils not derived from the liver possessed similar powers; and in the year 1849 I made many experiments in the use of neat's-foot oil. Of the first fourteen patients to whom I administered the substance, seven were essentially benefited, (in three the disease was arrested,) in five there was no obvious improvement; only two lost ground. The oil of neat's foot,

therefore, can fairly be compared with that of cod's liver, although, being equally disagreeable to the palate of most patients, it is not likely to come into general use. Dr. Radcliffe Hall, of Torquay, having incidentally heard of this remedy, gave it a trial, and published a favourable account of the effects in the *Monthly Journal* for July, 1852. This physician, not having seen the description of my experiments, his statements furnish an independent confirmation of my conclusions. Neat's-foot oil would appear to be adapted to some cases in which there is too much irritation of the intestinal mucous membrane to bear the administration of the cod-liver oil.

I have also tried an animal oil obtained from a soft, solid fat found between the parchment and the leather skin of animals. The most remarkable properties of this oil are, its very slight tendency to become rancid, and its freedom from drying properties. It seemed not unreasonable to expect that it might prove as efficacious as neat's-foot oil; but as yet I have not been able to trace any important advantages to its use. I have tried an oil obtained from a species of fish abounding on the Malabar coast, and frequently with encouraging results. The inefficiency of almond and olive oil, excepting when combined with phosphorus, I have already reported. The result of these trials at first induced me to distrust vegetable oils in general; but happening eighteen months since to have a patient engaged in a cocoa-nut manufactory, it occurred to me to try the oil of this nut, which, from the nutritious qualities of the kernel, and the peculiar properties of the soap obtained from the oil, seemed worthy of special consideration. In the first instance, I tried the common oil—sometimes the solid, sometimes the fluid part. Subsequently, I have used a purified oil, (of which I show you a specimen,) which is obtained by pressure from crude cocoa-nut oil, as expressed in Ceylon and the Malabar coast from the copperah, or dried cocoa-nut kernel, and refined by being treated with an alkali, which deprives it of its unpleasant smell and taste. It is then repeatedly washed in distilled water, in order to separate any of the saponaceous compound formed by the combination of the alkali with the impurities and rancid matter of the oil. It burns with a feeble blue flame, and is undrying. For the supply of this oil, and for much valuable aid in my investigations, I am indebted to Mr. George Wilson, of Messrs. Price and Company's establishment. Mr. Wilson has given to my suggestions the ready attention of an enlightened mind, and I am happy to bear witness to the value of the sympathy and co-operation which the well-informed laity can often render in our medical endeavours to apply scientific research to purposes of practical usefulness.

Of the first thirty cases of phthisis in which I administered the cocoa-nut oil, nineteen were much improved, five remained without material change, and only six got worse. Of the last twenty-three, fifteen were materially benefited, three remained unchanged, and five became worse. Three of these five were in so hopeless a condition at the time of commencing the remedy, that my clinical assistant thought it scarcely fair to include them in the report. I was careful, for the most part, to avoid the concurrent use of any other medicine; and it is proper to mention, that a large proportion of the patients had previously taken cod-liver oil, and discontinued it, from being disappointed of benefit.

Another oil which I have tried is that of the sunflower seed. It is slightly drying, and burns with a smoky flame, showing a large proportion of carbon. Although the sunflower seed is much used for feeding and fattening poultry, the oil has not, medicinally, afforded me much satisfaction. I have occasionally alternated it with the animal fat oil. Each of these oils has occasionally done a little good after the failure of the other, but no results have occurred worthy of record.

I felt curious to ascertain whether chemical science could suggest any explanation of the diversity of remedial properties in different oils, and, with this object, obtained from Mr. Dugald Campbell an ultimate analysis, which is subjoined, of some of the oils which I have employed.

#### Ultimate Analysis of Oils.

	Carbon.	Hydrogen.	Nitrogen.	Oxygen.
Cod-liver oil ...	80.18	13.72	0.246	5.354
Neat's-foot oil.	64.33	12.50	0.064	23.106
Cocoa-nut oil...	69.62	12.49	0.060	17.830
Olive oil.....	69.38	13.47	0.058	17.092

It will be observed that cod-liver oil differs materially from

the other oils in its elementary composition. The remarkable difference apparent between the proportions of these elements, especially of carbon and oxygen, in cod-liver oil, as contrasted with the other oils, might lead us to suppose that its superiority might thus be explained; but the inadequacy of such an explanation becomes obvious, when we further pursue the inquiry, and observe a close correspondence in elementary composition between olive oil, which may be regarded, when introduced into the stomach, as, medically, almost inert, and cocoa-nut oil, which is fairly comparable in efficacy with the oil obtained from the cod.

I have elsewhere supplied evidence,\* that the oils which I have chiefly employed evidently modify the condition of the blood. It is perhaps in this way that they accomplish more in correcting the morbid element on which phthisis depends, at whatever period administered, than any other remedy with which we are at present conversant. Can they be advantageously introduced by friction? For the last six years I have frequently adopted this plan, sometimes as a substitute, at other times as a supplement to the internal administration of the remedy, and often with excellent effects. In the first patient with whom I adopted this plan six years since, who was affected with vomica and exhausted by diarrhoea, the principal treatment consisted in rubbing in an ounce of the oil flavoured with lavender night and morning. He was restored to average health, and some years afterwards died of another disease. It is very rare that any measure of real value proves absolutely novel. I had till lately overlooked the fact that Aretæus, Celsus, Aurescians and Celsus, all speak ofunction with oil in phthisis.

Even neat's-foot oil at the commencement of this century was used by a quack named Samuel Braunston of Shuckburgh, in Warwickshire, for the cure of every disease, and cocoa-nut paste is used in the East for fattening poultry, although, as far as I am aware, its medical efficacy was hitherto unknown. I cannot believe, however, that the oil acts exclusively in the way of supplying nutriment, since on the use of a quarter of a pint a week a patient will often gain one or two pounds in weight. It seems to modify the condition of the granules which enrich the blood, and to dispose them to the calm progression of change by which they are made to contribute to the production of healthy structure. I have seen an ulcer with a surface of deficient granulations brought speedily into a healthy healing condition by the daily application of a drop or two of cod-liver oil. Let a few granules be brought into healthy action, and the mass of granules seem to adapt themselves to the law of improvement. The part of the ulcer not directly in contact with the oil is still modified by its influence, and I have sometimes been induced to suppose that something analogous to the contagiousness of action, (to use an expression of Liebig, as applied to some chemical phenomena,) must be concerned in such results. Let me mention, as an instance of this action, that nitric acid will not readily influence platinum; but if this metal be mixed with silver, the action which is immediately induced by the acid on the latter is soon extended to the platinum.

It is a popular, and probably correct, opinion amongst whale-voyagers, that their expeditions are a cure for consumption, the quantity of oil under such circumstances drank and introduced by the skin may contribute to a result which indeed may be further promoted by their active exercise and exposure to the air. In some hunting countries great efficacy is attached to drinking the blood from the jugular vein of a young doe. In both these instances collateral circumstances must be included in the consideration, and the same remark will apply to the experience of various observers, adduced by Dr. Simpson,† of the comparative immunity from scrofula and phthisis enjoyed by those who work at certain manufactories, where oil, being largely employed, is believed to be introduced into the system of the workpeople through the lungs and the skin; but the statement is well deserving of careful and extensive investigation. Neat's-foot and cocoa oil answer well, endermically, and are not offensive. In conducting a course of oil treatment we must not assume that the oil can be indiscriminately used without regard to the conditions of the system, and more especially of the mucous membrane. If a state of erythema exists, the preliminary administration of salines and prussic acid will often be desirable. Since the introduction of cod-liver oil, consumption has certainly been divested of many trying incidents; the progress of the disease is often long delayed, and the final sinking stage abridged. Often the fatal termination is ushered in by a sudden attack of congestion. I am inclined to think that this condition might occasionally be obviated, and that when the pulse has been for some time gaining strength, and the patient's weight

increasing, the oil should occasionally be suspended, aperients administered, and, should any sensation of thoracic oppression be experienced, cupping-glasses applied. Such measures, when well-timed, rather promote than counteract the appropriate effects of the oil.

Let us not forget, Sir, that the class of remedies we are considering has no exclusive adaptation to consumptive disease, but probably produces its good effects by correcting a condition which, in some degree, appertains to other disorders—for example, to anæmia in its various forms, whether associated with neuralgia, hypochondria, or hysteria, and, above all, that it is particularly suited for children of scrofulous constitution.

If hereditary tendency to phthisis exists in any family, it is surely of great importance to anticipate the pulmonary era, and introduce oleaginous medicines at an early period. The practice of daily inunction with preparations of neat's-foot or cocoa oleine might, I conceive, prove of peculiar efficacy. Were there time, I might be tempted to dwell on this subject as affording a practical illustration of a position with which I began my first lecture,—namely, that special observation is chiefly useful by conducting us securely to general laws. In the knowledge of laws dwells practical power and prophetic aptitude. It is by cautious experiment and scientific method we may hope to dissipate the mists of theory, and attain to discoveries sought in vain by the blind and guideless industry of former days.

In conclusion, gentlemen, allow me to say that your courteous attention to the lectures which I have had the honour to deliver will be a subject of grateful recollection in my future career. A motive to continued exertion is supplied by the example and sympathy of so many eminent members of this Society, thus willing to leave the attractions of domestic repose or of profitable engagements, in order to promote the association of scientific research with practical usefulness. It is a privilege to be incorporated with such a fraternity, since men whose minds are habitually exercised for the public good are amongst the greatest boons that Providence has given to the world.

## ON THE USE AND ABUSE OF POTASSA FUSA AND POTASSA CUM CALCE

### IN THE TREATMENT OF UTERINE DISEASE.

By J. HENRY BENNET, M.D.,

PHYSICIAN-ACCOUCHEUR TO THE ROYAL FERN HOSPITAL, &c.

(Concluded from page 24.)

WHEN a small caustic cylinder is merely passed gently inside the cervical canal, and only allowed to remain a few seconds,—all that is generally required,—the destruction of tissue is very slight, and there is afterwards no very marked tendency to contraction. If a more decided action is produced, however, the subsequent tendency to contraction is great, and unless counteracted by dilatation during the process of healing, may end in all but complete obliteration of the cervical canal, and that by a cicatricial tissue which it is very difficult to dilate. Several instances of the kind have come under my notice from the country. In one lady, I was a fortnight before I could discover the external orifice of the canal, and then I only found it through the advent of menstruation, the blood bulging behind the mucous membrane, for I had been previously dilating the orifice of a mucous follicle. This lady, aged forty, had scarcely seen any show for months, although the menstrual molimen came periodically; and had become liable at those times to severe hysterical attacks bordering on epilepsy. These attacks all but ceased on a free exit being procured for the menstrual discharge. I have now under my care a young lady aged twenty-six, in whom the cervical canal was so narrowed, from the same cause, that I was not able to pass the smallest bougie. Menstruation took place with extreme difficulty, and guttatum. Her state was one which it was very difficult to remedy, for the stricture was high up—half an inch from the os—and extended some distance. That such a cicatricial stricture must be difficult to remove stands to reason, as the union between the walls of the canal is no doubt very intimate. Two years ago I had an opportunity of examining the uterus of a former patient of my own, similarly, but more cautiously, treated some years previously, and found the cervical canal, although quite permeable, much diminished in calibre by ex-

\* Proceedings of Royal Society, vol. vii., No. 3.

† Edinburgh Monthly Journal, April, 1863, pp. 372—80.

tensive adhesions. This lady died at the age of thirty-seven of cancer of the cecum; the uterus was quite healthy.

These and other similar cases which I have met with prove that great care should be shown when this plan of treatment is followed, but not that it is one which should not be adopted if imperatively required. If the caustic is not too severely applied, on the one hand, and, on the other, the canal is kept open by passing a common bougie once or twice a week regularly, until the surface acted on is healed, and all tendency to contraction have ceased, no morbid diminution of the calibre of the cervical canal can ensue. Many of the cases which I see being extreme ones, I not unfrequently have to resort to this mode of treatment, and yet I have very seldom had occasion to dilate the cervical canal afterwards; and when I have, it has been because accidental circumstances have taken the patient out of my reach whilst under treatment. As a rule, I should say that no patient, in whose case the caustic potash has been applied to the cervical canal, should be lost sight of in less than six weeks, and during that time the canal should be kept open by the passage of a moderate-sized bougie once or twice a week.

The other accidents which may follow the use of caustic potash are, extension of the caustic to the vagina, and extension of the inflammatory reaction produced to the uterus and peritonæum. These accidents, like the former, may be avoided by common care and prudence. Potassa fusa itself ought, I think, to be discarded, now that we have in the potassa cum calce cylinders such an admirable and safe substitute. All the instances in which I have seen the vagina compromised have been cases in which pure potassa fusa had been used. It is so extremely deliquescent, that it is all but impossible to always avoid its running into the adjoining parts. As regards the extension of the secondary inflammation, that need not be feared if due precautions are taken both before and after the caustic is applied. All acute or even sub-acute inflammatory action should be first subdued, and the proper time should be chosen for the operation. Four or five days after menstruation is the best time, as it allows two or three weeks' quiescence from menstrual molimen. Lastly, the eschar produced should not be too extensive.

One of the chief arguments that have been adduced against the use of caustic potash to the neck of the uterus is, that it produces cicatrices that may interfere with the process of parturition. This is merely a theoretical objection, not founded on observation, and devoid of truth. The fact is, that the faintest trace of even a deep eschar produced in this region, either by a caustic or by the actual cautery, ceases to be visible after the lapse of a few months. So far from causing induration, the action of these surgical agents is to melt and soften induration of the cervix when the latter is the result of chronic inflammation, as is usually the case, by favourably modifying the morbid nutrition of the parts diseased. The idea of hard cicatrices has been taken from the observation of what occurs in the skin, without taking into consideration that the structure of the skin and of mucous membrane is essentially different. In the skin there is a fully developed fibrous framework, which is the principal foundation of the hard cicatrix that follows any loss of substance in which it is involved. This fibrous framework is merely rudimentary in mucous membranes, and thence the facility with which any loss of substance in them is repaired. This we see exemplified in the mouth and intestinal canal, where all traces of ulcerative action are eventually lost. In the cervix uteri we see how nature repairs divisions and losses of substance, by observing what occurs after the lacerations of the substance of the cervix, which are so common in parturition, and which, when no subsequent inflammation sets up, merely leave a soft notch as the trace of their occurrence.

Such being the case, it is clear that the application of potassa fusa to the cervix uteri, so far from hardening the organ, and proving an impediment to future labours, acts in the reverse manner, positively facilitating parturition, by removing chronic inflammatory hypertrophy. Indeed, I may here remark, that the more I progress in life the more I become convinced of the truth of an assertion which I made many years ago—viz., that most of the cases of rigid, undilating os uteri met with in practice are occasioned by chronic inflammatory disease of that organ, and not by constitutional conditions, spasms, &c., an important fact in practical midwifery.

In concluding these remarks on the use and abuse of caustic potash in the treatment of inflammatory disease of the uterus, I wish to lay stress on the fact, that I merely recommend it, and resort to it, when there is actual disease present, when the cervix is the seat of chronic inflammatory action, intractable to all other agents, general and local, and when the hypertrophy

is caused and kept up by such disease. In those cases of hypertrophy in which the cervix is merely passively enlarged, in which inflammatory action either does not exist or has given way to treatment or time, it ought not to be resorted to. The enlargement may then be safely left to nature and to general treatment. The absorbent powers of the uterus are, perhaps, greater than those of any other organ in the economy, and are generally sufficient, in the course of time, to fine down the enlarged cervix, when all actual disease has been removed.

I must be allowed to add, that the potassa cum calce cylinders constitute a very valuable and manageable caustic, whenever such an agent is required, for the destruction of chancres, the treatment of indolent sores, &c. I have found it of great use in the treatment of hemorrhoids, and, in some cases, preferable to the nitric acid, which has been of late so much recommended.

Grosvenor-street, 1854.

## ON THE TREATMENT OF CHOLERA.

By W. WILKINSON, Esq., Sydenham.

As cholera appears now unfortunately to have made its appearance once more amongst us, I would beg to offer some suggestions as to its treatment, which I hope may prove of some practical utility, and I do so with the less reserve, as there seems to be some variety of opinion upon the subject, and as there are few writers who appear to me to treat the subject in a sound common-sense manner. I would also beg leave to hint, with the greatest respect, that unless the treatment of this formidable disease, as well indeed as that of most others, be not based upon broad scientific principles, the *vis medicatrix nature* had better, as a general rule, be allowed to work its own way.

Cholera may be divided into three stages—

The first, or preliminary stage, being diarrhœa, painless or otherwise.

The second, diarrhœa continued, motions extremely thin, and devoid of fecal smell, cramps, &c.

The third being the stage of collapse, with unconsciousness, &c.

The first stage may be generally relieved by the exhibition of a *stimulant* emetic, which, by evacuating the stomach, prevents any accumulation of irritative matter there, and by its revulsive power produces a general alternative effect. This is to be followed by the following pills:—Chloride of mercury, five grains; ipecacuanha powder, half a grain; soap and opium pill, ten grains: divided into three pills.

The calomel as well as the ipecacuanha to act upon the secretions, and thus relieve the bowel of any viscid irritative matter; the opium to relieve or prevent pain, nervous irritation, and excitement, (so constantly followed by depression;) and with the ipecacuanha to produce an effect upon the capillaries of the skin, and thus cause a sympathetic derivative action. This may be followed by an evacuant, consisting of rhubarb and magnesia, with compound cinnamon powder and water.

This, even in the early part of the second stage, will be sufficient sometimes to cure the patient; but if the serous fluid lost be considerable, or if the disease should run into its third stage, it is of importance to administer some astringent which can be depended upon, together with some medicine, so to uphold or stimulate the nervous power, as to prevent entire loss of control over the capillaries of the intestinal mucous membrane.

From my own experience in diarrhœa and some few cases of cholera, I can corroborate the opinions of several members of our profession as to the efficacy of sulphuric acid; therefore I should—in every case in the second stage, after the preliminary treatment, or immediately in the third stage, when, from the copious action of the bowels, the preliminary treatment would be unnecessary—prescribe, dilute sulphuric acid, half a fluid drachm; strychnia in acid phosphoric solution, one-sixteenth of a grain. This medicine to be taken as frequently as the urgency of the symptoms might render it necessary. The sulphuric acid may be depended on, I think, as an astringent, and the strychnia (as mentioned in a recent paper of mine, published in THE LANCET) would also be of the greatest benefit to uphold or stimulate the nervous power, and thus prevent that loss of control over the capillaries, which seems productive of such infinite mischief.

If on trial these suggestions should be of use to the profession in reducing the mortality from this formidable disease, my object is accomplished.

July, 1854.

## ON A CASE OF TETANUS.

By EDWARD HODGES, M.D., Somersset.

RECOVERIES from tetanus being extremely rare, I forward you the following:—

On the 30th of December last, I was summoned to attend W. V—, a lad in his twelfth year, a light-haired, fresh-complexioned, and rather scrofulous-looking boy, on account of a lacerated wound of the great toe, necessitating the removal of a portion of its digital phalanx. The wound did exceedingly well, and the patient too, until the morning of January 11th, when the father called upon me, stating that his son could not open his mouth. I excited purgation without delay by the administration of a cathartic powder, and then resorted to the use of a hyoscyamus and camphor mixture, and directed the cervical spine and the lower jaw to be rubbed with a liniment. Powerful cathartics were (with due effect) again resorted to on the 13th, and followed by full doses of morphia, and for about ten days the patient was subjected to an antiphlogistic and sedative plan of treatment, calomel and tartar emetic being freely employed, as well as cathartics, opiates being administered nightly. This, however, did not prevent the disease extending to the extensors of the spine, and producing opisthotonos, and also to the muscles of the abdomen. About the 21st or 22nd of January, the symptoms of general excitement which had indicated the antiphlogistic treatment having subsided, though without diminution of the tetanic symptoms, that treatment was discontinued, and nocturnal doses of morphia only administered. On the 24th of January, the application of morphia (the hydrochlorate) to the wound was substituted for its internal administration—first in the form of powders, as the poultices were renewed, and subsequently by means of a piece of lint moistened with the following application:—Hydrochlorate of morphia, one scruple; tincture of hyoscyamus, two drachms; water, three ounces. This local treatment was continued until the 11th of February, when the general tetanic symptoms having much diminished, and the patient being able to protrude his tongue slightly, and to masticate a little, the foot was dressed and bandaged. The lad recovered perfectly, and is now to be seen daily about this neighbourhood, driving his father's (a baker) cart.

Though a considerable quantity of calomel was administered during the stage of arterial excitement, and also of tartar emetic, the gums were unaffected by the former remedy, and the latter produced no degree of emesis. On the subsidence of this stage, and the consequent discontinuance of the antiphlogistic treatment, the most liberal diet that could be taken by the spoon was allowed, and also some good bitter beer, and subsequently wine in small quantities.

I have only to add that the patient suffered no pain during the whole continuance of the complaint in the muscles most obviously affected, and that such as he did experience was of an equivocal character, and called pains in the bowels, which were sometimes severe at night, but which examination led me to refer to the muscles of the abdomen. It is not for me to say whether or not the treatment pursued in the above case had any influence in mitigating the violence of the disease, and preventing its full development, or in determining the final favourable result. Let the profession judge.

July, 1854.

## ON A CASE OF

## HEMATEMESIS, SUCCESSFULLY TREATED WITH ERGOT OF RYE.

By CHARLES NEATE, Esq., M.R.C.S. &amp; L.S.A.

THOMAS H—, aged sixty-two, labourer, has suffered of late years from severe catarrhal affections.

In the month of April last, after stripping off his clothes during a profuse perspiration, he states that he was suddenly taken with dimness of sight, weight, uneasiness, pain in the epigastrium, and griping of the bowels, immediately after which he vomited a large quantity of dark-coloured clotted blood; he was conveyed home, and I was sent for: this was on the 8th. Two or three hours had elapsed before I saw him, in the meantime he had vomited more blood, there was little or no fever present, pulse slow but hard, tongue furred, respiration short and embarrassed, the other symptoms much increased in severity. I ordered him acetate of lead in combination with opium every four hours, with a mixture of infusion of roses, necture of digitalis, and dilute sulphuric acid; a blister over

the epigastrium, cold and acid drinks, &c. On the following evening he became worse; had brought up more blood in the night; pain and gripings much aggravated; had passed two black motions. To discontinue medicines, and take a drachm and a half of tincture of sesquichloride of iron every four hours.

10th and 11th.—Better; has lost no more blood; expectoration sanguineous.

12th.—The blood has again returned; has vomited several ounces in the night. To discontinue medicine, and take a drachm and a half of oil of turpentine every four hours.

14th.—Much worse; passed a wretched night, and has brought up blood several times since the 12th; pain in epigastrium, anxiety; in short, all distressing symptoms have returned. I was now induced to try ergot of rye, and commenced by giving him a drachm and a half of the powder, divided into eight doses; one to be taken every four hours; and to omit the other medicines.

15th.—Better; has vomited no more blood since taking the second dose.

16th and 17th.—Very much improved; no return of blood, except in expectoration, which is rather sanguineous. To continue ergot.

20th.—All the distressing symptoms have entirely disappeared, and there is no tinge of blood whatever in expectoration; indeed, from this time he very rapidly convalesced, and, with the assistance of wine and nutritious diet, gradually recovered strength, and is now able to do light work.

*Remarks.*—Now, in this case, the ergot has shown itself as possessing considerable virtues, and evidently of an entirely specific nature. At any rate there is one recommendation to its use, that it is neither an excitant nor a stimulant.

Uttoreter, Staffordshire, July, 1854.

## A Mirror

OF THE PRACTICE OF  
MEDICINE AND SURGERY  
IN THE  
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

## ST. MARY'S HOSPITAL.

CASE OF NON-MALIGNANT TUMOUR, OF CONSIDERABLE SIZE, SITUATED ON THE LATERAL PART OF THE NECK.

(Under the care of Mr. COULSON.)

AMONGST the admirable laws regulating the development of the animal economy, there is one on which physiologists have, perhaps, not dwelt as much as might have been expected—viz., the limits assigned to normal growths, as contrasted with the reckless and unrestricted increase of abnormal appendages. When once the maximum size of limbs, trunk, viscera, &c., has been attained, nutrition ministers to their continuance, and every portion of the frame retains a certain volume proportioned to the whole. But how differently are the various tumours circumstanced! They are unlimited as to size, and few of them are compatible with the healthful enjoyment of life, as they tend directly or indirectly to shorten existence. Some interfere with important functions, not exactly by their bulk, but by pressing upon organs the free play of which is indispensable to the maintenance of life; some produce the same effect after many years' growth, by dragging and irritating vital parts through their mere bulk or weight; some wear out the patient by pain; some exhaust his strength by profuse suppuration or by hæmorrhage; some seem to spare life, but render it miserable by depriving the sufferer of the use of one or more of the most important senses; and some, lastly, produce mere disfigurement at first, and slowly tend to destroy life by blocking up one of the canals of the economy, the patency of which is of primary necessity. An example of such a tumour has lately been offered at this hospital; it is mainly remarkable for its size, and for the moderate amount of inconvenience it has as yet produced:—

Edward T—, a carver, aged twenty-eight years, was admitted, under the care of Mr. Coulson, April 27th, 1854.

*History.*—Eight years before admission, the patient received



a blow from a man's fist, just in front of the left ear. This violence was followed, two months afterwards, by a painless swelling, of the size of a walnut, which, from his description, was probably subcutaneous, and very movable. The tumour gradually increased in bulk, although unattended with pain, and the second year it was about the size of a hen's egg. About the fourth year, it had proceeded both forwards on the face and downwards to the neck, and could be just grasped by the patient. At this time he went to the Margate Infirmary, where the tumour was opened in a depending part. A great deal of yellow matter escaped, and for seven or eight weeks there was a discharge of matter. The tumour, by this treatment, diminished in size, and the patient speaks as having derived great benefit in his health from his residence at the sea-side. At this time the swelling decreased to the size of a goose's egg; but a month afterwards, the patient having caught a severe cold, the tumour again began to increase, and in three months' time it had regained the size which it presented before it was opened. The development of the swelling was still unaccompanied with pain, but the man suffered much from earache and uneasiness in the forehead.

The swelling gradually became larger up to Christmas, 1853, (it being now of seven years' standing,) when it occupied the whole of the left side of the face, and had proceeded under the jaw of the same side. From the last-mentioned period to the man's admission (a lapse of about four months) the swelling has rapidly increased, and he supposes that during the time just mentioned, it has become nearly double in size, but he cannot assign any cause for this rapid increase, by which the tumour has extended to the opposite side under the jaw, and has mounted up on the face.

*Present state.*—The swelling now extends from the cartilage of the left ear to about midway between the jaw and the clavicle in the downward direction, and from the occiput to about half an inch from the commissure of the lips in the transverse direction; the most projecting part of the tumour being about three inches below the level of the chin, eight inches from the cartilage of the ear, and six inches to the left of the centre of the mouth. It extends from beneath the chin to nearly the level of the right zygoma; the lower maxilla is pushed to the same side, so that the two left incisor teeth of the lower jaw touch the first upper incisors. There is no hindrance to mastication, nor does the patient find one side of the mouth drier than the other, the flow of saliva through the left duct of Steno not being obstructed. The tumour is of a dusky hue, marked by a number of bloodvessels on its surface, and appears to be made up of a number of lobules. One very strongly-marked fissure passes from the left ear to the symphysis maxillæ. The tumour is soft, and gives the feeling of fluid beneath, which sensation is especially noticeable at the most projecting point, where pain of a shooting and lancinating character is experienced. The veins about the neck are much enlarged, and those on the forehead are also much swollen. At the posterior part of the sterno-mastoid muscle a second tumour is observed. The whole mass occasions some deafness, but it does not otherwise affect the man's health. The annexed engraving presents a faithful outline of the appearance of this gigantic growth:—



The principal tumour was punctured at its most projecting point, and a light straw-coloured fluid withdrawn, which, under the microscope, presented a few irregular-shaped bodies, composed of granular matter; but there did not appear any trace of anything like malignant cells. Attention was paid to his general health, and in a few weeks the swelling was punctured again, when arterial blood jetted out, but the bleeding was easily arrested.

After some months' stay in the hospital, the patient returned into the country, as the size and connexions of the tumour put any operative measures out of the question.

What is the nature of this tumour? Is it fibrous, with many vascular ramifications, the latter accounting for the arterial jet which followed the last puncture? Is the mass composed of enlarged lymphatic glands? Is it mainly formed of cysts? Is it a malignant growth? The latter supposition seems to be the least likely, from two circumstances: one is the length of time the tumour has been growing; the other, the negative evidence yielded by the microscope. We would not, however, attach much importance to the absence of malignant cells in the fluid removed by puncture, because it has been satisfactorily shown that this mode of investigation is defective. The fluid obtained may not have come from the actually malignant stratum of the tumour, or the part of it which possesses cancerous characters; and we cannot judge of the nature of the whole mass by the microscopic examination of a small amount of fluid discharged from a limited portion of the growth. The lancinating pains may be explained by the implication of nervous twigs, so that the tumour may, perhaps, be classed amongst those which are principally composed of the white bands characteristic of fibrous growths. These have been known to reach a very large size, and to follow upon violence offered to the soft or osseous portions of the frame. Still the cystic character may also be mentioned, as the swelling diminished in so marked a manner originally when it was opened at Margate. We shall acquaint our readers with the intimate nature of this large tumour when the opportunity for examining its internal structure shall occur. We may, in the meantime, refer to two cases of tumour of the neck, which were lately observed at St. George's Hospital. The connexions of these growths were also of such a kind as to preclude any attempt at removal; they were, after death, found to be of a malignant character. The notes were taken by Mr. Holmes, surgical registrar to the hospital.

#### ST. GEORGE'S HOSPITAL.

##### ENCEPHALOID DEPOSIT IN THE PAROTID AND CHAIN OF CERVICAL GLANDS.

(Under the care of Mr. HENRY CHARLES JOHNSON.)

GEORGE R—, aged sixty-four years, was admitted June 7th, 1854. The patient presented a swelling on the right side of the neck, the growth of which he had observed for about four months. The tumour was ill defined; it extruded from the jaw nearly to the clavicle, and presented, at its lower part, superficially, very obvious fluctuation; while above it seemed to be composed principally, if not entirely, of solid substance. The man's complexion was florid and healthy, his general condition appeared pretty good, and he was excessively fat. There was some difficulty of coming to a decided conclusion as to the connexions of the tumour, which appeared to go down upon the deeper structures of the neck, and to be movable, at least to some extent, independently of the jaw.

After the patient had been in the house a few days it was determined to puncture one of the spots in which fluctuation was most perceptible. A small incision was therefore made, and gave exit, not to pus, but to a glairy, serous fluid, which continued to ooze from the wound during the remainder of the time the man lived.

No distinct symptom was noticed during the first ten days of his stay in the house, but, on the evening of the eleventh, he was seized with a rigor and sickness, complained of headache, and could not sleep. Next morning, the headache and sickness remained as before, the patient was perfectly sensible in the early part of the day, but became rather delirious towards the evening, when some dyspnoea was also observed; this, however, was relieved by a mustard poultice. The sickness continued during the following day; he was very restless and unconscious of what passed around him; the faeces and urine escaped uncontrolled; the teeth were clenched; the patient had a distinct convulsive fit in the evening; and died in the night.

*Post-mortem examination, thirty-four hours after death, performed by Mr. GRAY, conservator to the museum.*—General appearance: Body well-formed, and a large quantity of fat in

the subcutaneous cellular tissue.—Cranium: The dura mater was more adherent to the bones than is natural; in other respects the membranes and substance of the brain were healthy.—Neck: On the right side of the neck, just below the body of the jaw, was a small aperture leading into a large aloughing cavity, full of offensive, purulent fluid, and implicating the margin of the parotid gland. On cutting into the latter, a small mass of encephaloid deposit was seen infiltrated into its tissue. The whole chain of the cervical glands on the right side of the neck was distended with a similar deposit, some of them being solid, whilst others were softened and broken down in their interior. Three cysts were also found on this side of the neck, one to the right of the thyroid gland, and two others above it, filled with a glairy, tenacious fluid. The glands on the left side were healthy. No malignant deposit was found, either in the chest or abdomen, the viscera being quite sound, excepting a certain amount of congestion.

**ENCEPHALOID TUMOUR DEVELOPED OVER AND IN THE PAROTID GLAND; DEATH; AUTOPSY.**

(Under the care of Mr. TATUM.)

W. C—, aged forty years, was admitted May 31st, 1854, on account of a swelling on the right side of the neck, which had been growing, according to his account, for about four months. It was difficult to make out the exact limits of the tumour, which seemed to extend from about the base of the jaw nearly to the root of the neck; the deeper parts of the tumour appeared to be solid and rather resisting; but superficial to this was a large quantity of fluid, which presented very distinct fluctuation a little above the thyroid cartilage on the right side.

The man's appearance was cachectic, but not remarkably so; he complained of weakness, and said that he had been falling away both in flesh and strength since the development of the disease, but had no other distinct ailment.

He was ordered good diet, bark, and iodide of potassium, and, as the disease was suspected to be malignant, it was thought better not to interfere too much with it.

A few days after admission, the skin at the most prominent fluctuating point gave way; on this opening being a little enlarged, a considerable quantity of bloody serum escaped, and continued to run through the wound during the remainder of the patient's life.

He was observed to get weaker for the next fortnight, and some wine was therefore allowed, although no distinct ailment could be made out. In a few days this weakness had so far increased, that the man took to his bed. On the twenty-fifth day, symptoms came on which were conjectured to arise from poisoned blood circulating through the brain—viz., frequent twitchings of the muscles of both lower and upper extremities, a semi-comatose condition, from which he could be roused only occasionally to answer questions, and low delirium. The pulse was very weak and frequent, and the bowels acted unconsciously. Diffusible stimulants and tonics were ordered, and he could swallow what was presented to him, but his condition never improved. The twitchings became more frequent and violent, amounting at length almost to convulsions. The man became listless and insensible, and, after lingering for three days, died exhausted, on the twenty-ninth day after admission.

*Post-mortem examination, performed, eighteen hours after death, by Mr. GRAY.*—Body well formed and very muscular. There was a small sloughy opening about the centre of the neck, of irregular form, leading into a large sloughy cavity, full of dark-coloured putrid pus, and extending beneath the centre of the sterno-mastoid muscle as high as the central portion of the parotid gland. The lower part of the gland was lying in the cavity, and was infiltrated with a plastic deposit, part probably of the tumour previously occupying this locality. At the back part of the sloughy recess were found lying the large cervical vessels, the common carotid and its bifurcation, and the external carotid, both covered with portions of the sloughing mass, but pervious throughout. Not so the internal jugular vein, for this vessel, for about two inches of its central part, had entirely sloughed away; the two ends of the vessel being blocked up by masses of lymph, as far as its junction with the subclavian vein. Some of the cervical glands on both sides of the neck contained masses of calcareous matter; on the right side others were filled with a soft pulpy substance of new formation, apparently a fibrinoid deposit, not malignant. No encephaloid growth was found in any of the splanchnic cavities, the viscera of which were in a tolerably healthy condition.

## Reviews and Notices of Books.

*Recherches Cliniques sur les Eaux Bonnes.* Par EDOUARD CAZENAVE, Docteur en Médecine de la Faculté de Paris, &c. 8vo. pp. 105.

THAT there is "nothing like leather" holds good with relation to authors as well as defenders of besieged towns. Whether the object of the writer be to recommend a particular kind of medicine, or a particular locality for the cure of disease, he fails not to give it his unqualified praise. Making allowance for much exaggeration, there is still a good deal of valuable matter in Dr. Cazenave's *brochure*, which contains an account of the physiological action of the Bonnes waters on the healthy, and of their therapeutical application to the diseased. Under the former head we are informed of a peculiar and specific power these waters are said to possess, in causing, after a few days' use, a state of active congestion of the cerian mucous membrane and fauces, with a sense of heat and constriction in the same parts. The circulation is quickened, and the digestive functions are performed with increased activity; the urinary and other secretions become more abundant, while at the same time the nervous system is much excited, with a degree of restlessness and sleeplessness, and the intellectual faculties become more active and exalted in their energies. These effects are very transient, and they leave the patient commonly in very improved health, particularly if there have been any chronic disorder of the air passages, such as aphonia, chronic bronchitis, asthma, incipient phthisis, &c.

The climate of the Eaux Bonnes must be very favourable to many of these pulmonary diseases, protected as this locality is from high winds by the elevated ridges of the Pyrenees, situated 790 metres above the level of the sea, it possesses a calm, soft atmosphere, with a remarkably steady temperature. The waters belong to the class of thermal hydrosulphurets alkaline. We subjoin the analysis of M. Ossian Henry:—

	Grains.
Azote	(traces)
Carbonic acid	0.0064
Hydrosulphuric acid	0.0055
Chloride of sodium	0.3423
magnesium	0.0034
potassium	(traces)
Sulphate of lime	0.1180
magnesia	0.0125
Carbonate of lime	0.0048
sulphur	(traces)
Silica and oxide of iron	0.0160
Matter, containing sulphur	0.1065
	0.6154

There is also sulphuret of sodium, and iodine and bromine have also been discovered.

*Female Physiology; a Treatise of the Diseases of Women, their Causes, Symptoms, and Means of Cure: with Hints on the Management of Health during Pregnancy and in the Lying in room, &c., forming a complete Ladies' Guide.* Illustrated with fifty engravings on steel. By THOMAS JAMES STURT, Doctor of Medicine of the University of London; Member of the Royal College of Surgeons, England; Licentiate of the Apothecaries' Hall; Associate of King's College, London; Accoucheur to the West London Lying-in Institution; Surgeon to the Dispensary for Consumption, Margaret-street; Fellow of the Medical and Microscopical Societies of London, &c. &c. London: James Gilbert, Paternoster-row, and of all Booksellers; also by post from the Author, 57, Margaret-street, Cavendish-square. Price 2s. 6d.; by post, 3s. 1854.

It has fallen to our lot to be obliged to review many absurd, and some indecent books, but we can safely assert, that we have never yet had to notice a more objectionable work, taken altogether, from the pen of a qualified practitioner, than the volume whose title page forms the heading of this article, and to which we beg particular attention. That the whole tendency of the work is obscene, must be apparent, when it is remem-

bered for whom the author writes; that it is trashy, the following quotation from the preface will prove:—"How wonderful are the changes which take place within and around us; mind influences mind, and matter acts on matter—the soul directs the material body—the body re-acts on the immaterial spirit—the two are linked in a manner inexplicable to our finite understanding, and the result is life. The child is father to the man, the mother is parent to the child, linked in a bond of union which death cannot sever."

We learn Dr. Sturt's reasons for writing in his expressed regrets that young ladies in their youth are at present debarred from all knowledge of the anatomy and physiology of the reproductive system. They hear, indeed, vaguely, of the sexual organs, but nothing positive is taught them. This want, this extraordinary deficiency in female education, our author undertakes to supply. Magnall's "Questions" forms a standard work of reference in Ladies' Colleges, why should not Sturt's "Female Physiology" be similarly employed. Just as fond parents trace the progress of their children's mental acquirements by harmless inquiries as to the situation and population of Denmark, so for the future our daughters may be able to return satisfactory replies as to the position and uses of the uterus, the causes of sterility, or the diagnosis and treatment of gonorrhœa. What! is it to be tolerated that a medical practitioner, a man above all others who should be imbued with true modesty, who of all men should help to preserve the young of both sexes innocent and undefiled in mind, that such a man shall unblushingly give to the ladies of England, drawings of the vagina, uterus, various stages of labour, spermatozoa, &c.; shall put into their hands, familiar and obscene descriptions of things which they never should hear of; that such an one should advise our wives to forward specimens of the vaginal discharge between two plates of glass, in order that they may be informed, by return of post, whether they are suffering from leucorrhœa or gonorrhœa?

"A little of the discharge may be enclosed between two pieces of their window-glass, the size of a shilling, and forwarded by post for examination; the duration of the discharge, and some particulars of the symptoms should be enclosed."—p. 190.

The italics are our own, for we are unacquainted with any means by which six weeks can be enclosed in an envelope. The author's grammar and mode of spelling, however, are often such as would excite the surprise of a child eight years old.

We say advisedly, that such disgusting rubbish has never before been put into type; and we blush to think, indeed we feel deeply humiliated at knowing, that the author of it is a brother practitioner, and a Doctor of Medicine of the University of London. But we are unwilling to allow for one moment, that the concocter of this work has any good though mistaken object in contemplation. Dr. Sturt fears that those who read his book may be delicate, may be too bashful to consult him personally. He need entertain no such apprehension; for we will warrant that any woman who will so far forget herself, so far allow her curiosity to master her reason as to peruse "Female Physiology," after becoming acquainted with the nature of the work, will lose all sense of modesty by the time she arrives at the conclusion. The paragraph on the causes of sterility may be well taken as showing the author's style, and indicating his reasons for writing. After remarking that "one remedy, the utility of which is shown in the case of Hannah, the mother of Samuel, should be earnestly borne in mind,"—he enumerates the following as the chief causes:—

"Dysmenorrhœa, or difficult menstruation, when accompanied by the discharge of clots, or the appearance of pieces of skin; debility of the parts from the whites, and too frequent sexual intercourse, may cause it; but it must not be taken for granted in any instance that the blame depends on the female, unless some very evident reason exists. My advice in all such cases is to apply at an early period, simple means being then efficacious, whereas delay will generally cause harm. If from delicacy an interview be objected to, advice can always be obtained by letter."—p. 92.

Let us conclude, however. We have been nauseated with our task of perusing Dr. Sturt's offensive volume, with its Mawworm piety, and we now cast it into the waste-basket, as the only proper place for it, having but this consolation—that no one out of Holywell-street, with the exception of the author, will degrade himself by selling it. Is it possible that Mr. Gilbert will continue to be its publisher?

## Foreign Department.

### M. FLOURENS' NEW WORK.

M. FLOURENS has just written a new work, entitled, "History of the Discovery of the Circulation of the Blood." In presenting the book to the Academy of Sciences, of which the eminent author is perpetual secretary, he thus sketched its principal features:—"I pass successively in review in this book the discovery of the circulation of the blood, of the lacteals, of the receptum chyli, of the lymphatic vessels, &c. I follow the chain of facts from Eriastratus and Galen to Servetus, and from Servetus and Caisalpinus to Harvey; then from Harvey to Pecquet and Thomas Bartholin. One point in particular has fixed my attention,—namely, I have endeavoured to inquire into, and in some degree to arrange, the ideas of Galen respecting the circulation in the adult and fœtus, the formation of the blood, of the spirits, of innate heat, &c. I examine, in one chapter, the claims of Scarpa to the discovery of the circulation of the blood; and, in the other, Servetus' opinions on physiology—for the latter author, though of a peculiar turn of mind, may be looked upon as a man of genius. The book concludes with two chapters on Gui Patin, the most witty and obstinate opponent of modern ideas." From this simple account of contents it may easily be imagined of what great value the book must be, and how delightful its perusal will prove to men of science generally, backed as it is by the name of the distinguished author.

### PRURIGO FORMICANS OF THE VULVA AND THE ANUS.

We find the following "specific solution" recommended by M. RICHARD, of Soissons, in the *Revue de Thérapeutique Médico-Chirurgicale*:—"Take of sulphate of zinc and alum equal parts; reduce these salts to a coarse powder, and put them upon an earthen dish coated with oxide of lead; place the dish on a gentle fire, and leave it until the mixture no longer emits air-bubbles and is turned into a stony consistence. Take the dish from the fire, pound the petrous substance into a fine powder, and throw about half an ounce of it, in divided parts, at about a minute's interval (to avoid too powerful an effervescence), into a quart of boiling water; then filter through paper, and keep the lotion for use. Every morning apply some of this solution with a fine sponge on the affected part; then, if it be the anal orifice which is suffering from prurigo, soak a piece of linen folded square (a little better than an inch to each side), and introduce one of the angles into the orifice. The mode of dressing is the same for the vulva. This lotion is also extremely useful for various kinds of eruption, but in the latter cases internal medicines should also be taken; these should principally consist of alkalies, bitters, and purgatives.

### NEW MODE OF ADMINISTERING COD-LIVER OIL.

Take the yolk of one egg; sugar, two ounces; orange-flower water, one ounce; cod-liver oil, three ounces; essence of bitter almonds, one drop. Either the sixth or eighth part will be a dose, according to the quantity of oil which is intended for the patient.—*Annales Cliniques de Montpellier*.

### CURE OF AN ANEURISM BY INJECTING INTO THE SAC THE ACETATE OF THE PEROXYDE OF IRON.

Dr. PAVESI, of Bergamo, has lately injected a strong solution of the above-named salt into an aneurism of the temporal artery affecting a young man. The sac was about one inch from above downwards, eight lines transversely, and might contain a drachm of fluid. A puncture was made into the tumour, and bright arterial blood escaped; the glass-pipe of one of Charrière's syringes was then introduced, and about sixteen drops of the solution thrown in. The tumour was ten minutes afterwards quite solid, and in one month no trace of the aneurismal tumour was left.

# THE LANCET.

LONDON: SATURDAY, AUGUST 5, 1854.

SINCE the memorable exposure of the anomalous condition of the Lunacy Laws, brought to light at the Commission on the late much-persecuted Mrs. CUMMING, no case has occurred of equal importance to that of Captain CHILDE. The case of Mrs. CUMMING is believed to have been the immediate cause which led to the revision of the Lunacy Laws last session. How far that revision led to amendment, we pointed out at the time when the new Bills were under the consideration of Parliament. We compared the measures proposed with the previously-existing laws, and expressed a very decided opinion that the new Bills were drawn up in the same narrow spirit that reigned throughout the laws it was professed to amend; and we foretold that abuses, similar to those which had been perpetrated under the sanction of the old laws, would continue to disgrace the new. The case of Captain CHILDE is the practical commentary upon our observations. The history of this gentleman shows, in the clearest manner, that that security for personal freedom, which this country boasts of as its peculiar privilege, if it really exist, exists not for those against whom insanity is imputed. To the man under this terrible accusation all protection is denied; he may be incarcerated without trial by jury; he may be kept in the most galling and soul-destroying confinement for years, even for life, without the opportunity of any public and open investigation into the justice of his detention; he may appeal to the *Habeas Corpus* Act for relief, but that famous palladium of British liberties has no remedy for his wrongs.

Let us briefly trace the melancholy history of Captain CHILDE. This gentleman was born in the year 1811, and entered the army at the age of eighteen. Endowed with considerable personal attractions, gifted with singular mental accomplishments, and placed by his fortune and family connexions in a position to gratify his every wish, it is not surprising that Captain CHILDE soon became a man of some mark in fashionable society. His vanity—a passion that in none of us wants the aliment of external adulation—was fed and pampered to the utmost. In the year 1838 he became impressed with the conviction that the Queen was personally attached to him. This conviction, improbable enough, and however apparently absurd, not necessarily nor in itself evidence of insanity, was still more deeply rooted, in a mind weak as to self-esteem, by the silly congratulations of his companions. His romantic passion was declared in a flood of letters addressed to the Queen. So strongly did this unhappy delusion possess his mind, that the Queen's marriage did not dispel it. He believed the marriage to be a "sham" and a "blind," to disguise the real sentiments of the Queen. Such conduct could not pass unnoticed. The authorities at the Horse Guards and the Home Office seem, in the first instance, to have treated him with kindness and consideration. Refusing to leave town, Captain CHILDE was subjected to a medical examination. He was reported to be labouring under delusions, and he was persuaded to go to Staffordshire, where he recovered so rapidly that he was enabled to rejoin his regiment. It does not appear that after this time he gave any evidence that

his old delusion influenced his conduct. At any rate he wrote no more letters to the Queen. But he had now a grievous complaint against the authorities. He insisted upon having his letters returned. His applications on this subject to Lord FITZROY SOMERSET became so urgent, and even violent, that Lord NORMANBY directed another medical examination. In consequence of this, he was seized at his hotel, and confined for six weeks in a private asylum kept by Dr. MONRO. When liberated, he went to reside for a short time at Leamington. He now complained bitterly, in addition to his former grievance, that the imputation of insanity had been unjustly fixed upon him. He again wrote angry letters to Lord FITZROY SOMERSET. He rejoined his regiment in Dublin, and, according to the report of his commanding officer, performed his duties in an "exemplary manner" for some months. Throughout this time, his offensive letters to the Horse Guards were continued. But it does not appear that he ever again committed any act which showed that his former delusion regarding the Queen exercised any control over his conduct. Lord FITZROY SOMERSET, however, moved, as it seems, by the letters addressed to himself, directed that Captain CHILDE should be examined before a medical board. This board came to the conclusion that he was of unsound mind; and—strange anomaly—he was removed to a private asylum kept by a member of that board: he became the profitable prisoner of one of his judges! In this asylum he remained for twelve years. He was visited from time to time by physicians, chiefly those who had formed the medical board, who always reported that he was still labouring under delusions regarding the Queen. On one occasion, however, Sir PHILIP CRAMPTON was deputed to see him. The opinion of this eminent surgeon is reported to have been to the effect that Captain CHILDE ought to be liberated. Now we desire to arrest particular attention to the position of those who still kept Captain CHILDE in confinement at this time. Throughout the whole period of his confinement, Captain CHILDE had never ceased to complain bitterly that he was detained in a lunatic on insufficient grounds, and to demand a trial by jury. His complaint was unheeded—his just demand systematically evaded. Were the authorities, and his father, who acted in concert with the authorities, so firmly persuaded of his insanity that they deemed a compliance with his request unnecessary? If such were their conviction, and we will not doubt their sincerity, can any conviction, however strong, justify their denial to Captain CHILDE of that which was his undoubted right? And might not their conviction of his insanity have been reasonably shaken by the independent testimony of Sir PHILIP CRAMPTON, who had declared that Captain CHILDE ought to be liberated? At this period of his incarceration, there exists a strong presumption, independent of Sir PHILIP CRAMPTON's evidence, that Captain CHILDE had really recovered from his delusion. His mind, indeed, was irritated by the sense of injustice, and at times depressed with the feeling of hope deferred. But we have no hesitation in stating our opinion, formed upon an intimate acquaintance with the case, and the consideration of the evidence adduced as to his state of mind at this time, that no sufficient reason for his further confinement existed. But, howsoever other persons may differ from us upon this point, we apprehend that no right-thinking or unprejudiced man will dispute that Captain CHILDE was fully entitled to have the question of his sanity tried before a jury.

Shortly after this occurrence, through the intervention and advice of two Members of Parliament, who, after seeing Captain CHILDE, had formed a strong opinion that he was of sound mind, he was, in October, 1851, removed to Hayes-park Asylum, near London. In this place he came under the jurisdiction of the Board of Commissioners in Lunacy. He was specially visited by them, and on two different occasions reports were drawn up. The tenor of these reports is somewhat remarkable. They will not bear too critical an analysis; nor, indeed, are they proof against the keen sarcasm and logical acuteness of the alleged lunatic who was the subject of them. It was stated that Captain CHILDE was still of unsound mind, but it was recommended that he should not be kept in confinement, and that he should travel under the care of a physician, to be nominated by his father. This proposition Captain CHILDE resolutely declined. He still persisted in his demand for a trial by jury, or for unconditional liberation. And surely the qualified terms of the Commissioners' reports ought again to have been admitted as a just and reasonable ground for complying with that demand. He had been immured as a lunatic for twelve years. He had no hope of relief from medical certificates. Sir PHILIP CRAMPTON's opinion, that he ought to be liberated, had been disregarded. He had appealed to the Commissioners, who, as Mr. BARLOW very truly observed at the Commission subsequently held, have the power of discharging persons detained as lunatics, who have, in their opinion, recovered. But Captain CHILDE well knew that he had nothing to hope from them. Firstly, they had decided against him; secondly, he was detained virtually under the authority of the Secretary of State, an authority superior to that of the Commissioners; thirdly, the Commissioners had never been known to exercise in a direct manner their power of liberation. Every other outlet closed, what remained but a jury for the unfortunate prisoner? To this end, therefore, he earnestly and unceasingly bent his attention. After many obstacles had been placed in his way, he put himself in communication with the Alleged Lunatics' Friend Society. It was the opinion of the representatives of that Society that he was illegally detained. Captain CHILDE was confined in England upon medical certificates issued in Ireland,—that is, beyond the jurisdiction of the English Lunacy Laws. Founded upon this circumstance, and the statement of at least one physician that he had been unable to discover any clear evidence of insanity, an application was made for a writ of *habeas corpus*. The illegality of his confinement was clear. A rule *nisi* was granted. When the case was heard, the writ was withheld, not because Captain CHILDE was not fully entitled to it by law, but on what we cannot but describe as a technical quibble. It was ruled that the evidence that Captain CHILDE had authorized the application was insufficient, although it was palpable to every one that the solicitor was acting upon his precise and definite instructions. The Habeas Corpus Act, then, like everything else, had failed him. At last, after nearly fourteen years of imprisonment, a Commission was obtained. The evidence adduced has been reported at some length in the daily papers. We cannot in this place venture upon so much as a brief recapitulation; we will state, however, this much:—The only evidence which can be considered conclusive was derived from numerous letters written by Captain CHILDE in cypher, the key to which was only discovered immediately before his case was to come before the jury. We do not hesitate to express our conviction that, had these letters not been deciphered, however decided

the opinions of some of the witnesses as to his unsoundness of mind might have been, no jury could have been found to pronounce him insane. These cypher-letters, we admit, bear witness of the existence of a delusion regarding the Queen. They were addressed to the Commissioners in Lunacy and to Dr. DUNCAN, in Ireland. The Queen is addressed under the fictitious name of "SERAT." They contain much advice about the conduct of the war; threats that he would not be satisfied unless the Ministers were dismissed; and they appear to be written under the impression that, although directed to other persons, by some mysterious means they reached the Queen's hands. The explanations of Captain CHILDE as to these letters reveal a singular psychological phenomenon. He says he is as conscious of the absurdities they contain as any one; they were written merely to beguile the weariness of confinement; he wrote down everything that came into his head; they were not meant for the Queen's eye, or to be perused by any one. But the impartial investigator will find it impossible to reconcile his explanations with the tenor of the letters and his conduct in sending them. They bear then, we say, sufficient evidence that Captain CHILDE's mind is, indeed, oppressed by a delusion as to his influence over the Queen. But we contend, at the same time, that the parties who have for fourteen years sanctioned his confinement as a lunatic, denying him throughout that dreary period the only tribunal that could satisfy Captain CHILDE, are not entitled to appeal to this evidence as the justification for their conduct. A month ago that evidence did not exist.

We will examine the case more minutely still. It does not appear that any letters in cypher were posted by Captain CHILDE prior to January, 1853. It may be presumed therefore, that before that date his mind was not so dominated by his delusion as it has been since. How is this to be explained? We answer unreservedly, that confinement, solitude, the dejection arising from the consciousness that he was an outcast from the world—the world of society and the world of intellectual life—had thrown him back upon his own mental resources, had driven him to that last refuge, the fearful contemplation of one's self, from which the mightiest intellects have recoiled. Could an inquisitor, skilled in the refinements of mental torture, contrive anything so sure to work the ruin of the human mind, as to deprive a man of every external attraction, to withdraw from him all those occasions which, in human society, are ever prompting new thoughts, and keeping the mind from that dangerous brooding over the creations of his own imagination? Does the body find the exercise necessary for the preservation of physical health if confined in a narrow space? Shall the mind find fitting exercise, if confined within itself, without collision with other minds? We repeat then our conviction, that the evidence by which Captain CHILDE's insanity has been established, *has grown out of his confinement*. We believe we are authorised in stating that such is the opinion of Dr. FORBES WINSLOW, Dr. BARNES, Dr. TYLER SMITH, and Dr. BUCHANAN, who had been consulted in this case, but who were not called to give evidence before the Commission. These physicians were unable to testify to the absolute sanity of Captain CHILDE; but they were prepared to state that confinement in a lunatic asylum was not only unnecessary and unjust, but calculated to destroy the prospect of his recovery. Facts strongly confirm this opinion. Down to the beginning of 1853, Captain CHILDE had enjoyed a certain amount of freedom from restraint. He had been permitted to



walk abroad unattended. His bodily health was thus maintained, and his mind was acted upon by the wholesome influence of changing external objects. His imagination was not encouraged to indulge in its own morbid flights, ever springing from the same associations, but was led into new and healthy exertions by fresh suggestions from the outer world. This partial but beneficial liberty was withdrawn from him, not because it was shown to be in any way injurious to him, but because it is said he posted letters. From this time, thrown, as we have said, upon himself, his imagination ran riot in cypher, and there can be no doubt that his mind relapsed into some of its former errors. A recovery that might have been permanent was thus untimely frustrated.

Some of the views we have stated appear to have been shared by the jury. The manner in which they arrived at their verdict is sufficient to show that the case was not free from ambiguity. The usual form of verdict declares "that A. B. is of unsound mind, and unable to manage himself or his affairs." After a deliberation of three-quarters of an hour, the jury returned with a verdict, expressing that "Captain CHILDE is of unsound mind"—that is, only one of the two distinct propositions contained in the usual verdict. Directed to retire for the purpose of completing their verdict, they spent another half-hour in deliberation before they could declare their acquiescence in the second proposition, that Captain CHILDE was unable to manage himself and his affairs: and in this second portion of their task they appear to have been guided less by the existence of any distinct evidence of his incompetency—for such was certainly wanting—than by that sort of mental proclivity induced by their previous assent to the first term of the verdict. The second term seemed in some manner to follow, as having a necessary connexion with the first. The feeling of the jury was further strikingly manifested by the recommendation they appended to their verdict—that Captain CHILDE should be removed immediately from Hayes-park Asylum, and that he should in future be allowed every facility to communicate with the Lord Chancellor. The prospect of his entire recovery thus contemplated, we earnestly trust will be realized.

In the brief account of this most important medico-legal case, we do not pretend to have given an adequate history of its psychological features. We have been chiefly desirous on this occasion of drawing attention to that aspect which exhibits the strange anomalies and disgraceful abuses which still exist under the "amended" Lunacy Laws.

In the month of May of last year, an inquest was held at the Birmingham Borough Prison, on the body of a poor lad, fifteen years of age, who was led to commit suicide from the severity of the sufferings he underwent in the course of his punishment. It appeared, at the investigation, that the wretched prisoner—a simple, feeble lad, fifteen years of age, who had been committed for stealing four pounds of beef—instead of being placed on the old-fashioned treadmill was made to turn a crank, the movements required being somewhat similar to those employed in turning a common grindstone. This crank, which was connected with the water supply of the gaol, had to be turned ten thousand times daily, two thousand revolutions having to be made before breakfast, four thousand between breakfast and dinner, and four thousand betwixt dinner and supper. Supposing the task to be uncompleted, the boy was dieted on bread and water, and the

shortcomings added to the ensuing day's work. As may be supposed, this youth, known to be in a weak state of health, was frequently unable to finish his work, and he was punished accordingly. He was also found to be dirty in his cell, and therefore, in addition to bread and water diet and increased hard labour, he was not permitted to go to bed until an hour and a-half after the other prisoners. The result was that the boy hung himself. At the inquest, the Rev. Mr. SHERWIN, the prison chaplain, put the coroner and jury in possession of certain facts known to himself. The deceased, who "appeared a willing lad, but very weak," stated that the pangs of hunger which he suffered, together with the crank punishment, were greater than he could bear; and this led him (the chaplain) to remonstrate with the governor, but without avail. The jury found the usual verdict of "Suicide in a state of insanity." It may be mentioned that two other prisoners had attempted to commit suicide about the same time from the same cause—hunger; and an inquest on one successful case of self-murder had been held only three weeks previously.

Of course the facts thus brought to light necessarily led to further investigations. A commission was specially appointed by the Government to inquire into the whole proceedings, the members of which have just presented their report, in which they find the late governor, Lieutenant AUSTIN, and the surgeon, Mr. BLOUNT, guilty of acts not only illegal but grossly cruel. As these two men are about to be publicly prosecuted, we shall forbear, for the present, making further remarks upon their conduct. We cannot help expressing our surprise, however, that no explanation seems, as yet, to have been demanded from Mr. PERRY, the Medical Inspector of Prisons. Was it this gentleman's duty to discover and prevent abuses in the Birmingham Gaol, or is this prison exempt from his supervision? The occurrences to which we have alluded did not take place in a day; on the contrary, they were spread over some length of time. Moreover, if we remember rightly, similar illegal practices were discovered to be taking place at one other prison at least.

We this week publish a letter from the Committee of the Royal Maternity Charity, in which they set forth the decision they have come to respecting the charges brought against Dr. T. L. BLUNDELL, the senior physician. Whether or not the decision will be held to be satisfactory by the profession and the public, may well be questioned. It is indeed stated that the requisitionists "have failed to substantiate these charges." But we cannot help remembering that the conduct of Dr. T. L. BLUNDELL caused the indignant resignation of no less than seven of his colleagues, who felt that a due regard to their professional character left them no alternative but to take that step. We find it difficult to believe that seven gentlemen of the highest respectability should have decided on such a course, except upon strong grounds. From the statements of Mr. PYE SMITH and Dr. BURCHELL, contained in the letters those gentlemen addressed to us, (see THE LANCET, Feb. 4th and 11th, 1854,) it appears that they determined on resigning, because they found the Committee upheld, or even justified, Dr. BLUNDELL. Is the present Committee equally bent on ignoring their representations? Is the recent investigation admitted to have been impartial and thorough? Possibly the Committee attach no very great importance to what they regard as a mere professional difference. Some persons are slow to appreciate the

importance of respecting those observances which regulate the intercourse of professional men. If such be the case with the Committee of the Royal Maternity Charity, we venture to tell them that they will find it impossible to conduct the affairs of that Institution with efficiency and credit, whilst setting at defiance the sentiments of the medical profession.

How far the Committee is competent to decide upon questions relating to the medical treatment and safety of the poor, may be judged from the view they take of what constitutes medical skill. When we said, that "so long as the Governors adhere to the inhuman maxim that midwives are good enough for the poor, so long will they fail to meet with the approbation of the public," we used the word "inhuman" advisedly. By what other term can we designate that principle which declares that poor women shall be abandoned, in the dangers of parturition, to the care of persons whom, perhaps, not one of the Governors would trust in the case of his own wife?

As to the delusion entertained by the Committee, that their midwives are "educated," we beg leave to tell them that their own education quite unfits them to determine upon what is necessary to render a person competent to undertake the most responsible duties of medical practice. The judgment of the public has long since decided that the science and practice of Medicine are beyond the grasp of the mental and physical capacities of old women.

A MOMENTOUS fact has occurred: the Board of Health has ceased to exist. After exercising its functions for nearly six years, the House of Commons has pronounced it unworthy of further confidence. It was provided, in the Act of the 31st of August, 1848, under which the Board of Health was constituted, "that the said General Board of Health shall be continued only for five years next after the day of the passing of this Act, and thenceforth until the end of the then next session of Parliament, and no longer." We were never amongst the indiscriminate admirers or opposers of the Board of Health; but to reflect on the past is superfluous, except to draw lessons from it with regard to the future. Doubtless the interval between the present and next session of Parliament will be employed by the Government in devising a measure to take the place of the Act for promoting the Public Health of 1848. The questions involved are too extensive for us to enter upon at present; but we shall not fail to recur to the subject. Meanwhile, we beg to recall the attention of our readers to the valuable memoir of Dr. GLOVER, "On a System of Sanitary Police," published in THE LANCET of March 25th of this year. At the present time, when cholera is surrounding us, this decision of the House involves most serious considerations.

**THE THAMES MARSHES.**—The report of the Select Committee appointed to inquire into the condition of the Thames marshes, states, upon the authority of intelligent and eminent medical gentlemen, residing in the neighbourhood of the marshes on both sides of the Thames below London-bridge, that the diseases prevalent in those districts are highly indicative of malarious influence, ague and fever being very prevalent; and that the sickness and mortality are greatest in those localities which adjoin imperfectly-drained lands, and far exceed the usual average; and that ague and its allied disorders frequently extend to the high grounds in the vicinity. The mortality of Woolwich, particularly East Woolwich, is much higher than the average. Woolwich adjoins the Erith and Plumstead marshes, where the water is frequently dammed up, which increases the quantity of decaying vegetation and malaria, and the ague which the people suffer is distressing, and produces many complications of disease.

## THE ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF  
MICROSCOPICAL AND CHEMICAL ANALYSES  
OF THE  
SOLIDS AND FLUIDS  
CONSUMED BY ALL CLASSES OF THE PUBLIC.

### PORTER, AND ITS ADULTERATIONS.

THE London public are indebted for porter, their favourite beverage, to a brewer of the name of Harwood, who introduced it in the year 1730.

At this period it was probably not possessed of such distinct features as at present, as the drink in favour up to that time had been a mixture of ale and beer, sold at twopence per measure then in use. Porter being intended to supersede this mixture, no doubt at first resembled it in strength, flavour, and colour, and the present empyreumatic and strong bitter flavour, and the other characteristics which distinguish the porter of the present day, were the results of gradual experiment, and the growing favour with which the new compound was received. The popularity which porter has attained may be judged of when it is remembered, that until the last few years it had entirely excluded the manufacture of ales from the leading breweries in London; now, again, there is an apparent slight reaction in favour of ale; but this is hardly real, as the returns show that very nearly, if not quite as much porter is consumed as ever, in proportion to the increased population, while there is a greatly-increased consumption of ales in addition.

Porter and stout should be brewed of malt and hops only, and the colour, as well as flavour, should be due to these alone.

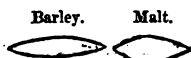
The colour of all malt liquors is dependent upon the degree of heat to which the malt has been subjected in the kiln, and upon the amount of ripeness the hops have attained before being stripped from the poles. Thus, for the pale bitter ales, the greatest care is necessary to prevent the husk of the malt from charring in the least, and to maintain the original straw colour of the barley; and in the selection of the hops, that they should be picked as soon as sufficiently ripe to keep, and that no single brown or withered leaf should be suffered to remain. The reverse of all this is the case with the malt and hops required for porter. The malt should be briskly dried, until the flower of the grain is of a light brown-colour, and crushes with a crisp friability between the teeth; the hops, also, should have hung in the autumn sun till they have attained a rich golden hue, and the seeds are perfectly developed. With all attention to these requirements, however, the beer brewed would still be far from the necessary colour and flavour, and to attain these the maltster is compelled to prepare malt in a peculiar manner. It must be remembered, nevertheless, that the strength of the porter is due almost entirely to the pale malt, as the other kinds have their saccharine properties so dried up and burnt as to render them nearly useless, except for colour and flavour, as before mentioned.

In addition to these distinctive properties of porter and stout, there is one other of still greater importance—the peculiarity of the fermentation. Up to the commencement of this last stage of the process of brewing, the manufacture of porter is conducted in exactly the same manner as that of ale, with the addition of the different flavouring malts before mentioned; but during the fermentation the great difference is effected, as all the sugar is converted into spirit, excepting only such portion as is required to preserve the beer from the acetous fermentation, which is less than in ale, by reason of the larger amount of hops used in proportion to the strength of the wort. The difference will be best appreciated by the following figures:—Good porter should weigh about twenty-two pounds

specific gravity above water per barrel of thirty-six gallons before the fermentation, and single X ale about the same, but after fermentation, the porter will be found to retain only five pounds weight per barrel, while the ale has seven. Thus, ordinary ale is more liable to derange the stomach, by reason of its greater sweetness, while porter is more heady in proportion to its strength, and soporific in its tendency from the strong infusion of hops in its composition.

It may be interesting to make a few remarks, succinct as possible, upon the preparation of malt and hops before they come into the brewers' hands; and upon isinglass, the only substance which should be used for fining beer. It may be well to observe, before doing this, that sugar is permitted by law to be used for brewing, and has been and will be consumed extensively whenever malt rises to a sufficiently high price to render it profitable: nevertheless, it is advisedly the dogma that "porter and stout (and indeed all malt liquors) should be brewed of malt and hops only," as was enunciated in the commencement of this paper; for beer brewed from sugar has greater tendency to the acetous fermentation than malt liquor, so that, setting aside the undoubted superiority of flavour in the latter, the risk, both pecuniary and otherwise, is too great to tempt the prudent man of business.

Malt is barley in which germination has been carried on to a certain extent, and then suddenly cut off by the application of heat, and the process is conducted as follows:—After steeping the barley in a cistern of water till well swollen, it is thrown in layers on the slate floors of the long malt-house, buildings well known; it then heats and germinates very quickly; it is not, however, allowed to rest, but is turned over from time to time, until every grain has been alike exposed to the air, and to such light as is permitted to enter, which is not great, as the growth would otherwise be forced too speedily; and the object to be attained is the conversion of the starch into sugar, which is known to be complete when what is called the acrospire has reached three parts of the way up the grain, particularly observable by a thickening in the back of the grains of barley.



When the grain has arrived at this condition, it is thrown into the kiln in a layer of about three inches in thickness, and while there constantly turned over. The kiln has a perforated bottom, through which the heated air from a small furnace of Welsh coal ascends. The briskness of the fire and the time of drying depend upon the colour required in the malt. The process is then complete, with the exception of screening away the "malt-dust,"—the dried roots of the embryo plant, technically so called, a very nutritious food for cattle, and which also does duty sometimes for ground coffee, Scotch snuff, and it is believed other things besides.

In the choice of malt, the brewer is guided by the growth of the acrospire, as, if it be not sufficiently developed, there is less saccharine matter in the grain than is requisite, and more gluten; and, if overgrown, the saccharine matter is absorbed by the progress of the germination.

Malt contains, besides saccharine matter, a substance called *diastase*, which, in the *maash tun*, by the action of hot water and agitation by machinery, converts a far greater portion of the already partially-converted starch into sugar than is present in the malt before immersion.

The pale malt thus manufactured is the base and strength of all malt liquors. It now remains to notice the other malts used for the purpose of flavouring and colouring stout and porter.

Amber malt, used in the proportion to pale malt of one-eighth part, differs merely in being dried rather faster than the ordinary kind, and by a hotter fire. The delicacy of the flavour of porter is much dependent upon this malt.

Brown or blown malt is of the usual colour externally, but internally it is charred a deep-brown colour. It is manufactured by being placed in the kiln in a layer of only one inch in thickness, and dried by a fierce fire of wood in a very short space of time. This malt, used in the proportion of one-half of the pale malt, is the source of the rich empyreumatic flavour of porter, and does much towards its colour; but this is finally effected by what is called patent malt, which is of a very dark-brown colour. This malt is pale malt, perfected in the kiln in the ordinary way, and then roasted in a similar manner to coffee, only on an infinitely larger scale. The colour of porter, as before mentioned, is principally due to this malt; but it is so powerful an agent, that no more than one-fiftieth part of it is used in proportion to the other malts. Mr. Walsley, of 24, New-road, Mile-end, is the principal

maker of these malts for porter. His are the best in quality, and many improvements in the manufacture are due to him.

Hops will next demand our attention; but to consider the kinds and cultivation of these fully would occupy more space than can be afforded.

Hops are a very delicate and precarious crop, affected greatly by the weather, and they also fall a prey to various kinds of blight, of which the most devastating are the fly, technically so-called, and the mould or rust. The former is the well-known green insect and black fly, that attack the rose plants at the same time as, and accompanied with, honey dew; and its ravages are so great, that three-fourths of the year's crops are sometimes sacrificed. The latter is a fungus which attacks the hop itself, and not only prevents its proper development, and thus destroys its preservative properties, but also communicates an unpleasant flavour to the beer. Like the vine, the hop loves the sun, and can scarcely have too much of it; it also resembles that plant in the soils and situations it most prefers—the sunny sides of sloping hills, and the well-cultivated soil of Kent, resting on the Kentish rag or iron-stone. The most choice hops are grown in East Kent, and the next in estimation, in mid-Kent. In ordinary seasons, the hops grown in Kent nearly suffice for all the malt liquors brewed in England; but in seasons like the last—a most disastrous one—foreign hops are much used. Hitherto, the hops grown in Belgium have been considered the best, and, in appearance, there is no doubt they are so, as the Belgian growers have taken great pains to imitate our mode of preparation and packing; but the Bavarian hops are really much finer in quality and flavour, and the aroma is more perfectly preserved by their method of preparation, which differs from ours.

Some few hops are imported from America, but though very powerful, they are so rank and peculiar in flavour, that, without great improvement in cultivation, they are never likely to be extensively adopted.

The preparation of hops is a very simple process, and may be related in but few words. The poles, with the hop-plants still hanging on them, are pulled from the ground, when the hops are picked, by women and children principally, to a great number of whom it affords a temporary employment; they are then dried on a kiln, somewhat resembling the malt kiln, but the heat is much less, and the floor of the kiln is made of hair-cloth. A small portion of sulphur is burned on the kiln-fire, for the purpose, in the first place, of preserving the hops—at least this is the plea, and there may be some truth in it, as the sulphur may destroy any insect remaining in the hops, but the great reason for the use of sulphur is its bleaching property, which renders the hops more sightly to the eye. After they have been thus dried and bleached they are packed, by presses, tightly into the bags, or pockets as they are called, to exclude the air. They are packed so tightly by the hydraulic press that they become sufficiently solid to be cut in blocks with a knife.

All English hops are prepared in this manner, and the Belgians, finding that the bleaching and packing have a great effect upon the eye, have followed our example; but the Bavarian growers still adhere to the custom of their ancestors, and it is to be hoped they will continue to do so, with increased attention to cultivation and packing, which will render their hops equal to the best English produce.

The mode in use in Bavaria is as follows:—When the hops are ripe the plant is cut off close to the ground, and the hops are left on the poles to dry in the sun. This method preserves the aroma entirely, and all the essential oil; the consequence is, that although they are packed loosely in bales, and look like withered leaves, they have more strength and flavour in proportion to their quality than the English hops. It is somewhat premature to speak of this method as regards the preservation of the hops compared with that followed in England, as the Bavarian hops are a recent importation; in our variable climate the process by which they are dried would be unsuitable; but this at least may be deduced from the comparison, that great care should be taken in the use of the sulphur that the flavour is not affected; and, also, that a very low degree of heat is advisable, as there is no doubt much of the essential oil flies off in the drying process.

Having now touched, though imperfectly and cursorily, upon malt and hops, a few words upon isinglass will complete the account of the materials used in the brewing of porter.

The best isinglass comes from Russia, but a very large supply from the Brazils; that used by brewers is the cartilage of the sturgeon and other fish. The brewer buys it as imported, in rough pieces, as also the dressings and pickings rejected in the preparation of the finer sorts of isinglass for the confectioner, &c. The "finings" for porter are thus prepared:—The isinglass is put

into some sour beer to dissolve, technically to cut, which takes place in different times, according to the kind of isinglass made use of.

A small portion of this solution is added to every cask of beer, and well mixed with it. It being lighter, it almost immediately ascends, and carries up with it much impurity, leaving the beer as clear as wine. It may, perhaps, be well to mention, that the brewer sends finings, prepared as above described, to each of the publicans he supplies, and they are, by them, added to the beer as may be found requisite.

For many of the preceding details respecting the different varieties of malt and hops, and their uses in the preparation of several kinds of porter and ale, we are indebted to Mr. Thomas Druce, of the old and highly respectable firm of Druce and Sons, Hans-town Brewery, Chelsea.

(To be continued.)

## Correspondence.

"Audi alteram partem."

### THE LATE INQUEST AND THE PROFESSION.

[LETTER FROM MR. WEEDON COOKE.]

To the Editor of THE LANCET.

SIR,—Would you permit me space in your journal to hold up to the admiration of the profession; and to record publicly my thanks to, the following eminent men, who most kindly and generously put aside their engagements and their duties to give me the benefit of their testimony at the late inquest. The protracted nature of the inquiry obliged me to ask their attendance on many occasions, and I have much cause to be grateful to them for always promptly answering my call. One and all of these excellent men would have spoken to the difficulties and accidents occurring in lithotomy; but their testimony, although most valuable, was finally not considered absolutely necessary by my counsel, Mr. Clarkson, and they were therefore not called, much to my regret.

The profession will, I am sure, rejoice with me that so much kindly feeling was shown by men who hold the highest places in our ranks, and who have consequently the largest opportunities of appreciating the difficulties and chances of a mishap in a serious operation. Their honourable names are—Mr. Fergusson, of King's College Hospital; Mr. Edward Cook, of Guy's Hospital; Mr. Erichsen, of University College Hospital; Mr. Alex. Ure, of St. Mary's Hospital; Mr. Solly, of St. Thomas's Hospital; Mr. Adams, of the London Hospital; and although Mr. Coulson, of St. Mary's Hospital, was called by the coroner, I feel that I am deeply indebted to him for the kindly and professional feeling he exhibited in the witness-box. Mr. Henry Smith also would have given valuable testimony. My friend, Mr. Obré, of Dorset-square, kindly attended to state a case of protracted operation, and some other old and valued friends, to whom I need not publicly allude, were present, and ready with valuable testimony had it been necessary to call them. Since the termination of the inquest, I have to be grateful for many most kind intimations from gentlemen unknown to me before, of their warm sympathy, and I am glad of this opportunity to publicly acknowledge my thanks. I can scarcely ask you to print a most kind letter from Mr. Fergusson, but will send a copy of it in case you should feel justified in giving space to it in your journal. I am sure if you do it will honour your pages, and gratify exceedingly

Your most obedient servant,

T. WEEDON COOKE.

Upper Berkeley-street, Portman-square, August, 1854.

[NOTE FROM MR. FERGUSSON TO MR. COOKE.]

COPY.

16, George-street, Hanover-square, July 24th, 1854.

MY DEAR SIR,—Now that this unhappy inquest has come to an end, I beg to offer anew my sympathy with you on the occasion, as throughout the whole investigation nothing more appeared against you than you yourself originally admitted, viz., that you had an unsuccessful operation for stone, having committed a blunder which has often occurred before in the hands of others both older and more experienced. The evidence on all other points clearly showed that you had acted with great kindness and attention to the poor child, both before and after the operation.

My own impression is, that you have been hardly dealt with under all the circumstances, and those who know you as I do, and who appreciate your gentlemanly bearing, and excellent surgical knowledge generally, will hope with me that no serious evil will ultimately arise out of this painful incident in your surgical career.

Believe me, my dear Sir, yours very faithfully,

T. Weedon Cooke, Esq.

WM. FERGUSSON.

[LETTER FROM MR. BEDINGFIELD, NEEDHAM-MARKET, SUFFOLK.]

To the Editor of THE LANCET.

SIR,—I admire equally with yourself the manly, straightforward, and ingenuous manner in which Mr. Weedon Cooke gave his evidence at the late miserable inquest upon the remains of Alfred Richardson. Callous indeed must the heart of that man be who could hear without emotion the self-accusing exclamation wrung from the tortured witness—"It was a sad mistake altogether."

The sad mistake or accident (for I think it will not be contended even by Mr. Skey that it was done by design) was in supposing that the staff had passed into the bladder at all. This is evident from the statements of all the parties, as well as from the post-mortem examination. The knife did not "slip from the groove," as imagined at the time by Mr. Cooke, but unfortunately passed along the groove between the bladder and the rectum; in fact, the staff ruptured the membranous part of the urethra, (which in a child is very small, thin, and delicate,) and passed between the bladder and the rectum.

This is not a very rare occurrence. Accidental circumstances, such as a spasmodic state of the urethra, in connexion with the small calibre and tenuity of its membranous portion, may give rise to it, even in the most skilful hands.

When the accident has occurred, it may be known, first, by the immobility of the staff itself; it appears to be, as it were, bound down; you cannot move it about with the facility with which it can be moved when it is in the cavity of the bladder; neither can you by any possibility make it strike *distinctly* upon the calculus. Thirdly, if pushed forwards, it will be found to rest upon the prominence of the sacrum, as it did in the present instance.

To prevent the possibility of this accident, the index of the left hand of the operator ought to be passed into the rectum, in order to direct the point of the staff as it is passing along the membranous part of the urethra into the bladder.

Not only have I read and heard of these cases, but I was present at a case precisely similar to Mr. Weedon Cooke's some forty years ago. It occurred at the Bristol Infirmary. The operating surgeon passed the staff through the membranous part of the urethra, between the bladder and the rectum. The nature of the accident was not detected; the boy remained about fifty minutes upon the table; he was then removed to his ward, and died two days after the operation. At a post-mortem examination, it was found that the bladder had not been opened. The stone was taken from it, and the poor boy was "quietly inured" without any one so much as dreaming of an inquest, or casting the slightest censure upon the operator or his assistant. All present regretted the unfortunate result, but had any one hinted at a public exposition of the circumstances, he would, I feel assured, have been treated with contempt, and his name branded with infamy.

Before I conclude, allow me to make one more observation. When the staff has been withdrawn, after the incision into the membranous part of the urethra, it is perfectly useless to endeavour to reintroduce it into the bladder through the natural passage. The attempt should be made by passing a straight director through the external wound, under the arch of the pubis, into the bladder.

I am, Sir, yours respectfully,

Longville-house, Needham-market, Suffolk,  
July 29th, 1854.

J. BEDINGFIELD.

[LETTER FROM MR. J. POWELL WILDING, MONTGOMERY.]

To the Editor of THE LANCET.

SIR,—I beg to enclose for publication in your next LANCET (if you think proper) the copy of a letter I have this day sent to the Association Journal.

At the same time I wish to express my deepest regret that a much traduced profession should be still more traduced by the editor of one of its own journals, deliberately stating "That the jury had apparently a clear course to follow, so far as the cause of death and the skill of the operators were concerned." A legal journalist might just as well say a lawyer ought to be prosecuted in a criminal court for losing a trial. For the sake

of our profession, I hope you will, for once in your life, step out of your beaten track, and issue a second edition of your last number gratuitously, and send a copy to every professional man in the kingdom, otherwise thousands will never see the coroner's splendid address to the jury.

I remain, Sir, your very obedient servant,

Montgomery, July 31st, 1864.

J. P. WILDING.

*To the Editor of the Medical Association Journal.*

"SIR.—I hope, as I am a member of the Medical Association, you will publish a short letter for me in our next journal, a copy of which I have sent to THE LANCET.

"I will not for one moment inquire your reasons for taking up the cause of Mr. Gay so strongly, nor will I at present make further remarks upon your conduct as editor than this:—However honest and well-intentioned it might have been, it has, in my opinion, more than anything, tended to promote dissension in the Association, and the profession at large.

"As regards your editorial remarks on the low moral tone given to the profession by certain publications, and that we (its members) must become contaminated by reading (I presume) THE LANCET, I beg to say that I have taken that journal for twenty years, that I still do so, and remain, I hope, uncontaminated. I think it is hard for us, possessing (I hesitate not to say) at least as much general knowledge and good feeling as any other professional body, to be taxed by you with not being capable of selecting our own literature.

"Now for the 'suppressed inquest.' The jury returned a verdict 'That the child, Alfred Richardson, died of inflammation, caused by an operation unskillfully performed by Mr. Thomas Weedon Cooke and Mr. Thomas Wakley, jun.'

"The jury had a right to return that or any other verdict they thought proper; but, Sir, had you the right (occupying the position you do, and in which you ought to hold up the honour and dignity of our much maligned profession)—had you the right, I say, to stab one of its members when down, by saying 'that the jury had apparently a clear course to follow, so far as the cause of death and the skill of the operators were concerned?' *Proh pudor!* Who in future will carry out the blessed command of our Saviour—'Go forth and heal the sick.' Mr. Cooke in this (his maiden) operation did not enter the bladder; so far he was unfortunate, not criminal. Coupled with the evidence of Mr. Coulson, to the effect that expert operators have failed to enter the bladder, and the testimony of the late Sir Astley Cooper, who had known twelve such cases, I think such an editorial remark ought not to have been made in a journal purporting to be the organ of provincial medical men.

"I have performed several of the capital operations—in fact, am compelled to do so whether I wish or not, as I reside more than twenty miles from a consulting surgeon—and if I cannot calculate upon our own medical journals to defend my professional character when assailed, I shall only be thrown back upon my own resources, and will willingly abide the consequences, and have no doubt the result will be as triumphant in my case as I am sure it will be in Mr. Cooke's.

"I remain, Sir, your obedient servant,

Montgomery, July 31st, 1864.

J. P. WILDING.

## NAVY MEDICAL OFFICERS.

THE WARNING VOICE!

*To the Editor of THE LANCET.*

SIR,—Alas! what degradation seems to hang over this branch of our profession. Not many years ago, we read in the public prints of an old assistant-surgeon in the Mediterranean taking poison to close a long and weary servitude; then of another who, goaded to desperation by ten years of a midshipman's mess, was found in a Portsmouth hotel with his throat cut; then another became an incurable lunatic. These, varied with continual dismissals of assistants for drunkenness—and within the last month it has reached the full surgeons, two of whom have been dismissed by a court-martial for intoxication, their characters ruined and blasted after many years of the best part of their lives spent in the navy.

Happy, happy system! Delude young professional men into the public service, insult and degrade them in every way, and when driven by disgust and despair to habits of intemperance, rain them for ever by a court-martial! I am informed by naval surgeons that such is the case of the two unfortunates lately dismissed; they were both, on their entry into the navy, young men of the highest respectability and the best attainments.

Mr. Brady has moved for certain Parliamentary returns of the naval medical officers. From what I can learn, if he moved

for a return of the assistant-surgeons of the navy who, within the last twenty years, have committed suicide, together with a list of the medical officers who have left the navy after reaching the rank of full surgeon within the same time, he would, by comparison with the same data from the army, produce some startling facts.

One would suppose, that when the Admiralty is so strict with their medical officers, they would also give them corresponding encouragement. Now, how do they show this? Compare the medical personnel of the two branches now employed. A naval friend has furnished me with the following comparison, which please to insert in columns opposite each other, to show the disparity, and then even "Brummagem" will be able to decide if it were creditable to apply for naval assistant-surgeons.

### The Army in Turkey.

One Inspector-General of Hospitals, receiving £700 per annum, with 20s. per diem allowances, and ranking with a full Colonel in the army.

Four Deputy-Inspectors of Hospitals, receiving from £520 to £550 per annum, with allowances of from 10s. to 20s. per diem, and ranking with a Lieutenant-Colonel in the army.

Fourteen Staff-Surgeons of the 1st Class, receiving each from £400 to £440 per annum, besides allowances, and ranking with a Major in the army, or a Deputy-Inspector of Hospitals in the Navy.

### PRIZE MONEY.

Surgeons of the 1st Class receive the same share as a Major in the army.  
All other Surgeons the same as Captains.  
Assistant-Surgeons the same as Lieutenants.

Navy Surgeons, old and young, receive the same as a Mate R.N.; relatively the same as an Assistant-Surgeon in the army.

### WIDOWS' PENSION.

Widow of Assistant-Surgeon in the army, £40 per annum, the same as the widow of a full Surgeon R.N.

Widow of a full Surgeon receives £40 per annum, the same as the widow of an Assistant-Surgeon in the army.

Add to this the average ten years in a midshipman's mess, and the list of inducements to enter the navy is complete. I see, by a contemporary journal, that the ships, instead of having extra assistants, as they should have, are absolutely on peace numbers. Put the two services on the same footing, and then it may be possible to command medical talent and skill of the first class for the navy, but not until then.

Thanking you for your untiring opposition to all abuses,

I remain, your old subscriber,

Manchester, July, 1864.

PATER FAMILIAS.

## HOSPITAL ABUSES.—THE ROYAL MANCHESTER INFIRMARY.

*To the Editor of THE LANCET.*

SIR,—Of all the questions calculated to engage the attention and call forth the active energies of the students thoroughly to investigate, perhaps that of the irregularities exhibited by heads of hospitals, in conducting the surgical department, will be found the most important, although, as far as my knowledge has gone, it is one respecting which the students have offered but comparatively little public opinion, and to which they have presented still less actual opposition. To what can this circumstance be attributable? Can we ascribe it to direct indolence of disposition? It is to be feared, indeed, that there might be assigned to a certain few a still more despicable reason. But, although it is not easy to account for the



inactivity of the students, as a body, in these momentous matters, so immediately affecting their own interests, we may, with more certainty, show the inevitable evils which are the result of it. There may, and in all probability will be, a *select few*, (to whom I have before alluded,) who, inclined by false notions of interest to follow blindfolded at the skirts of the hospital-surgeons, still pretend to think the objects of these charities have not been perverted; but I would beg all such to reflect upon the many precious hours they have idly passed, vainly waiting for a surgeon's arrival, and how many difficulties they have experienced in striving to collect a few facts of a case they have wished to investigate. It may be said by some, that much of the inconstancy of attendance on the part of the surgeon has originated from the carelessness of the students; but I deny that (at least, whilst I have known this hospital) this has in any degree been the case, and whoever has taken the trouble to make observations will confirm me in charging its origin to the neglect of the surgeons to attend at the appointed hour, by which the students have been kept loitering and grumbling about the wards; and what is the consequence? Why, that most of them after a sacrifice of much money, have hardly thought of visiting the hospital at all, and that themselves and the public have suffered, and still must suffer.

From these truths, may I not come to the painful conclusion that pupils have large sums of money extorted from them for contracts which are never fulfilled, and that they have no opportunity for improvement, but, on the contrary, everything to impede them in the progress of professional knowledge? And who that contemplates this for a moment but will be ready to exclaim, "it is time to escape from such evils." Is not our position in society in after-life entirely dependent upon our success in practice, and this likewise upon the extent of our knowledge, which last is proportionate to our advantages now?

Let it pass that we have borne with silent lips, insult and wrong. Let it pass that we have seen ourselves deprived of our privileges one by one, and, like Sheridan when he saw his house in flames, never attempted to wrest an atom of property from destruction, or to quench the devouring element. The existence of evils has now been proved, and of evils fraught with pernicious effects to us and to the world; and can we bear this sacrifice of our future comfort and of human life with apparent approval?

Past events have fully testified that nothing can be done on our part without the united exertions of many. Perchance a puny arm may now and then be raised in defence of the right, but it has only served those before whom it has been bared as a laughing-stock, or they have passed it by "as the idle wind which they regard not." The question then arises as to what would be the most speedy and effectual means of remedying the various and serious evils under which we are labouring.

Trusting that I am not encroaching on your valuable space, allow me to remain—Your humble servant,  
Manchester, July, 1854.

OBSERVER.

## THE ROYAL MATERNITY CHARITY.

To the Editor of THE LANCET.

SIR,—IN THE LANCET of the 17th of June is inserted a short notice of a special meeting of the governors of the Royal Maternity Charity, convened to consider the report of a sub-committee, respecting the medical staff of the Charity, &c.; and in reference to an amendment moved at that meeting, viz.—"That the report be referred back to the committee, to inquire into the charges made against the senior physician of this Charity, and report as to the expediency of the surgeons being paid by the Charity instead of by the physicians," it is merely stated that, "the motion for the adoption of the report was declared to be carried." Upon this the committee are desirous of observing, that the meeting was one of the largest known in the Charity for some years; that the "amendment" was supported by only four out of the large number present, viz.—by Mr. E. Pye Smith, Dr. Burchell, and Messrs. Bamford and Bailey; and that upon the "amendment" being lost, the original motion for the reception and adoption of the report was carried with only one dissident. The committee beg, then, to state, that in their opinion, the rejection of that amendment would quite exonerate them from instituting any inquiry into the charges therein referred to; but having subsequently received a letter, or requisition, signed by nine governors, calling upon the committee to investigate certain charges affecting Dr. Blundell's conduct in connexion with his office of senior physician to the Charity, and also a letter from Dr. Blundell, requesting the committee to undertake that investigation, the attendance of those gentlemen was invited by

letter, to a special meeting of the committee, held on the 17th ultimo for that purpose. At that meeting, only one of the nine requisitionists (viz.—Mr. Bamford) and Dr. Blundell attended, and in order to give a further opportunity for substantiating the charges, the meeting was adjourned to the 19th, and the result was, that after a full consideration of the matters submitted to them in respect to the complaint, the committee unanimously came to the following resolution, viz.—"That the requisitionists having failed to substantiate the charges against Dr. Blundell, the committee regret that they (the charges) should have been brought; and they record it as their opinion that Dr. Blundell, as senior physician to this Charity, is fully entitled to the continued confidence of the committee and of the governors generally of the Royal Maternity Charity."

The committee further feel themselves bound to advert to an article on the Royal Maternity Charity, in THE LANCET of the 24th of June, and to express their surprise and regret at its insertion; and in respect to the passage in the concluding paragraph, that "So long as they (the governors) adhere to the inhuman maxim, that midwives are good enough for the poor, so long will they fail to meet the approbation of the public," they will observe, that in their judgment the "efficient working" of the "system of relief" afforded to the patients of this Charity for nearly a century, is proved by the fact, that 400,000 women have, in the hour of child-birth, as well as before and after it, received the assistance of the Charity, and that a less mortality has ensued, in proportion to the number of cases, than under any other "system" adopted by any similar institution.

Upon this conviction, the committee have no hesitation in requesting the attention of the Editor to the following paragraph in the "Report" of the sub-committee, which was adopted by the governors at the general meeting in June last, viz.—

"As bearing upon the constitution of the medical staff of the Charity, the sub-committee earnestly recommend that the services of the midwives be continued; *educated as they are by one of the physicians of the Charity*, they form a class of *well-instructed matrons*, whose services are not only of great advantage to the Charity, but also in the neighbourhood in which they reside, there being always some married women who from choice, as well as others, independently of this Charity, who, upon pecuniary considerations, gladly resort to midwives for assistance; and the sub-committee find that midwives have from its foundation constituted a part of the Royal Maternity Charity, and in their opinion are a most valuable medium for carrying out its benevolent designs."

By order of the Committee,

JOHN SEABROOK, Secretary.

Little Knight-riding-street, Doctors'-commons,  
July 20th, 1854.

[LETTER FROM MR. BAMFORD.]

To the Editor of THE LANCET.

SIR,—I intend to give notice of the enclosed motion, in conformity with the rules of the institution, at the general meeting on Thursday. The Committee went into the inquiry so far as regarded the fact of Dr. T. L. Blundell having made the offer alluded to in the motion, unqualified and unconditionally; and they fully admitted that he had done so; but it was perfectly clear that they meant to burke the substance of the inquiry, and which I believe they have done.

I am, Sir, yours respectfully,

Aug. 2nd, 1854.

JAMES BAMFORD.

*Notice of Motion.*—That the several sums proposed to be given to the three physicians by the special committee appointed to inquire into the duties connected with their office, as represented to the general meeting, is excessive, and a violent invasion of the funds of the Charity, unmerited and undeserved by any services such officers render to the Charity. The best proof of such fact is that given by one of the present physicians, long connected with the Royal Maternity Charity—namely, Dr. T. L. Blundell, who voluntarily offered, in 1852, to the chairman of the committee, Mr. Norris, to undertake the whole professional duties and responsibility, and provide all necessary assistance, in behalf of the institution, for a salary of £100 per annum. It is therefore due to the welfare and respectability of the Charity that the committee and governors at large should reconsider the present arrangement and organization of the medical staff, and effect such alterations in reference thereto as shall place every officer under the direct control of the managing committee; and also that both physicians and surgeons shall be paid in proportion to the duties actually performed, the ratio of which hereafter to be determined and settled by the committee.

## ON THE USE OF EUPATORIUM VILLOSUM AND NERVOSUM IN THE TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—A gentleman holding an official position in Jamaica, who is a frequent correspondent with the Royal Dublin Society, and a liberal contributor to its museum of natural history and botanic garden, has, in his recent communications, called my attention to a remarkable and, I believe, novel addition to the remedies used in the treatment of cholera. I may premise that his statements are confirmed by a friend, also holding a high official station in the island. The following is quoted from his letter:—

"I have put up a box of the bitter bush, *Eupatorium*, for this packet; and, should an opportunity offer, I hope it will be tested, as I am satisfied it will be found a safe and sure remedy in cholera. I have given it, with remarkable success, in every stage of the disease, even after collapse, and have not heard of a single death when the remedy has been administered in time, and persevered in. It is used by making a strong decoction by boiling about two drachms in a pint of water, and giving a small teacupful, cold, every half-hour until the symptoms abate. In severe cases it is given alternately with the saline powders recommended by the Board of Health. In simple diarrhoea, one dose is generally found sufficient. The first dose often produces vomiting; in such cases repeat the dose immediately. It is certainly a wonderful remedy, and the effect of it sometimes appears to be magical. I have used two species of it, which appear to be *Eupatorium Villosum* and *E. Nervosum*. That used in St. Ann's is, I believe, the *E. Rigidum*. We have several species here, all of which appear to possess the same active properties, but those I have named appear the best. The box I have sent contains the two species I have used; they are very similar, except that one (which I think the best, *E. Nervosum*) is inodorous, and that the other possesses a strong fragrance, which we think to be *E. Villosum*. The *E. Odoratum* is also common here."

It is right to state that the writer of the foregoing is not in the medical profession; still his observations on this plant should not, on that account, be disregarded. We know that several of the *Eupatoria* possess very active properties. Some are emetic and purgative, as our native *E. Cannabinum*; while others are powerfully astringent, or even styptic, as the *Matico E. Glutinosum*. Probably, the *E. Nervosum* and *E. Villosum*, and others whose efficacy has thus been stated in cholera, are powerfully astringent, and on that account may have a decided effect in restraining the choleraic diarrhoea, and thus give time for using the other remedies for restoring the heat and vital powers, which, from the continued drain of the fluid part of the blood, would otherwise inevitably end fatally.

Not having as yet received the box, I am unable to give any account of the drug from actual inspection.

I am, Sir, your obedient servant,

WM. EDWARD STULO, M.B.,

Royal Dublin Society,  
Kildare-street,  
July, 1854.

Assistant-Secretary to the Royal Dublin Society  
Fellow and Registrar to the King's & Queen's  
College of Physicians.

## THE CHOLERA.

It becomes again our painful duty to record in a specific manner the increasing progress of malignant cholera, which is reappearing with considerable virulence in different parts of Great Britain, and in some cases assuming a character of great intensity and rapidity of symptoms. That we are partakers in the fatal influences of a simultaneously very widespread epidemic force, is clear from the ravages the disease is making in distant parts of the globe. We last week drew attention to its fatal effects at Barbadoes and the Mauritius, and now we may, *en passant*, remark, that a despatch from Genoa announces that, at Leghorn, Florence, and Naples, the disease is prevailing to a considerable extent; at the former city above 124 cases occurring in one day. Turin and its vicinity are as yet healthy.

In ENGLAND the disease has been very fatal in a colliery village called Trimdon, (in South Durham,) lying between the Ferryhill station of the York and Berwick railway and Hartle-

pool, during the past fortnight. Its outbreak was very sudden, and many of the cases are said to have occurred without any marked premonitory symptoms, and ended fatally very quickly. The principal portion of the village is situated on a hill, and is rather favourably placed for draining. The disease has been most fatal amongst the poorer and least prudent portion of the pitmen, though temperate, regular-living persons have fallen victims to it. On Sunday morning week, a Primitive Methodist local preacher conducted divine service in the chapel belonging to that denomination in the village; without any marked premonitory symptoms, he was seized with the disease at midnight, and was dead in four hours. There was one death on Monday, and the disease appears to be quite epidemic. Though surrounded by colliery villages, no cases have appeared in any of them but Trimdon, and it is thought, therefore, that the epidemic must have its origin in some unhealthy local condition not yet discovered. Great complaints have been made, arising out of the apparent negligence of the General Board of Health in London. Immediately upon the appearance of the cholera in a fatal form, Mr. Wood, the overseer of the colliery, wrote to the board, informing them of the circumstance. Down to Saturday night last no answer had been received to his communication. The cases had been attended to by Mr. Scott, the colliery surgeon; Mr. Gordon, his assistant; and Mr. Ruddock, the union surgeon. The colliery surgeons instituted a "house-to-house" visitation immediately on the appearance of the disease, and have continued it without intermission. The other parts of the county are reported to be healthy.

We regret to say that the cholera has also appeared in a virulent form, during the present week, in Canterbury; and that fatal cases have occurred at opposite points of the City. At Fulham, Kennington, Chelsea, Lambeth, Whetstone, Southwark, Limehouse, Stepney, and Romney, fatal instances have likewise been recorded.

The following account of its outbreak on board a troop-ship was received on Monday night by electric telegraph from Plymouth:—"The teak-built barque, *Lord Auckland*, which left Gravesend on the 25th ult., bound to Kurrachee, East Indies, having on board 186 men of the 10th, 24th, 60th, and 87th regiments, put into Plymouth this afternoon with twenty-seven ill of the cholera. One private of the 24th, and two of the 87th, have died since leaving. It was deemed advisable to bear up for this port on Friday evening. The *Lord Auckland* is an old ship, and the breaking out of the fatal disease is attributed in part to bad ventilation. The authorities here have sent a hulk into the Sound to receive the cholera patients; five are now dangerously ill."

In IRELAND the disease has also had its victims, as the *Belfast Banner*, of a few days back, states that twenty-four cases of cholera have occurred since that day week, and that the disease has assumed a very aggravated character, and proved unusually fatal. The home of the disease is, as hitherto, the ill-ventilated and filthy alleys of the town.

As regards SCOTLAND, we extract the following from the *Edinburgh Witness*:—"We have to announce the occurrence of two deaths from this disease in the course of last week, although we are happy to believe they may be considered sporadic. The parties were Mr. Livingstone, of Danube street, and a son of about four years of age. Mr. Livingstone had gone to attend the funeral of his mother in Wishaw, who had died of cholera. On his return home on Tuesday, he felt a little out of order, and took some medicine, but did not call in a medical man till Thursday, by which time all the symptoms of cholera had set in. He died on Friday morning. His boy took ill in the course of the week, and died on Saturday of the same disease."

According to the *Alloa Advertiser*, the pestilence has shown itself in Coalsnaughton, in the immediate vicinity of Alloa. Two cases occurred on Saturday week, and one on Monday, all three terminating fatally within less than twelve hours' illness.

An interesting question connected with the pathology of cholera is that of its relation to the lower animals. Contemporaneous with the prevalence of the disease in different districts and towns of India and Europe, certain partial or distinctly localized epizootics have been observed, and believed by many to be examples of cholera in the lower animals.\* But in reference to the majority of the examples which have been collected together of local epizootic disease, more or less coincident with and resembling cholera, the authority we have referred to below remarks, that it unfortunately happens that neither the symptoms nor the post-mortem appearances have been made the subject of accurate medical investigation. We

\* See an able paper on the subject, by Mr. Marshall, in the eleventh volume of the *British and Foreign Medical-Chirurgical Review*.

admit, then, with Mr. Marshall, that we should at once reject them as positive evidences of the effects of a cholera agent upon the animals concerned; and we would add, that a more accurate account should, for the future, be taken of any unusual amount of disease amongst the lower animals during the time cholera is prevalent. We are led particularly to these remarks from observing that the Scotch papers refer to an uncommon amount of disease continuing amongst the grouse, and of its spread to the young birds. According to the *Greenock Advertiser*, "in Perthshire, the young broods of grouse are suffering so much from a disease, which is supposed to be tape-worm, that in some districts there will be a total failure of young birds."

The more than warnings that are now prevailing of the fatality that will in all probability ensue before the summer has passed away from us, should be made use of by the profession and the public to their fullest available extent. By the former, no opportunity should be lost of at once impressing upon public boards and private individuals how materially a defective hygiene and "medical police" tend to the wide-spread development and increased malignancy of the disease, if not to its actual genesis. As to the latter point, some, we know, differ; as regards the former, none are at variance, and hence no obliquity of purpose, whether scientific, political, or economic, should be permitted to prevail in arresting for one moment the furtherance of all those great sanitary regulations, whether of general or individual reference, which tend to greatly mitigate, if not entirely to arrest, the terrors of a pestilence so fearful as cholera. By the public, whilst it assists to the utmost of its powers the endeavours of the medical practitioner in preventing the occurrence of the affection, care must be taken that it does not delay seeking that advice and curative attention which are so absolutely necessary on the very first occasion of a single symptom or precursor of the disease. Again and again have we said—and we here repeat it—in cholera there is nothing so dangerous as delay. One hour, or even less, may settle the destiny of a man, for that which, as a simple diarrhoea, was amenable to the resources of the healing art, may pass with irresistible rapidity into the forlorn condition of the stage of collapse, if unchecked by the early and thus useful interference of the medical practitioner.

Since the foregoing was written, we are glad to perceive that all the hospitals in London have prepared wards for the immediate reception of cholera patients.

## Parliamentary Intelligence.

### HOUSE OF LORDS.

TUESDAY, AUGUST 1ST.

#### MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

On the motion of Lord MONTAGUE, the House went into committee on this Bill.

The Duke of ARGYLL said, he should move the insertion of the Scotch universities into the Bill. He had received several communications from the professors of the great medical schools of Glasgow and Edinburgh, and he was assured that a large number of medical men in the English provinces had taken the Scotch degree, every one of whom was now practising in violation of the law, and was liable to penalties, although it was not easy to put the law in force against them. He wished to put these persons upon a legal footing, not as surgeons, apothecaries, or general practitioners, but as physicians in England. The University of Durham had been included in the Bill, and he could not, therefore, understand how the insertion of the Scotch and Irish Universities could injure the Bill in any degree.

The Marquis of LANSDOWNE wished to see some regular uniform standard of medical examination throughout the country, to the benefits of which all bodies and institutions might be admitted. The whole subject required consideration, but it would be unjust to deny to the University of London the privileges which its medical graduates had been led to expect were secured to them by their charter. He thought their lordships might safely pass the present Bill, if surgery and pharmacy were excluded from its application.

Lord CAMPBELL could not imagine that any objection could be made to the introduction of the great medical schools of Edinburgh and Glasgow into the present Bill.

Lord WYNFORD was not hostile to the present Bill, but objected to partial legislation on a subject of so much importance. What was wanted was, that every man who obtained the right to practise, should bring with him to the neighbourhood

in which he settled, some guarantee that he was a proper and safe practitioner. He recommended the Government to consider the general question during the recess, and to bring in a Bill next session dealing with the whole subject.

The Earl of GALLOWAY thought that enough had been said to show that it was desirable to postpone the first clause of the Bill, in order that the subject should be considered in all its branches.

The Earl of DERBY had not much directed his attention to the Bill, but from the conversation he had just heard, he was inclined to agree in the opinion that their lordships were hardly in a condition to legislate, and that it was not fitting they should legislate in the partial manner proposed by the Bill. The whole subject of the license to practise arising from degrees granted by universities was worthy of the consideration of the Government, and a partial measure ought not to be adopted without consideration. The measure had been introduced on the part of a private member, and he did not believe, so far as the University of Oxford was concerned, that the slightest jealousy would be entertained to granting the privilege of conferring degrees to other universities. In this case the noble duke came forward on behalf of the Scotch universities, and asked why the Scotch universities should not be put upon a footing of perfect equality with the English universities. The noble duke, however, omitted to consider that a portion of the clause would interfere with a measure of that nature.

The Duke of ARGYLL said, he proposed to strike out that portion of the clause.

The Earl of DERBY thought that in that case the whole character of the measure would be altered, and the new question would be introduced, whether the license to practise in England, Scotland, and Ireland, should not be co-extensive, and apply to each kingdom?

The Duke of ARGYLL observed, that there was no penalty whatever upon an English medical man practising in Scotland.

The Earl of DERBY confessed, that if they were to deal with the question at all, they ought to deal with it as a great question of medical reform on some established and avowed principle. They ought to be either prepared to legislate upon the question as a whole, or to introduce a measure which would not be opposed to any general legislation upon the subject hereafter. It appeared to him that a question, involving principles of so much importance to the community at large, ought to be a question taken up by the Government, and dealt with as a Government measure. He did not, however, intend to take the sense of the House in opposition to proceeding with this Bill, but if the noble lord on the cross benches, or any other noble lord, thought that he ought to divide the House upon the further progress of the Bill, he should feel it his duty to do so.

Lord MONTAGUE remarked, that though the Bill was originally brought forward as a private Bill, it had unquestionably been taken up by Government, and had been supported by every member of the Government.

Lord CAMPBELL thought there was no prospect of proceeding with a measure now which would be perfectly unobjectionable, and if a motion were made that the Bill be further considered that day three months, he would second it.

Lord WYNFORD said that without intending to act in any way hostile to the Bill, but desiring that a general measure should be introduced, he would move that the House go into committee that day three months.

Their lordships then divided:—

Content	...	...	...	...	17
Not content	...	...	...	...	15
Majority for going into committee	...	...	...	...	2

The Bill, with some amendments, then passed through committee.

#### THE BOARD OF HEALTH.

The Earl of SHAFTESBURY moved for certain papers connected with the Board of Health, and entered into some further explanations as to the constitution of that body.

#### THE BURIALS BEYOND THE METROPOLIS BILL

was read a third time and passed, after a statement by the Bishop of London as to the disgraceful way in which interments were often conducted in unconsecrated cemeteries.

### HOUSE OF COMMONS.

MONDAY, JULY 31ST.

#### BOARD OF HEALTH BILL.

Lord PALMERSTON moved the second reading of the Board of Health Bill, and in so doing called on the House to recollect

that the present Act of Parliament in relation to the General Board of Health would expire at the end of the session, and also that upon the existence of a Board of Health depended the moral, commercial, and local interests of millions of their fellow-countrymen. The cholera had lingered in this country for the last twelve months, and one of the most efficacious means of dealing with this formidable disease was by a house-to-house visitation. He therefore hoped Parliament would continue the Board of Health, amended, as it would be, by this Bill. He proposed that the Board should be under the control of the Secretary of State for the Home Department. As to the persons composing the present Board, they had all placed their appointments in his hands. He felt bound to state this, in justice to those gentlemen, because a very considerable amount of clamour and prejudice had been raised against them in the discharge of a very important and difficult duty.

LORD SEYMOUR opposed the second reading of the Bill; the Board of Health Act being on the point of expiring, this was a proper occasion for reviewing its operations. He did not deny that there ought to be a Board of Health Act, but the value of such an act must depend upon the manner in which it was administered. The Board had two powers entrusted to them, namely, to advise as to the best sanitary measures to be adopted, and secondly, to administer the existing law with justice and discretion. He was prepared to show that in neither of these cases had the present Board given satisfaction. The noble lord said that this Bill would not remedy the evil complained of, and he therefore moved as an amendment that the Bill be read a second time that day three months.

SIR B. HALL seconded the amendment.

M. MILNES opposed, and defended the Board of Health from the attacks made upon it by Lord Seymour.

MR. HENLEY contended that the Board had given dissatisfaction to the public, and supported the amendment.

LORD JOHN RUSSELL, believing that a Board of Health was admittedly necessary for the safety of the public, earnestly urged the House to adopt the limited proposal of the Government, in preference to that put forward by Lord Seymour, and leave it for next session to decide in what manner the Board should be permanently reconstituted.

MR. HEYWOOD stated that Mr. Chadwick's medical advisers had recommended him not to remain connected with the Board.

MR. HUME expressed his willingness to vote for the Bill if the Government promised that Mr. Chadwick should not be connected with the new Board.

LORD PALMERSTON reiterated his former statement, that all the members of the Board had placed their resignations in the hands of the Government, to be dealt with as they shall think fit; and the House had heard from Mr. Heywood that Mr. Chadwick's medical advisers had recommended him not to remain connected with the Board.

On a division, Lord Seymour's amendment was carried by a majority of 74 to 65. The Bill is consequently lost, and the Government subjected to another defeat.

#### EXCISE.

On the motion of Mr. BRIGHT, returns were ordered of the total cost of the chemical establishment of the Excise Department from the 5th of January, 1844, to the 5th of January, 1854, giving the number, the names, and salaries of such officers as had been specially selected for chemical education at University College; of the seizures made during the same period, by whom made, and the amount of penalties incurred; the amount recovered, and in what manner appropriated; and of the cases compromised, the amount of money paid, and the grounds on which a compromise was agreed to; distinguishing the trades of the several delinquents. The returns to include all monies paid to independent chemists employed by the Excise during the said period.

TUESDAY, AUGUST 1ST.

#### PUBLIC HEALTH ACT.

SIR W. MOLESWORTH moved for leave to bring in a Bill to make better provision for the administration of the laws relating to the public health. The Bill was framed, he said, in strict conformity with the opinions, views, and wishes expressed in the House, yesterday—namely, that there ought to be a department which should have the administration of the matters under the cognizance of the present Board of Health; that the Board, as now constituted, was not a good Board for the purpose; that there ought to be a person in that House directly responsible to Parliament for the administration of the law, and present to give explanations; and that the new department should not be a portion of the Home Office, but be constituted in the same

manner as the Poor Law Board. The Bill, therefore, proposed to give to the Board of Health the same constitution (with certain exceptions,) as the Poor Law Board, and a clause would be introduced to make compensation to one of the present members of the Board of Health—namely, Mr. Chadwick.

After a short conversation, in the course of which Lord JOHN RUSSELL said the Government would be ready next year to consent to an inquiry into the whole working of the Board of Health, leave was given to bring in the Bill.

## THE WAR:

### MEDICAL INTELLIGENCE.

THE SCOTS GREYS.—Assistant-surgeon Robert Augustin Chapple has gone on board the *Himalaya*, in charge of the Scots Greys, who, although they number 400, have no other medical officer. Upon reaching Turkey he will be permanently attached to the regiment.

TURKISH ACKNOWLEDGMENT OF MEDICAL SERVICES.—The Sultan has expressed his intention of honouring Dr. Sandwith, staff-surgeon to General Beaton, with a title.

HEALTH OF THE BALTIC FLEET.—Cholera is rapidly disappearing. The *Austerlitz* at one period had 150 cases on board. The *Majestic* went to sea to recruit the health of her crew. A very singular feature regarding the disease is, that the screw ships only have been attacked by the epidemic, the sailing-vessels escaping with impunity.

THE PERILS OF MEDICAL MEN IN WAR.—In the sanguinary affair during the late attack on the gabion battery, north bank of the Danube, Dr. O'Hogan who was standing close to Captain Parker, who was shot dead, had his clothes riddled with Minié bullets; and just before Captain Parker landed, the gallant officer ordered Dr. O'Hogan to throw the yoke-line, and turn the boat, which he accordingly did, and was the next moment affording medical assistance to his gallant commanding officer, but in vain, as the fatal bullet entered Captain Parker's heart. Mr. Sorbey and Dr. King had charge of the others who were wounded.

RUSSIAN WOUNDED.—Upwards of five thousand men of the Russian army of occupation in the Danubian provinces are in the hospitals of Ibraila. Scurvy has broken out to a considerable extent, and affects the troops greatly. The disease is said to have been brought on by unwholesome food, insufficient clothing, and the character of the locality where they have been so long encamped. Upwards of three hundred waggons, containing sick and wounded, passed through Galatz on the 2nd ult. from the entrenchments before Silistria.

The following news is derived from a letter dated Malta, July 21st:—"The cholera has broken out both at Gallipoli and the Dardanelles. Many of the French troops have died. The mail steamer *Egyptus*, which arrived here this morning, has had cases of cholera on her passage down, and has lost, amongst others, her surgeon, of that disease."

### SANITARY NOTICE.

THE following important notice to the citizens of London has just been drawn up by the Medical Officer of Health for the City of London, Mr. Simon, and was issued on Tuesday week, by order of the City Commissioners of Sewers:—

"The attention of the public is earnestly invited to the necessity of taking every care for the maintenance of cleanliness in all parts of their houses and premises, and especially for the frequent removal of all refuse matters, animal and vegetable.

"It is of the utmost importance to health that the air should be kept free from offensive smells; and it is therefore requested that in case of any nuisance, prompt information may be given at the Sewers Office, Guildhall, where the Inspectors of Nuisances attend daily at twelve o'clock.

"All complaints of public nuisance may be thus addressed; as also all complaints relating to defects of water supply, to neglect by dustmen and scavengers, or to any filthy or unwholesome conditions of houses and premises.

"By order of the Commissioners of Sewers of the City of London.

"(Signed) JOSEPH DAW, Principal Clerk."

"Sewers Office, Guildhall, July 25th, 1854."

APPOINTMENT.—Mr. Edward Canton has been elected Assistant-Surgeon to Charing-cross Hospital.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 28th ult. :—

HOWARD, CHARLES OLDROFT, York.

HYDE, JOHN MARTIN, Oxford.

JOHNSTON, CHARLES EDWARD, Hon. East India Company's Service.

LUCAS, ROBERT, Army.

MARSTON, JEFFERY ALLEN, Newcastle-on-Tyne.

MINES, THOMAS, Belfast.

PEARCE, RAVENHILL, Llangarrew-court, Herefordshire.

WRIGHT, SAMUEL, Cottenham, Cambridgeshire.

The following gentlemen were admitted Members on the 31st ult., being the last court this session :—

BEALE, ROBERT HENRY, Harleyford-place, Kennington.

COLEMAN, WILLIAM WARMAN, Hon. East India Company's Service, Bombay.

HAMILTON, JAMES ALEXANDER, Omagh, Tyrone.

KERSHAW, BENJAMIN, Rochdale.

MILNER, ANDREW, High Hartgate.

ROCH, SAMPSON, Youghal.

STEWART, WILLIAM, Cork.

TOWLE, HENRY, Leeds.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, July 27th, 1854.

DOLMAN, ARTHUR HENRY, Melbourne, Derby.

HARDING, JOSEPH JAMES, Newcastle-on-Tyne.

RUSSELL, DAVID, Preston.

WRENCH, EDWARD MASON, Cornhill.

**UNIVERSITY OF GLASGOW.**—The following gentlemen obtained the degree of M.D. from this university at the summer examinations :—

FERGUSON, WM. EDWARD L., England.

GAMMILL, JAMES, Glasgow.

GRUNLUS, J. Glasgow.

HAMILTON, JOHN TRAVIS, Ireland.

HOUSTON, J., Scotland.

MC ADAM, J., Glasgow.

SMITH, WM. C., Loch Winnoch.

STEWART, WM., Glasgow.

WEIR, JOHN, Ireland.

YOUNG, JAMES, Norwich.

**CHARING-CROSS HOSPITAL.**—The annual distribution of prizes to the students most distinguished for their acquirements in the various classes of medical instruction during the past winter and summer sessions, took place in the board-room of the above hospital on Saturday, the 29th ultimo. The Rev. Dr. Worthington presided, who delivered an appropriate address to the company assembled, remarking upon the great progress which had of late years been made in medical science, and that the profession had become of increased importance now that we have a large army in the East, where the inhabitants were, by the laws of the Koran, forbidden the practice and study of anatomy. The several professors of the school offered some remarks introductory to the presentation of the prizes in the several classes; and all of them spoke in terms of the highest praise of the conduct of the pupils, their attention to their studies, and their general proficiency.—*General Proficiency:* Gold Medal, Mr. T. Simpson, Bishop's Stortford, Essex.—*Chemistry:* Silver Medal, Mr. C. F. Goldsbro', West-square, London; Certificate, Mr. G. Barnes, 6, Gower-street.—*Practical Chemistry:* 1st Certificate, Mr. J. Watts, Gerrard-street, Soho; 2nd Certificate, Mr. R. Biggs, Bath.—*Anatomy (Senior):* Silver Medal, Mr. E. J. Worth, Devonport; Certificate, Mr. J. M. Heward, South Lincolnshire.—*Anatomy (Junior):* Bronze Medal, Mr. J. W. Procter, West-square; Certificate, Mr. C. F. Goldsbro'.—*Medicine:* Bronze Medal, Mr. J. Watts; Certificate, Mr. J. M. Heward.—*Midwifery (Senior):* Silver Medal, Mr. J. Watts; Certificate, Mr. R. Biggs; Certificate, Mr. H. Holland, Godalming, Surrey; Book, Mr. E. J. Worth.—*Midwifery (Junior):* Bronze Medal, Mr. C. F. Goldsbro'; Certificate, Mr. J. W. Procter.—*Surgery (Senior):* Silver Medal, Mr. H. Holland; Book, Mr. J. Watts; Certificate, Mr. R. Biggs.—*Surgery (Junior):* Bronze Medal, Mr. C. F. Goldsbro';

Book, Mr. J. W. Procter; Certificate, Mr. G. Barnes.—*Physiology (Senior):* Silver Medal, Mr. J. Watts; Certificate, Mr. J. M. Heward.—*Physiology (Junior):* Bronze Medal, Mr. J. W. Procter; Certificate, Mr. C. F. Goldsbro'.—*Medical Jurisprudence:* Silver Medal, Mr. J. Watts; Certificate and Book, Mr. R. Biggs.—*Botany:* Silver Medal, Mr. C. F. Goldsbro'; Certificate, Mr. G. Barnes.—*Materia Medica:* Silver Medal, Mr. G. Barnes; Certificate, Mr. C. F. Goldsbro'.

**WESTMINSTER HOSPITAL SCHOOL OF MEDICINE.**—The annual distribution of prizes to the students of the above School took place on Thursday, the 27th ultimo, in the board-room of the hospital, and the following are the names of the successful competitors :—*Anatomy:* Prize, Mr. Wilson.—*Physiology:* Prize, Mr. Morgan.—*Surgery:* Prize, (Senior Class,) Mr. Legge; Certificate, (Junior Class,) Mr. Morgan.—*Dental Surgery:* Prize, Mr. Wallis.—*For Reports of Surgical Cases:* Prize, Mr. Wilson.—*Medicine:* Certificate, Mr. Wilson.—*Materia Medica:* Prize, Mr. Harris.—*Midwifery:* Prize, Mr. Morgan; 1st Certificate, (Jun. Class,) Mr. Harris; 2nd Certificate, Mr. Curran.—*Diseases of Women and Children:* Prize, Mr. Wilson.—*Forensic Medicine:* Prize, Mr. Morgan.—*Botany:* Prize, Mr. Harris.—*For General Proficiency,* (2nd Year's Students,) Prize, Mr. Morgan.—*For General Proficiency,* (1st Year's Students,) Prize, Mr. Harris.

**THE LATE DR. SPILLAN.**—We are glad to find that the notice which appeared in this journal relative to the lamented death of Dr. D. Spillan in a workhouse, and the great distress of his widow and children, has been responded to in the most liberal manner. Since writing the above we have ascertained that the distress of Mrs. Spillan has been increased by the death of a son in St. Giles' workhouse, from phthisis.

**THE AMICABLE MEDICAL SOCIETY.**—This society held its Annual Dinner at the Plough Tavern, Blackwall, on Thursday, the 13th ult., James Baker, Esq., in the chair. After the usual loyal and patriotic toasts and prosperity to the society had been disposed of, the chairman rose and said :—“The gentleman who had done them the honour of proposing prosperity to their society had stated that his was the toast of the day, but he begged leave to differ with him, for although no one could be more sincere than himself in wishing all success to their society, still he thought it was so much indebted for the way in which its affairs were conducted by their honorary secretary, that without his aid he doubted whether there would be a society at all; he therefore thought his must be considered the first toast, and he had much pleasure in proposing to them the health of Mr. G. W. H. Coward, the honorary secretary, who had discharged the duties of the office with so much credit to himself, and satisfaction to every member of the society, that a subscription had been entered into for the purpose of presenting him with some substantial token of their respect, and he had, upon the present occasion, the gratification of carrying their wishes into effect by offering for his acceptance this testimonial of their esteem.” (Here a massive and beautifully chased silver inkstand, with suitable inscription, and bearing Mr. Coward's crest, &c., was handed to him.) “He wished him and his family all the prosperity this world could afford, with health and long life to enjoy it.” Mr. Coward replied in a suitable address, and, after passing a convivial evening, the company separated.

**ESSEX AND HERTS BENEVOLENT MEDICAL SOCIETY.**—The Annual General Meeting of this excellent institution was held on Monday, the 17th ult., at the Brunswick Hotel, Blackwall. The chair was occupied by Mr. Gilson, of Halsted, during the business proceedings, and Sir John Forbes presided at the dinner. The society was instituted in the year 1786, and has been enabled, by liberal donations of members of the profession and the gentry of the two counties of Essex and Herts, to fund a sum of upwards of £8000, from the interest of which, and the annual subscriptions, they pay annually £337 to distressed members, and the windows and orphans of deceased members. Since the formation of the society, upwards of £20,000 has been expended in grants of this kind; and the amount granted in some years has exceeded £400. The subscriptions and donations have latterly decreased, owing to several energetic members of the society dying, and the younger members of the profession not taking so deep an interest in it. The business of the day, viz., the auditing of the accounts, the awarding of the sums to be paid to widows, &c., and other general affairs of the society having been transacted, the company sat down to a sumptuous dinner, and, after the cloth was removed, the chairman proposed “the Queen,” after which he gave the health of “Lord Viscount Maynard,” the president of the society, and a liberal subscriber to its funds. The next



toast was "Prosperity to the Essex and Herts Benevolent Society," when the chairman referred in eloquent terms to the usefulness of this and all other local institutions of a similar character, and remarked that it was the duty of all members of the profession, who have the means, to contribute according to their ability towards sustaining them in full activity. The chairman then proceeded to eulogise the more recently-established general societies, called the Medical Benevolent Fund and the Medical Benevolent College, and stated that it must not be supposed that these general societies militate against the interests of the local institutions, for it was unfortunately proved that the number of cases of extreme distress amongst the families of deceased medical men far exceeded the means placed at the disposal of the directors, and it was rather to be wished that every county in the kingdom possessed a local institution similar to the one whose foundation they were then met to commemorate. Several other toasts were drunk, including the health of Mr. Wormald, of St. Bartholomew's Hospital, and thanks to him for his donation to the society.

**THE CHOLERA IN AMERICA.**—The cholera has been very fatal in Canada, but is said to be now declining. It has spread into nearly all parts of the United States. The following is the account from Chicago on the 12th ult.:—"The cholera has been raging in this city with the greatest violence for the past two or three weeks, and people have been dying off like sheep. From the 3rd to the 9th of this month the deaths by cholera have averaged over 100 per day, and the carts conveying the dead to their last resting-place have been traversing the streets day and night for the last two weeks, some of them containing three and four bodies. A great many are buried before they have been dead half an hour. The emigrants appear to have suffered most. The number of deaths has been so great that the undertakers were unable to furnish coffins, and great numbers of the dead bodies were put in rough boxes, hastily constructed, and so buried. Indeed, it became so bad at one time that a great many were only wrapped up in the sheets on which they lay, or were buried in the clothes they had on them. As you may suppose, every one whose business has not kept him here has fled the city. The weather for the last two weeks has been the hottest—to continue for two weeks—that I have ever experienced. On Saturday there was a change in the weather, since which time it has been much cooler. With the change in the weather came a change in the cholera cases, and the number of deaths has considerably decreased."

**ABATEMENT OF INCOME-TAX ON LIVES ASSURED.**—On Monday, the 24th ult., an Act received the royal assent, to continue the Act of the last session of Parliament, for extending, for a limited time, the provisions portion of income-tax in respect of assurance on lives. The Act is continued until the 5th of July, 1855, and is applicable with respect to the double rate of 1s. 2d. in the pound.

**CITY SANITARY IMPROVEMENTS.**—From last Tuesday, all the offals from slaughter-houses in the City must, by order of the authorities, be removed between six P.M. and six A.M., under a penalty not exceeding forty shillings and not less than ten shillings.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 29.**—From 1008 in the preceding week, the deaths in London rose to 1219 in the week that ended last Saturday. In the ten weeks corresponding to last week of the years 1844-53, the average number was 1072, which, if raised in proportion to increase of population, becomes 1179. The present return is therefore in excess of the estimated amount. The zymotic class of diseases, which numbered 293 deaths in the previous week, rose last week to 422. The increase is caused by cholera, which has made considerable progress since the 26 deaths occurred which were announced in last report. It was fatal last week to 133 persons—namely, to 42 children under 15 years of age, 78 men and women between that age and 60 years, and to 13 persons 60 years old and upwards. Seventy-one, or more than half the number of cases, occurred on the south side of the river, 35 in the east districts, and the remainder in various other parts of the metropolis, as far as its western extremity. Diarrhoea increased from 53 to 84 in the last two weeks.

Last week, the births of 768 boys and 750 girls, in all 1518 children, were registered in London. In the nine corresponding weeks of the years 1845-53, the average number was 1361.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.990 in. The mean daily reading was above 30 in. on Sunday, Friday, and Saturday.

## Obituary.

Mr. GEORGE FREDERICK JONES, aged thirty-four, at his residence, 31, Edward's-terrace, Caledonian-road, Islington, on the 17th ult. The deceased gentleman destroyed himself, during an attack of delirium tremens, by swallowing nearly half-an-ounce of hydrocyanic acid in the presence of his wife. What is remarkable in the case is, that whilst his wife ran for medical assistance, after his informing her what he had done, he managed to walk up stairs to the second-floor landing, where he was found lying quite dead when the surgeon arrived.

At Belmont, Shrewsbury, on July 22nd, Mr. HENRY EDWARD BURD, Surgeon, aged sixty-four.

## BOOKS RECEIVED FOR REVIEW.

Mr. Edwin Lee's Notes on Spain, with a special account of Malaga and its Climate.

Mr. Edwin Lee on Nice and its Climate, with notices of the coasts from Marseilles to Genoa.

Dr. Henry Jeanneret's Vindication of a Colonial Magistrate from the aspersions of his Grace the Duke of Newcastle.

The Journal of Psychological Medicine and Mental Pathology. July, 1854.

Mr. James Paget's Lecture on the Importance of the Study of Physiology as a Branch of Education.

Mr. W. B. Hodgson's Lecture on the Study of Economic Science as a Branch of Education.

Mr. John Horsley on the Chemistry of Poisons.

Dr. Nottingham's Practical Observations on Conical Cornea.

Mr. E. J. Waring's Manual of Practical Therapeutics. Pharmaceutical Journal. August, 1853.

Mr. Francis Cooper on the Ventilation of Coal Mines.

Mr. Sowerby's Ferns of Great Britain. Part I.

## TERMS FOR ADVERTISING.

The following is the Scale of Charges for Advertisements:—

For 7 lines and under.....	£0 4 6	For half a page .....	£2 12 0
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## TO CORRESPONDENTS.

*The University of London (Medical Graduates) Bill.*—The Bill for conferring the promised equality with Oxford and Cambridge on the University of London is not, it seems, to be carried without formidable opposition. The triumph of justice and of free education will be all the more signal. In the House of Commons the representatives of the old monopolists were ignominiously beaten. In the House of Lords the contest was more closely drawn. On Tuesday last the Bill was carried through committee by a narrow majority of two, the numbers being—contents, 17; non-contents, 15. It is gratifying, however, to observe the uniform testimony borne by all parties to the high position the Medical Faculty of the metropolitan University has attained in the scientific world. Even Lord Derby admitted its superiority in this respect to the Universities of Oxford and Cambridge. He also stated that the concession of equality in civil privileges was regarded with no jealousy by the old Universities. Avowing these sentiments, it is a little surprising that he should oppose the only measure by which it is possible to give to the new University those privileges to which it is admitted to be entitled. In the House of Lords, the University of Durham has been struck out. The clause restricting the London Graduates from practising in Scotland has also been expunged. These alterations will bring the measure again before the House of Commons. Neither of the provisions referred to constitute an essential feature of the Bill. One was introduced by the friends of the University of Durham; the second was inserted to conciliate the Scotch Members in the Commons. By a strange perversity of policy the

Scotch Lords have struck it out. Let it be so. The conduct of the Scotch party, in making common cause with the bigoted monopolists of our old corporations in this contest, reflects as little credit upon their boasted liberality as upon their national discernment. Whatever be the fate of the Bill this session—and we still cherish the most confident expectations of success—the speedy installation of the University of London into all its rights and privileges is certain.

**A Voice from the Crystal Palace.**—A correspondent is astonished to find the bust of Frederick Carpenter Skey amongst those of the worthies in the Crystal Palace. The occasion for his astonishment is small. Not very far from the faultless surgeon is the bust of the arch-impostor, Hahnemann. If we were inclined to criticise the judgment or the taste of the directors, we might also refer to their omissions. But the vitreous nature of the dwelling selected for the effigy of the faultless surgeon might have suggested caution in throwing stones.

**A. B., (Manchester.)**—At the proper time the subject shall be noticed.

**Mr. H., (Finsbury.)**—A candidate for the appointment of assistant-surgeon in the Royal Navy has to undergo an examination before a board, consisting of Sir John Liddell, Sir John Richardson, and Dr. Bryson, at Sir W. Burnett's office. He has also to be examined at the College of Surgeons, and, if resident in Ireland or Scotland, at the Royal College of Surgeons of Edinburgh or Dublin; he has also to be examined at the College in London again on obtaining his promotion of full surgeon, whether he is a member of that College or not.

#### TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—As I perceive that occasionally there are accounts of the cholera breaking out in various places, particularly on board ship, permit me, through the medium of THE LANCET, to state to my medical brethren the practice I have invariably found to be successful in the first stages of this complaint. Presuming that, in a great majority of cases, some offending material is irritating the bowels, I have generally given from twelve to fifteen grains of rhubarb, with one grain of ipecacuanha, five of mercury with chalk, and, in some cases of severe cramp, about fifteen grains of aromatic powder. In all cases I have restricted the diet to farinaceous food, and have covered the abdomen with a mustard poultice, to which have been sometimes added a couple of drachms of tincture of cantharides. This plan of treatment has never once failed me, and I may add that the cases I have seen in which the opposite system, of giving brandy and opium, with large doses of calomel, has been pursued, have terminated fatally. In the last stage of cholera, ether and capsicum may be tried; but, in my opinion, aperiants, whatever may be the amount of purgation, are infinitely preferable in the first stage.

Your very obedient servant,

A SURGEON BOTH AFLOAT AND ASHORE.

July, 1854.

**Fiat Justitia.**—At present there is no Registration Bill before Parliament. It is probable that in the Medical Reform Bill, which is expected to be brought forward by Government next session, most of the anomalies which at present exist will be remedied. The one mentioned will, no doubt, be included in the list.

**Chirurgo.**—The suggestion shall not be neglected.

**Mr. Richard C. A. Hamilton.**—We have examined the specimens of patent prepared corium, or lamb-skin; they appear well adapted for the purposes intended.

**M.R.C.S. Eng.**—There is no such provision in the Act.

**A Subscriber.**—No difficulty can be experienced by any reasonable person in giving an answer in the negative.

**Chard.**—Alum acts as an astringent. As an external application it is quite harmless. It may be used in the proportion of a drachm to two quarts of water.

**A Friend.**—The statements were made at a public meeting, and ample opportunity was given for their contradiction, or for any questions to be put with a view of proving their correctness. If we are not mistaken, the writer of the letter was present; but whether or not, we have more important duties to perform than to answer such questions proceeding from such a quarter.

**An Enquirer.**—It is necessary that a "surgeon" to an emigrant ship should be "qualified." A law is in existence which prevents unqualified persons from taking the medical charge of emigrants.

**Justitia** must authenticate his letter, in confidence.

**An Old Subscriber.** (Sheffield).—There is "no law in England to prevent a licentiate of Apothecaries' Hall recovering a debt for surgical attendance." Retention of urine, requiring the use of the catheter, is a case in which an apothecary can recover for attendance.

**An Assistant.**—We regret to state that no such institution exists. The case is a hard one, but we fear by no means singular. There are one or two hospitals in London—the Charing-cross, for instance—at which there are free scholarships. "An Assistant" appears to be a person peculiarly fitted for the reception of such a bounty.

**F.R.C.S.** is thanked for his note. Will he allow us to attach his name to it? There is no occasion, of course, to mention the names of the surgeons to whom he alludes.

**Mr. J.'s** valuable communication shall be commenced in an early number.—To the last question, Yes.

**Dr. Sexton.**—The page is always bound up. The omission is caused by the odd number of pages of advertisements.

**A Suffering Working Man.** (Bath).—We have no recollection of any such paper. Careful search has been made in THE LANCET for the last four years, but without success.

THE trial of Aldrich and Harris v. Seaber shall appear next week.

**Poisoning with Potted-Meats.**—The Analytical Sanitary Commission of THE LANCET has repeatedly drawn the attention of the authorities and the public to the great caution which should be used in the various preparations of food, both preserved and otherwise, as so many of the ingredients were largely adulterated with foreign substances, or imperfectly manufactured. It is to be regretted that the Government does not acknowledge and act upon the necessity which exists for a proper supervision of every article of diet, from the humble "food" of the London mechanic to the more luxurious confections of continental artists. THE LANCET has created for itself no small amount of hostility and undying hatred by its exposure of the extensive and pernicious adulterations which have been found in almost every article of table consumption now vended by the licensed and unlicensed purveyors of the metropolis. This hatred and hostility on the part of dishonest adulterators has gloatingly sprung at every opportunity of displaying itself, and has, we have every reason to believe, even penetrated into that great citadel of justice—that "pure well of English undefiled"—a British jury-box, rather than forego the chance of revenge, which promised for the moment to repay its exposures. We will not further illustrate our meaning at present, but content ourselves by saying what has been said of old under similar circumstances, and will hold good to the end of time, "*Experientia docet.*" Without in any way averring that the foregoing remarks, beyond the caution with which we set out, apply to what we are about to draw public attention to, we reprint the following from the *Eastern Counties Herald* of a recent date:—

"On Saturday afternoon the inhabitants of Gibson-street, Foundry, were thrown into a fearful consternation by the report that six or seven families were poisoned with having eaten potted-meat, purchased at a shop at the corner of the street. About five o'clock in the afternoon, so alarmingly ill were those who had partaken of the meat, that Mr. Munroe, surgeon, was sent for, and found no fewer than twenty persons, comprising men, women, and children, all violently sick and purged, with severe cramps, and some of them, who had eaten more than the others, going fast into collapse. The whole neighbourhood was in great alarm, for it appeared that every one who had partaken of this meat was more or less affected. The police, whose exertions during the exciting time were exceedingly praiseworthy, at once stopped the sale of any more of the meat, which had been purchased of Mr. Andrews, a pork-butcher, in the shambles, who was also the maker. The same afternoon three or four cases of a similar nature occurred in Paradise-row, and the police at once stopped the sale of the meat, which had been obtained from the same source. On account of the alarming symptoms which some of the cases exhibited, the Mayor, on Monday morning, caused an investigation to be made in the magistrates' room as to the cause of the sudden and violent sickness. The meat-inspector deposed that potted flesh-meat, during very hot weather, will undergo a sort of putrefactive fermentation, which, even in that incipient stage, chemical analysis will not be able to detect, and will produce all those symptoms of gastric irritation and poisoning exhibited in those persons at the Foundry. He also thought that during the very hot weather, potted-meat, of the character of that sold, ought not to be taken, as it was almost impossible to judge of its soundness save by the effects produced. Some of the worst cases were those of children who had scarcely eaten more than an ounce of the meat. The Mayor showed the great danger to the public health by the sale of such meats during the hot weather, and remarked that similar cases occurred last year from the same cause. He recommended Mr. Andrews to cease making potted-meat during the hot weather—a request with which the latter stated he would be most happy to comply."

In addition to this, we had occasion last week to record the death of a girl through eating sweet-meats, which were coloured with some poisonous substance.

**A Student (Manchester)** will perceive a letter on the subject at page 111. Our correspondent's communication arrived too late for insertion in the present number.

**A. Y. Z.** deserves the initials. We will cheerfully adopt his valuable suggestion in the *BRITISH MEDICAL DIRECTORY* for the ensuing year. To his other inquiry, *Most certainly.*

**A Constant Subscriber.**—We know of no law to prevent a member of the College of Surgeons, only, holding such appointment.

**Enquirer.**—Dr. Beaman recommends that great quantities of common salt should be taken with the food, to prevent an attack of cholera. Dr. Beaman states that where this course has been adopted, the persons have never been attacked with the disease.

**J. M.**—We shall notice some portion connected with the case next week.

**Mr. W. H. Bellot.**—The fragments of tea forwarded consist of what is known as *lie tea*—that is, it is composed of tea dust, made up with sand and gum into little masses, which are afterwards faced, or black-leaded, in the usual manner. This is the work of Chinese adulterators.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. G. Lewis Cooper; Mr. Edwards, (Cheltenham); Mr. Tucker; Mr. James Bamford; Mr. Weedon Cooke; Mr. Everton; A Voice from the Crystal Palace; Mr. Beddingfield, (Needham-market, Suffolk); Mr. F. H. Harris, (Milden-hall, Suffolk); Mr. R. H. Bakewell, (Stafford); Mr. J. Parrish, (Kingswinford, with enclosure); Mr. E. A. Howard; Mr. J. Ody, (Market Harborough, with enclosure); Mr. J. E. Jennings, (Coleford, with enclosure); Mr. Burd, (Shrewsbury); A Student, (Manchester); J. M.; Dr. Furlong, (Antigua); Mr. J. P. Wilding, (Montgomery); M.R.C.S. Eng.; Mr. W. H. Hobkirk, (Charlotte Town, Prince Edward's Island); A Subscriber; Chard; J. F. W.; Amicus, (Aberdeen); Mr. E. Steele; M.B.; Charing-cross Hospital; Dr. Aston Lewis; Dr. M. J. Rac, (Carlisle); Mr. Masters, (Ilminster); Mr. Elliot; Dr. Sleete, (Dublin); Mr. Wieland; A Suffering Working Man, (Bath); Mr. Edwards; A Twenty Years' Reader; Dr. Sexton; A. B., (Manchester); A Foreigner; Mr. W. H. Bellot, (Stockport); Pater Familias; Fiat Justitia; Mr. R. C. Hamilton; Mr. C. Hogg; J. F. W.; F.R.C.S.; An Enquirer; An Old Subscriber; Justitia; Mr. H., (Finsbury); Chirurgo; A Friend; An Assistant; F.R.C.S.; A. Y. Z.; A Constant Subscriber; &c. &c.

**Hooper's Invalid Water Cushions and Mattresses, or Beds, for Bed-sores,** whether threatened with Sloughing, or in which Sloughing has actually taken place.—Fractures, Diseased Joints, Ulcerated Cartilages, Paralysis, Spinal Affections, Renal Diseases, Inflammation of the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gout and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive, and all Bed-ridden Patients. Mr. Hooper has succeeded in obtaining Waterproof Sheetings (Bed Protectors) at a Great Reduction in Price, Free from Smell, and not affected by Temperature, Urine, Acids, or Alkalies; and, MAY BE WASHED AS FAMILY LINEN. Also—

## IMPROVED URINALS, AND ELASTIC BED PANS, OR RECEPTACLES,

INDIA-RUBBER, ENEMA, and DOUCHE, answering equally for either purpose, and may be carried in the Pocket.

For Hospitals and other Institutions a Discount is allowed. Their advantages over the costly and cumbersome Water Beds have been published in the Medical Journals, and they are particularly applicable for Paralytic and Lunatic Patients.

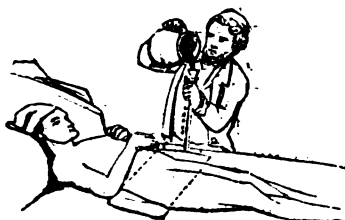
"I HAVE in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water-Bed.

"JONN. PEREIRA, M.D.,  
"Physician to the London Hospital.  
"Finsbury-square,  
"February 27, 1852."

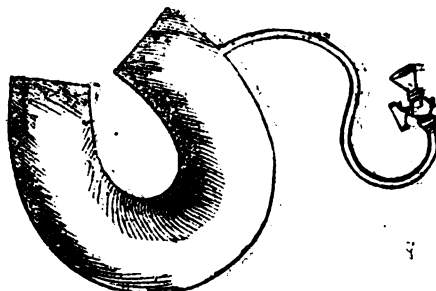
"North Wales Lunatic Asylum.

"Sir,  
"Your Water Cushions and Mattresses answer most admirably; indeed, they are invaluable. They have been in use here for eighteen months.

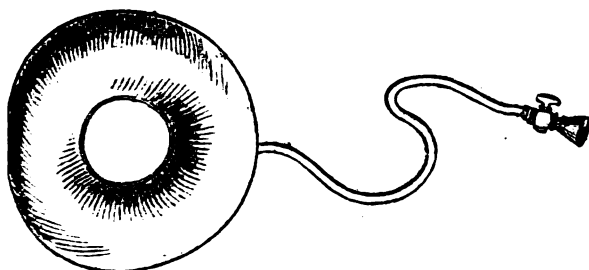
"Jan. 1854." "R. L. WILLIAMS, M.D., Visit. Phys.



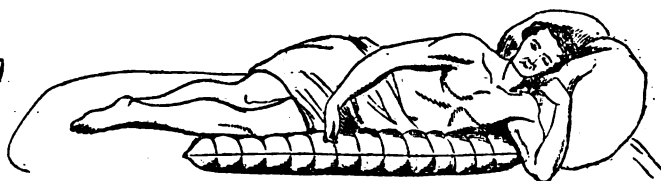
INVALID CUSHION,  
FOR GENERAL PURPOSES.



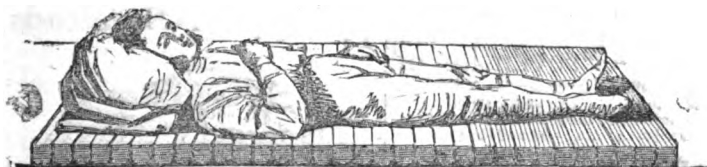
CUSHION MORE ESPECIALLY USEFUL FOR SLOUGHING  
OVER THE SACRUM.



CIRCULAR CUSHION, FOR SITTING ON.



MATTRESS OF AN INTERMEDIATE SIZE.



FULL-LENGTH INVALID MATTRESS OR BED.

Being greatly preferable to the original costly and cumbersome Water Bed. The above are simply to be placed on an ordinary Bedstead.

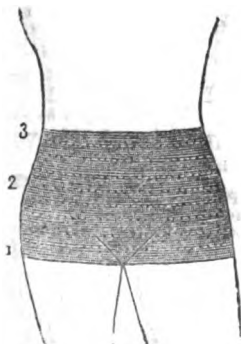
## HOOPER'S SPIRAL SUPPORTERS.

[The Figures 1, 2, 3, &c., show the points at which measures should be taken in circumference.]

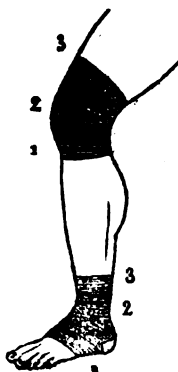
KNEE CAP.



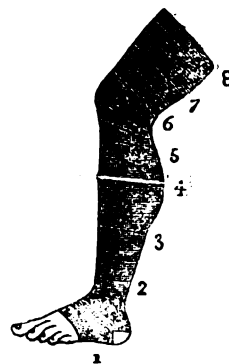
SPIRAL SUPPORTER.



ABDOMINAL SUPPORTER.



ANKLE SOCK.



STOCKING.

HOOPER, 7, PALL MALL EAST, AND 55, GROSVENOR STREET, LONDON.

## GOLD CHAINS AND JEWELLERY.

**Watherston and Brogden, Wholesale Manufacturing Goldsmiths and JEWELLERS,** beg to announce to the Nobility, Gentry, and Public in general, that in obedience to the numerous calls made upon them since the Great Exhibition, where they were awarded a Prize Medal, they have resolved to throw open their Manufactory to the Public at Manufacturers' prices, a closer connexion than has hitherto existed between the real worker in the precious metals and the Public being obviously an advantage to both parties. Gold is capable of being alloyed to any extent, and therefore, in order to protect the Public in the article of Chains, Watherston and Brogden will make the Mint price of 77s. 10½d. per oz. for British standard the basis of all their operations, and, making their profit on the workmanship alone, will charge the bullion in their Chains at its intrinsic value, undertaking to re-purchase it at any time at the same price: thus—15 carat gold will be charged and will realize 53s. 1d. per oz.; 18 carat gold will be charged and will realize 63s. 8½d. per oz.; 22 carat gold will be charged the Mint price of 77s. 10½d. The price for workmanship will be charged according to the intricacy or simplicity of the pattern: for example—a Chain weighing 2 oz. of 15 carat gold is worth, at 53s. 1d. per oz., £5 6s. 2d. intrinsic value; supposing the workmanship to be £2, total £7 6s. 2d. By this arrangement the purchaser will see at a glance the proportion charged for labour compared with the bullion in a Gold Chain, and, being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of Jewellery, all made at their Manufactory, 16, HENRIETTA STREET, COVENT GARDEN. (Established 1798.)

**Cocoa-nut Fibre Matting and Mats,** of the best quality.—The Jury of Class 28, Great Exhibition, awarded the Prize Medal to T. TRELOAR, Cocoa-nut Fibre Manufacturer, 22, Ludgate-hill, London.

**Improved Invalid Cot Carriages—**the greatest luxury and comfort ever introduced for removing invalids, being fitted up with the patent noiseless wheels. These carriages may be engaged, on moderate terms, for any journey, upon application to H. and J. READING, coachbuilders, 14, Riding House-lane, Cavendish-square.—N.B. A good assortment of new and second-hand carriages for sale or hire.

**Metcalf and Co.'s New Pattern** TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO.'s only establishment, 130 B and 131, Oxford-street, second and third doors west from Holles-street. Metcalf's Alkaline Tooth Powder, 2s. per box.

**Rice Harris and Son, Islington** GLASS WORKS, BIRMINGHAM, and No. 1, THREE KING-COURT, LOMBARD-STREET, LONDON.—PATENT SANITARY GAS SHADES. These Shades, manufactured exclusively by RICE HARRIS and SON, on an entirely new principle, effectually destroys the effluvia and smoke, which have hitherto made the use of gas so objectionable in dwelling-houses and offices, where cleanliness and freedom from smell are of importance. They are simple and inexpensive, and may be had in a variety of forms adapted to the style of fittings or the taste of the purchaser, at the Works in Birmingham, and at Mr. JOHN SHORTER'S, Chapin-street, Spitalfields, London.

**Purification of Linen—Prevention of** DISEASE.—J. BOILESSVE, 55, King William-street, City, London, solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

69, Marylebone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one bushel per day.

I am, Sir, yours truly,

J. BOILESSVE, Esq. SAMUEL HUBERT, Firm of JOHN WOOLLAWS and Co., Paper-stainers

**Warming and Ventilating, by Hot** AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

New Independent Chapel, Longsight, Manchester, January 10th, 1852.

SIR,—I am instructed by the building committee of the above Chapel to order one of your No. 3 Calorifere, for heating and ventilating the School in connexion therewith. As the sub-committee, upon examination of most of the public buildings, churches, and chapels in the town, find such general satisfaction with the existing apparatus and their imperfect heating and ventilation, they have examined your Calorifere as in operation, and believe it best adapted to meet their wants. It is intended, should it prove successful, to apply another apparatus to the chapel.

To J. Boilessve, Esq.

SAMUEL RIGBY, Secretary.

New Independent Chapel, Longsight, Manchester, April 12th, 1854.

DEAR SIR,—I am authorized to inform you that the No. 4 Calorifere, erected to warm the Longsight Independent Chapel, is in every respect satisfactory to the committee and the congregation.

Yours respectfully,

To J. Boilessve, Esq.

ROBERT RUMFEX, Chairman.

**The 16s. Trousers reduced to 14s.—**

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

**For Hot or Wet Weather, Berdoe's**

LIGHT SUMMER COATS of superior description, at the lowest charges; also the well known Ventilating Waterproof Light Coats, Capes, Shooting-Jackets, Ladies' Mantles, Habits, &c., all effectually resist any amount of rain, without confining perspiration, the fatal objection to all other waterproofs. W. BERDOE, Tailor, 96, New Bond-street, and 69, Cornhill, (only.)

**To all who cannot get a Fit; the**

importance of which requires no elucidation to convince the most sceptical how indispensably necessary it is to health, comfort, and appearance. R. T. PIGRAM, while wishing to avoid the present system of puffing, adopts this means of making known his SELF-ACTING INDICATOR of the HUMAN FIGURE. An invention can only be estimated by its results: a trial will not only give satisfaction, but will justify in favouring R. T. P. with their recommendation.

R. T. Pigram, Tailor, 51, Lamb's Conduit-street, Foundling Hospital.

**Assistant-Surgeons.—Gentlemen**

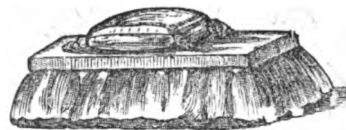
receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

L. PHILLIPS', 28, WEST STRAND, LONDON,

the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, on application.

**Novelty in Bedsteads, adapted for**

the Nursery, Sick Chamber, Sitting-room, and Drawing room.



HAMMOND'S ORIENTAL OTTOMAN forms a Bedstead for one or two persons at a moment's notice. Price, matted complete, 35s.—the most complete article ever introduced to the public.—

To be obtained only at HAMMOND'S Bedstead and Bedding Factory, 14, High Holborn. Designs forwarded on receipt of a postage-stamp.

**Railway Travellers, and all persons**

suffering from weakness, should obtain one of W. S. SPARKS'S newly-invented URINALS, for night and day use, for both male and female. They are made on the most approved principles, so as to prevent any unpleasantness, are very durable, and at prices within the reach of all. W. S. also manufactures all articles in india-rubber and gutta-percha for invalids, including bed-pans, sheeting, water and air cushions, pillows and mattresses, hearing-tubes, portable baths, elastic bandages, stockings, knee-caps, &c. &c. Water-beds on sale or hire. The medical profession, hospitals, and country dealers supplied on the best terms, and circulars, &c. forwarded on application.—W. S. SPARKS, India-rubber Manufacturer, 115, New Bond-street.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

**Important Saving, by Pre-payment,** in the PURCHASE of

NEW WHITE MOULDED VIALS.

APSPLEY PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz.	1 oz.	& 1½ oz.	per Gross, 6s.
2 oz.	"	"	7s.
3 oz.	"	"	8s.
4 oz.	"	"	10s.
6 oz.	"	"	15s.
8 oz.	"	"	18s.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London.

No charge for Package.

Breakage at risk of Purchaser.

4½ oz. graduated in 3 doses 12s. 6d.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

APSPLEY PELLATT & CO., FALCON GLASS WORKS, LONDON.

## Caution!—Messrs. Allsopp and Sons

find it necessary to caution the Public, and especially Shippers of their Ales to the Colonies, against frauds committed by parties in selling spurious Ales for those of Messrs. ALLSOPP & SONS.

Messrs. ALLSOPP & SONS have felt compelled, by the extent to which this disgraceful practice has been carried, to proceed, in several cases, by obtaining Injunctions from the Court of Chancery; and have ultimately been driven to prosecute criminally, for the commission of this offence. They beg to call attention to the case of "THE QUEEN v. GRAY & GOSLIN," in which Lord Campbell sentenced the parties charged to TWELVE MONTHS' IMPRISONMENT WITH HARD LABOUR.—*Vide Times and Morning Advertiser of the 18th May.*

Messrs. ALLSOPP & SONS will thank all persons having reason to doubt the genuineness of any article sold under their name, to send them the earliest information, in order that immediate steps may be taken for prosecuting the parties.

Messrs. ALLSOPP & SONS will be happy to furnish the names of respectable houses, where a supply of their Ales may be depended on, as genuine from the Brewery.

Brewery, Burton-on-Trent.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 6s. 6d. per dozen quarts; delivered free within four miles. Merchants supplied with Pale Ale and Porter for exportation at the lowest prices.

WOOD & WATSON, 16, Clement's-lane, City.

## Baron Liebig on Allsopp's Pale Ale.

"I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust."—*Glessen, May 6.*

ALLSOPP'S PALE ALE ONLY IS BOTTLED BY PARKER & TWINING, Beer Merchants, 54, Pall-mall.

IMPERIAL MEASURE.—Quarts, 8s.; Pints, 5s.; Half-pints, (for luncheon,) 3s. per dozen. Also in Casks of 18 gallons and upwards.

## Allsopp's Pale Ale.—Medical gentlemen

who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTY, 132, Upper Thames-street, London.

## Tobacco Smoking.—Tobacco Smoke

contains two very powerful poisons, which, when absorbed by the system, as in ordinary smoking, produce many serious diseases destructive of the physical and mental health of the smoker.

PHILLIPS and CO.'S Patent Condensing and Filtering Pipes and Stems for Meerschaums are the only inventions known that permit of healthful smoking, and which the medical profession will find worthy of their notice as a valuable therapeutic agent in all cases where the smoking of tobacco and stramonium may be desirable.

Read the Smoker's Friend, or the Philosophy of Smoking, which may be had gratis of all Phillips and Co.'s agents, and also of the Patentees and Manufacturers, 9, Lyon-street, Caledonian-road, Islington, London, who will send them post free to all applicants.

A Pipe or Stem sent post free, price 2s. each, or two for 3s. 6d.

## THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes,—light for supper,—and alternately with the Patent Barley is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d., and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## DOMESTIC ECONOMY

## H. Sparrow and Co. beg to announce

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

## Do you bruise your Oats yet?—New

Oat-crushers, £2 15s., £4 5s.; Chaff-cutters, £1 7s., £3 7s.; Mangles, £2 10s.; Flour-mills, £4 10s.—WEDLAKE and Co., 118, Fenchurch-street.—One bushel when crushed makes two.

How to Keep a Horse for 9s. a Week; or a Book on Feeding, 1s. 4d.

## Water Filter for the Pocket, with

DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.

J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-square.

## By Her Majesty's Royal Letters

PATENT.—T. MAYO, WATSON, and CO., 2, BERNERS-STREET, OXFORD-STREET, LONDON, Manufacturers of Mineral Aerated Waters, and Patentees of the Syphon Vase and Valvular Stopped Bottle. The objection so generally made to the common soda-water bottle, in the inconvenience attending its being opened, has induced Messrs. T. Mayo, Watson, and Co., in addition to the Syphon Vase to introduce the VALVULAR STOPPED BOTTLE, whereby the annoyance complained of is removed, the use of both corks and wire being dispensed with, and the advantages arising to those who are in the habit of drinking aerated waters (more especially ladies and invalids) greatly enhanced, from the circumstance that any quantity, however small, can be withdrawn, whilst, at the same time, the portion remaining in the bottle retains its gaseous properties unimpaired.—Applications having been made to them for agencies for the sale of the Syphon Vase and Valvular Stopped Bottle, Messrs. T. Mayo, Watson, and Co. have now made arrangements accordingly, and will be happy to treat with parties desirous of becoming agents.

BY HER MAJESTY'S ROYAL LETTERS PATENT.

## Major's Remedies for the Horse,

the best and most effectual ever discovered, superseding the "burning iron" and the torture of the "cautery."

MAJOR'S BRITISH REMEDY, for the cure of ringbone, spavins, splints &c. A single bottle sufficient to cure from four to six spavins, £1 15s.

MAJOR'S SYNOVITIC LOTION, (the Remedy, No. 2.) for grogginess, weak joints, sprains of the back sinews, ruptures of the sheaths of tendons, suspensory ligaments, shoulder lameness, and inflammation; also for the cure and prevention of breaking down, &c.—In bottles, large size, £1 1s.; small, 10s. 6d. each. The above invaluable remedies can now be forwarded to any part of the United Kingdom. Pre-payment by check or post-office order, made payable to Joseph Major, Post Office, Charing-cross.

JOSEPH MAJOR, Horse Infirmary, British-yard, Cockspur-street, Charing-cross.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lyttee P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1852.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"To Mr. Brown." "Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction."

60, Grosvenor-street, London.

"Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicatory, when carefully applied, and has not been productive of any degree of Strangury.

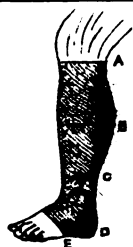
"ANDREW SMITH, M.D., Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham." Prepared by Thomas B. Brown, Pharmaceutical Chemist, 42, Admiralty-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.



**Asthma, Chest, and Throat Affections.**—Immediate Relief and Effectual Cure by Markwick's Patent 2s. 6d. Respirator, Chest Protector, &c.  
**GOUT, RHEUMATISM, and LUMBAGO.**—For a speedy Cure, use Markwick's Patent Plaine Gout Socks and Gloves, Knee and Shoulder Caps, Lumbago Bands, etc.  
**SHOE SOCKS**, of Markwick's Patent Plaine, surpass every other for comfort; being waterproof, you are also protected against damp.  
**MARKWICK'S PATENT SPONGIO-PILINE POULTICE or FOMENTATION**, is invaluable for its extraordinary efficacy, easy application, cleanliness, and durability.  
**G. TRIMBEY**, sole Manufacturer, Queen-street, Cheapside, London. Sold retail by all respectable Chemists and Druggists.

**TO THE SURGICAL AND MEDICAL PROFESSION.**  
**W. F. Duroch, late Smith, begs to**  
 inform the Profession, that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent practitioners and lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their instruments finished in the best and most modern style. Surgical and Medical Instruments made to drawings, and kept in repair. Established 1798. No. 2, New-street, St. Thomas'-street, (near the Hospital), in Southwark.  
 Superior dissecting instruments and equally moderate in price, well worth the inspection of the student.  
**SPECULUM ANI**, made by W. Duroch, for John Hilton, Esq., may be had at a moderate price.



**Every excellence which the**  
 Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.  
 H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D, and D to E.  
**HUXLEY and CO.**, 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.

**RUPTURES.—BY ROYAL LETTERS PATENT.**  
**The Moc-Main Lever Truss is**  
 allowed by upwards of 300 Medical Gentlemen to be the most effectual invention in the curative treatment of HERNIA. The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had, and the Truss (which cannot fall to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer, Mr. WHITE, 228, Piccadilly, London.



**ELASTIC STOCKINGS FOR VARICOSE VEINS**, and all cases of Weakness and Swelling of the Legs, Sprains, &c. They are porous, light in texture, and inexpensive, and are drawn on like an ordinary Stocking. Price from 7s. 6d. to 16s.

MANUFACTORY—228, PICCADILLY, LONDON.

**Mr. Bourjeaud's Registered Elastic**  
 APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

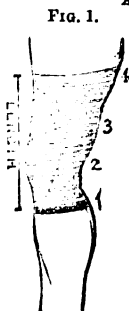


FIG. 1.

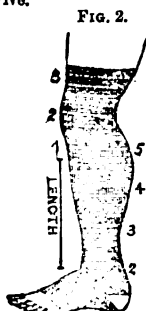


FIG. 2.

**FIG. 1. THE THIGH AND KNEE-PIECE.**—Mr. Bourjeaud begs to state that these are combined to answer certain purposes of compression when oedema or distension of the thigh and knee exist together.

**FIG. 2. SPIRAL STOCKING MADE TO FIT FROM THE TOES TO ABOVE THE KNEES.**—This appliance is one of the most valuable, and gives such support to the whole limb that the venous blood is returned with great ease. Patients affected with varicose veins should generally resort to this stocking, which, like the other appliances, is made of varying compressing force to suit every shade of difference among patients. All the above spiral apparatuses may be put on with the greatest ease, as they will stretch to almost double the size, and the force is so managed that support is given without creating the least uneasiness.

**Mr. T. H. Wakley's Stricture Instruments.** Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.

**New Urethrotome, by Mr. Ure.**  
 Surgeon of St. Mary's Hospital, described in THE LANCET of June 10th. —Manufactured only by PRATT, Surgical Instrument Maker, 420, Oxford-street. The cheapest House for Elastic Stockings, Trusses, &c. Wholesale and Retail.

**PATENT SELF-ADJUSTING TRUSSES.**  
**Salmon, Ody, and Co., most respect-**  
 fully inform the Public, that their Patent Self-adjusting Trusses afford more ease and security for the relief of HERNIA than any other instrument for the purpose. They will answer for right or left side, requiring no under-strap or any galling bandage. Persons in the country are requested to send the circumference of the body one inch below the hips.  
**CAUTION.**—As many mercenary druggists are vending an inferior article, purchasers are requested to observe that SALMON, ODY, and CO., 292, Strand, London, is marked upon the leather case.  
 Sold by one or more druggists in every city and principal town in the United Kingdom.

**A New Discovery.—Mr. Howard.**  
 Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication.  
 52, Fleet-street. At home from Ten till Five.

**Teeth.—Mr. Alfred Jones, of Gros-**  
 venor-street, has recently completed a new and important improvement in the construction of ARTIFICIAL TEETH. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the first medical men, the nobility, and gentry, from whom he has received the most flattering acknowledgments of success. Supplied only by Mr. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.

**Teeth—By Her Majesty's Royal**  
 Letters Patent.—Newly-invented and Patented application of Chemically-prepared White India-rubber in the construction of Artificial Teeth, Gums, and Palates.—Mr. EPHRAIM MOSELY, Surgeon-Dentist, 61, Grosvenor-street, Grosvenor-square, sole Inventor and Patentee.—A new, original, and valuable invention, consisting in the adaptation, with the most absolute perfection and success, of CHEMICALLY-PREPARED WHITE INDIA-RUBBER as a lining to the ordinary gold or bone frame. The extraordinary results of this application may be briefly noted in a few of their most prominent features, as the following:—All sharp edges are avoided; no springs, wires, or fastenings are required; a greatly increased freedom of suction is supplied; a natural elasticity, hitherto wholly unobtainable, and a fit perfected with the most unerring accuracy is secured; while, from the softness and flexibility of the agent employed, the greatest support is given to the adjoining teeth when loose, or rendered tender by the absorption of the gums. The acids of the mouth exert no agency on the chemically-prepared white India-rubber, and, as it is a non-conductor, fluids of any temperature may with thorough comfort be imbibed and retained in the mouth, all unpleasantness of smell or taste being at the same time wholly provided against by the peculiar nature of its preparation. To be obtained only at 61, Grosvenor-street, London; 22, Gay-street, Bath; 34, Grainger-street, Newcastle-on-Tyne.

## HYGIENIC BATHS.

JENSEN'S TONIC

## DAPHNE MARINA SALT BATHS.

When dissolved in a Cold, Tepid, or Warm Bath, imparts so consistently strengthening and beneficial properties to the same, that, when once tried, a Bath will scarcely ever be taken without it. In the buoyancy and freshness it produces in the system, it is far superior to any known Sea Bath.

Sold at 1s. per packet, by the Proprietor, C. MEXING, 103, Leadenhall-street, and 213A, Piccadilly, (near Regent-circus,) and by all Chemists, and Bathing Establishments.

## Matrimonial Institution.—Founded

1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUTHBERT, 12, John-street, Adelphi, London.

## Pontefract Dispensary.—Wanted, a

**SURGEON AND APOTHECARY** for the above Institution. It is requisite for him to be a Member of the Royal College of Surgeons, and a Licentiate of Apothecaries' Hall; also to have certificates of unexceptionable moral conduct. The salary is £80 a year; with rooms, attendance, fire and lights, in addition, a gratuity of £20 annually, if his conduct be satisfactory. Testimonials to be sent before the 9th of August, the day of Election to be on the 11th.—Apply to BENJAMIN JORRITT, Carleton, near Pontefract.

## Lectures on Comparative Anatomy

AND NATURAL PHILOSOPHY, AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.—Gentlemen proposing to be Candidates are requested to send their applications, with testimonials, on or before Thursday, the 10th of August, under cover, to the Secretary of St. Mary's Hospital, who will also give to candidates any further required information on the subject.

Board-room, July 29th, 1854. S. SKERRETT, Sec.

## University of St. Andrew's.—Notice

is hereby given, that the next EXAMINATION for the Degree of DOCTOR OF MEDICINE, will commence on Wednesday, the 18th of October. Fellows and Members of the Royal College of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for Examination. Every candidate is required to communicate by letter, with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for registration, on or before the 17th of October.

By order of the Senatus Academicus, St. Andrew's, 1st August, 1854. JAMES M'BRAIN, A.M., Secretary.

## Sydenham College Medical School,

ST. PAUL'S SQUARE, BIRMINGHAM.—THE SESSION 1854-55 will commence on Tuesday, October 3rd, with an Introductory Address by Dr. BAKERSTON.

Anatomy and Physiology—John White Keyworth, M.B.  
Pathology—James Russell, M.D.  
Practical Anatomy and Demonstrations—Messrs. George Elkington, Frowd Jones, and John Postgate.  
Principles and Practice of Medicine—Bell Fletcher, M.D., F.R.C.P.L., Physician to the General Hospital.  
Principles and Practice of Surgery—Mr. Alfred Baker, F.R.C.S., Surgeon to the General Hospital.  
Chemistry—Mr. Alfred Hill.

### SUMMER SESSION.

Therapeutics—Dr. Russell, formerly Senior Physician to the Birmingham General Dispensary.  
Materia Medica and Pharmacy—Mr. Bassett.  
Midwifery and the Diseases of Women and Children—Dr. Elkington, Consulting-Accoucheur to the Lying-in-Hospital, and Mr. V. W. Blake, Medical Officer to the Lying-in-Hospital.  
Practical Chemistry—Mr. Alfred Hill.  
Botany—Mr. Westcott, Assoc. L.S.  
Forensic Medicine—Mr. Orford, Medical Officer to the Lying-in-Hospital; the Toxicological part of this course by Mr. Hill.

The College is situated within a short distance of the General Hospital, and the hours of Lecture are so arranged as not to interfere with the attendance upon Hospital Practice.

Clinical Courses will be given by those Lecturers who are attached to the various public institutions in the town.

The Introductory Lecture will be delivered on October 3rd, at three P.M., in the theatre of the College; after which, the annual distribution of Prizes will take place.

Further particulars may be obtained on application to the Principal, Dr. FLETCHER, or to Mr. ALFRED HILL, Hon. Sec.

St. Paul's-square, Birmingham, Aug. 1854.

## King's College, London.—Medical

DEPARTMENT.—THE WINTER SESSION, 1854-5, will commence on Monday, October 2, 1854.

The following Courses of Lectures will be given—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1854. R. W. JELLY, D.D., Principal.

## TO THE PROFESSION.

## Mr. Bowmer, M.R.C.S. Eng., 50,

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

## West-End.—For Disposal, the Stock,

Fittings, and Goodwill of a respectable and old-established CHEMIST'S BUSINESS, returning £400 per annum (chiefly from Dispensing.) The premises are convenient, in good repair, and moderately rented. The neighbourhood presents an unusually good opportunity for commencing Practice. Purchase money, £350.—Apply to Mr. BOWMER, 50, Lincoln's-Inn-fields.

## Clerical, Scholastic, and Governess

AGENCY OFFICES, (late Valsey, Established 1833,) 7, TAVISTOCK-ROW, COVENT-GARDEN, LONDON. The gentry and families requiring Tutors, Governesses, or Companions, for either residence, travelling, or daily attendance, on making known their requirements to Messrs. MAIR and SON, will at once be introduced ~~FREE OF CHARGE~~ to qualified and experienced applicants with good testimonials. Schools recommended, and Ecclesiastical and School property transferred. A prospectus forwarded on application.

## Westminster General Dispensary,

9, GERRARD-STREET, SOHO. (Established 1774.)

Patron—The Queen.

President—His Grace the Duke of Northumberland.

A Vacancy having occurred by the resignation of the Resident Medical Officer of this Institution, gentlemen who wish to become Candidates for that office are informed that they must be unmarried, Members of the Royal College of Surgeons, and Licentiates of Apothecaries' Hall. Salary £80 per annum, with apartments, coals, candles, and attendance.

Testimonials will be received until the 8th, and Candidates must attend the Board on Thursday, the 10th, at Twelve o'clock precisely.

July 29th, 1854. W. J. G. ESCHMANN, Secretary.

## Dover Hospital and Dispensary.—

Wanted, a RESIDENT MEDICAL OFFICER to this Institution. He must be a Member of the Royal College of Surgeons of London, Edinburgh, or Dublin, and a Licentiate of the Apothecaries' Company. He will be restricted from private practice, and expected to enter upon his duties on or about the 1st of September next. His salary will be £90 a year, with furnished apartments, coals, and candles.

Duties and further particulars may be known on application to the Secretary, Mr. Elwin, No. 35, Castle-street, Dover, to whom testimonials may be sent on or before Wednesday, the 23rd of August inst., at Ten o'clock A.M.

The Hospital contains at present Twelve Beds for In-patients.

EDWARD ELWIN, Secretary.

Dover Hospital, Aug. 2nd, 1854.

## Torbay Infirmary and Dispensary,

TORQUAY, DEVON.—HOUSE SURGEON.—The Governors will proceed to the Election of a House Surgeon (to act also as Secretary) to the above Institution, on Thursday, the 24th day of August next. Candidates must send in their testimonials, under cover, to the House-surgeon, on or before Tuesday, the 15th day of August. Candidates must have a diploma from one of the recognised Universities of the United Kingdom, or from one of the Royal Colleges of Surgeons, and must be Licentiates of the Apothecaries' Company. They must be single, and not less than twenty-four years of age. No private practice allowed. The salary is £80 per annum, together with board, lodging, coals, candles, and attendance; or £30 per annum in lieu of board.

Torquay, July 24th, 1854.

## Manchester Royal Infirmary,

DISPENSARY, LUNATIC HOSPITAL, or ASYLUM.—Wanted, in consequence of the resignation of Mr. F. A. Heath, who has completed the period of his engagement, an unmarried Gentleman, as HOUSE SURGEON to these Charities. Every candidate for the office will be required to produce a Diploma from the Royal College of Surgeons in London, Edinburgh, or Dublin, and a License from the Worshipful Society of Apothecaries in London. The duties of the house surgeon are, to assist the surgeons at operations, and in dressing the patients; to visit the patients in the absence of the surgeons, under whose control he is to consider himself; and to take charge of the accidents in the absence of the surgeon of the week. He must take an engagement for one year. No salary is given; but the whole medical and surgical practice of the house will be open to him; and he will be provided with board and lodging in the Infirmary.—Letters from candidates, together with the diplomas and testimonials, are to be sent, free of postage, on or before Saturday, the 26th August next, addressed to the Secretary.

By order of the Board,

Weekly Board, July 31st, 1854. R. THORPE RADFORD, Secretary.

## Derbyshire General Infirmary.—

OFFICE OF PHYSICIAN.—A Vacancy being occasioned by the Resignation of Dr. Bent, the Senior Physician of this Institution, gentlemen properly qualified, wishing to procure the appointment, are requested to send in their applications and testimonials as to their professional qualifications to the Secretary, not later than Twelve o'clock, on Monday, the 21st August next.

No gentleman is eligible who is not a Graduate in Medicine of Oxford or Cambridge; Doctor of Medicine of the University of London, Dublin, Edinburgh, Glasgow, or Aberdeen; or Licentiate or Extra-Licentiate of the Royal College of Physicians in London; or who practises any of the following branches of the Profession—viz. Surgery, Pharmacy, or Midwifery; or who is connected in partnership with any gentleman in such practice.

The Election will take place at a Special General Meeting, to be held on Monday, the 29th August next.

By order, SAMUEL WHITAKER, Secretary.

Derby, 24th July, 1854.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS.

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

**Unlimited Introduction. Price £600,**  
with immediate and entire possession, a GENERAL PRACTICE in a large and central manufacturing town, yielding over £500 a year. The vendor is retiring from the Profession, but will continue to reside in the place.  
Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**A Medical Retail, nine years estab-**  
lished in the most commanding position on the Surrey side of the Thames, offering to a young Surgeon the nucleus of an extensive and remunerative Practice, is to be sold for £200. Rent £110, of which £48 is let off.  
Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Wilts. — A gentleman of some**  
standing in the Profession can be introduced to an Opening for select General Practice to the probable extent of about £800 a year, by paying a Premium of £250, and taking on Lease, at £100 per annum, Premises and Grounds suited for a small first-class Asylum.  
Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**A General Medical Practice for**  
Disposal, realising upwards of £400 per annum, in a town in Dorsetshire.—Apply to M.D., Post-office, Wimbleton, Putney, near London.

**Wanted to Purchase a Practice of**  
£400 a year, within two or three hours' ride of London.—Address, W. H. S., Michael-place, Brompton.

**A gentleman, of middle age, is desirous of a PARTNERSHIP, or Purchasing a PRACTICE, in Brighton or its environs.**—Address, A. B., 19, Steyne, Worthing.

**Wanted to Purchase a Medical PRACTICE, in a good village or rural district.**—Apply, with full particulars, (to be deemed strictly confidential,) to C. D., 6, Tavistock-street, Covent-garden.

**A gentleman, having finished his**  
studies at one of the London Hospitals, but not qualified, wishes for an engagement as Visiting and Dispensing ASSISTANT.—Address, J. O. S., 50, Union-street, Lambeth-walk, London.

**To be Sold, a Practice, in one of the**  
largest towns in England, averaging for the past ten years about £1000 per annum.—For Terms, &c., apply by letter to Z., care of Mr. Geo. Davies, 4, Pancras-lane, City.

**Medical Pupil. — A married Physician,**  
attached to one of the largest West-end hospitals, and resident within a convenient distance of St. George's, the Middlesex, and University College Hospitals, has a Vacancy for a PUPIL.—Address, M.D., 62, South Molton-street, Grosvenor-square.

**To the Proprietors of Lunatic**  
ASYLUMS.—The Medical Superintendent of a large County Asylum, of considerable professional reputation, and first-rate references, is desirous of an Engagement in a private Asylum.—For particulars apply, by letter, to the Medical Superintendent of St. Luke's Hospital.

**MEDICAL.**  
**To be Disposed of, a highly respectable and well-established GENERAL PRACTICE, in a Market-town in Norfolk.** Receipts, £300 per annum. A good Introduction will be given, and satisfactory reasons why the present possessor retires.—Address, Mr. Fromow, Wholesale Druggist, Norwich.

**TO SURGEONS, &c.**  
**In Kent. — A respectable Practice,**  
Receipts, £500 per annum, for Transfer on favourable terms. Very superior Residence, with large Garden, Coach-house, Stabling, and every convenience.—For Terms, apply to Mr. Jacobson, No. 38, Walbrook, City, near the Mansion-house.

**TO SURGEONS, &c.**  
**Near Cavendish-square, a desirable**  
CHEMIST'S RETAIL for Transfer, that would afford an Opening to a select and extensive Practice. Premises in excellent repair, and at a moderate rent. Purchase, £350.—Apply to Mr. Jacobson, No. 38, Walbrook, near the Mansion-house, City.

**For Disposal, a General Practice,**  
averaging above £800 per annum (without union), situated in a very pleasant neighbourhood, within an hour's access of Manchester by Railway. The present incumbent has held it upwards of thirty years, and is retiring on account of declining health. A good Introduction will be given.—Address, R. S. D., care of Mr. B. Reynier, 166, Dean's-gate, Manchester.

**Medical Transfer and Partnership.**

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**  
and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RELINQUISH, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

**Practice at Brompton. — To be Dis-**  
posed of, the nucleus of a Practice most favourably situate in this healthy and agreeable suburb, with very desirable residence attached. The entrance will involve but a small investment.—Apply to Mr. ORRIDGE, 30, Bucklersbury.

**An M.R.C.S.E. and L.A.C. wishes to**  
Purchase a PARTNERSHIP with a gentleman who has a respectable town Practice, and intends retiring in a few years. The half-share to be not less than £400 a year.—Address, A. B., care of Mr. Loveridge, High-street, Merthyr Tydvil.

TO CHEMISTS AND DRUGGISTS.

**A gentleman, wishing to become**  
acquainted with the business of a Chemist and Druggist, is willing to devote his services after six o'clock in the evening in return for instruction.—Address, A. E., 14, Salisbury-square, Fleet-street.

**To be Disposed of, an unexception-**  
able GENERAL PRACTICE. Appointments worth £160 per annum. Established fifty years, in a rich agricultural district. Bonâ-fide income at present, £500; has reached £800. Partnership; or the whole, with Introduction.—Address, M. D., care of Mr. R. Grove, Dudley-road, Wolverhampton.

**Wanted, by a Surgeon in the**  
Country, an active English ASSISTANT, not less than six-and-twenty, fully competent to Visit, Dispense, and attend Midwifery. The most satisfactory testimonials of professional ability and moral character will be required. Salary, £50 per annum.—Address, Medicus, care of Messrs. Corbyn and Co., Chemists, Holborn.

**A Clergyman wishes to place his**  
Son (who has served his time with a medical man in London) in the Family of a respectable Surgeon. He would be willing to make himself generally useful. Salary not so much an object as a comfortable home. The neighbourhood of Birmingham, Wolverhampton, or Dudley would be preferred.—Address, A.M., Post-office, Dudley.

MEDICAL.

**A Surgeon, in good practice, residing**  
in a healthy district, within thirty miles of London, and of easy access, is willing to receive into his house an Invalid or sick Child under sixteen years of age, requiring change of air and medical or surgical treatment. Terms moderate.—Address, M. D., Mr. T. D. Thomson, Bookseller, 13, Upper King-street, Russell-square.

MEDICAL.

**To be Disposed of, in one of the**  
most respectable localities in Dublin, on moderate terms, in consequence of the decease of the proprietor, a MEDICAL ESTABLISHMENT in perfect order, to which is attached a lucrative and respectable PRACTICE. For a General Practitioner it is an opportunity seldom to be met with, as the incoming purchaser would without difficulty realize a considerable income. For particulars, apply to John George Boileau and Company, Wholesale Druggists, 28, Mary's-abbey, Dublin.

**To be Disposed of immediately, a**  
GENERAL MEDICAL PRACTICE, established upwards of twenty-five years in a rapidly-increasing city of 30,000 inhabitants. The average receipts for the last five years exceed £800 per annum, of which about £200 per annum is derived from a Poor-law Union and Benefit Societies, which there is every reason to believe could be secured to a purchaser. A good House, with stabling, &c., and furniture, might be taken with the business.—Apply by letter, post-paid, to D. J. M., 81, Lombard-street, London.

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# THE LANCET.

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VOL. XL 1854.

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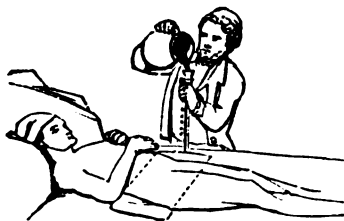
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## A Course of Lectures

ON

## DISEASES OF THE EYE,

*Delivered at the Medical School of the London Hospital.*

By GEORGE CRITCHETT, Esq., F.R.C.S.,

SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL; LECTURER ON SURGERY AT THE LONDON HOSPITAL, ETC.

## LECTURE VII.

*Serous fluid beneath superficial layers of cornea; first described by Mr. Tyrrell: treatment. Conical cornea; peculiar appearance: mechanical treatment. Aquo-capsulitis, or corneo-iritis; seat of the disease; symptoms; history: constitutional treatment; results; diseases of anterior chamber. Hypopion: various causes; blood in anterior chamber; abnormal accumulations of fluid in anterior chamber.*

GENTLEMEN,—In my last lecture, I described the history of "corneitis," as the specific disease of the cornea; and before I proceed to deeper textures, I propose briefly to notice some other changes that occasionally occur in that tissue. Cases sometimes present themselves, in which a superficial layer of the cornea is separated from the rest by the infiltration of a small quantity of clear, serous fluid, resembling a minute blister. This may be raised and flaccid, so that on pressing the surface with the lid the fluid may be seen to move between the layers; or it may form a defined, circumscribed, tight, transparent blister; or the fluid may be somewhat opaque and infiltrated between the layers of the cornea, so as to resemble, on a cursory view, an ordinary circumscribed opacity. These are modifications of the same disease, and though rare, have each come under my observation at intervals, and have impressed their symptoms strongly on my mind, from the painful and intractable character they assume. They are often found in eyes that have been previously damaged by inflammation of the globe; and when they occur in a healthy eye, they produce more or less permanent damage to the sight. The appearance of this loose form of blister is very peculiar and characteristic; the fluid is quite superficial and transparent, and only partially fills up the space in which it is contained, so that the little bag is compressible, and the fluid moves as the lid is passed over it. Some of the cases that I have met with of this affection have occurred in eyes previously injured by deep-seated inflammation of the globe, attended with abnormal firmness and tension, and I have attributed this peculiar change in the cornea to this cause. The pain is severe and intermittent, and does not very readily yield to any form of treatment. Where the blister is small, circumscribed, slightly opaque, and less flaccid, the disease occurs in a previously healthy eye; but like the one I have just described, it is very painful, persistent, and ultimately leads to penetration of the cornea.

Mr. Tyrrell has very clearly described this curious affection. He is of opinion that it occurs in persons suffering from some organic disease, and mentions its extreme intractability, and particularly recommends warm baths. I think that where there is evidence of an over-distended globe, and the pain is very severe, it may relieve the symptoms to introduce a fine needle through the cornea, and allow some of the aqueous humour to escape, and this may be repeated, if necessary, from time to time, until permanent ease is obtained. I have not found any other local treatment of any use in the few cases that have come under my notice.

I have now described the principal changes that occur in the true corneal tissue as the result of inflammatory action; and I proceed, in the next place, briefly to notice an alteration in the form of the cornea that is occasionally observed to take place, to which the term "conical cornea" is applied. Instead of presenting its usual convex surface, it is gradually raised from the circumference towards a central elevation, more or less prominent, so as to present a complete cone. The appearance is peculiar and characteristic, and can always be recognised when it has been once seen; the apex glistens, and the eye looks as if a piece of solid glass had been stuck on to the centre of the cornea; in fact, it was thought formerly to consist of a solid thickening of this body. In the latter stages the extreme apex sometimes becomes opaque, probably on account of the friction and irritation of the lids; it occurs usually soon after puberty, and most commonly in the female; it generally attacks both eyes, but not

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simultaneously, nor to an equal extent, and one remains permanently more seriously damaged than the other. This change occurs very slowly, occupying many months, and even years, and, having attained a certain point, usually remains stationary; there is no pain or other evidence of inflammatory action. The cause of this change is very obscure; it is generally observed in feeble, ill-nourished persons, and is probably due to some partial arrest of nutrition, giving rise to a gradual thinning of the cornea towards its centre. Such, in fact, was found to be the condition of the part in a case examined by Professor Jäger, of Vienna, after death, and it seems highly probable that this is the usual condition of the part in this disease. The important practical point is the serious damage to the sight, occasioned by this change; the rays of light are so very much refracted, that images are very imperfectly formed upon the retina, and only when held very close to the eye, and when they are of some considerable size; where the apex of the cornea has become opaque, even this very short and imperfect vision is lost.

As regards treatment, we certainly possess no means, either local or constitutional, that can restore to the part its normal shape; the utmost we can hope for is to arrest the morbid change at the stage at which it first comes before our notice, and even this it must be admitted is very doubtful. The best plan seems to be by the use of some mild local astringent collyrium, and by the exhibition of tonics to check the progress of the disease. Another important consideration is to endeavour, by some mechanical means, to obviate or diminish the extreme refraction of the rays of light; various plans have been suggested for this purpose: thus it has been proposed to remove the lens, also to employ an extremely concave glass; both these means having a tendency to counteract the effect of the extreme convexity of the cornea. The late Mr. Tyrrell proposed to draw the pupil towards the margin of the cornea, where the convexity of the cornea is not in an extreme degree; and he states that he has done this with very marked benefit in some cases. Again, it has been proposed to shut off all rays except those passing through the apex of the cornea by means of a small aperture through a thin, dark substance, or, what is better, by means of a fine horizontal slit through some dark medium; this last method I have sometimes found of great service, enabling the patient to see both near and distant objects with great precision, and even to read with ease. This is, upon the whole, the most efficient palliative means we possess, but in some cases it altogether fails, and we may then try the effect of an extremely concave glass. I recently had an opportunity of examining a case of conical cornea that was under the care of my friend, Dr. Miller, of Stoke Newington; the vision of this patient was considerably lengthened and improved by the use of a concave glass that had been made at Dr. Miller's suggestion and under his direction with a degree of concave power far beyond that usually employed by opticians. If we could only succeed in exactly counteracting the excess of the refraction by a corresponding concavity in the artificial lens, we might hope to produce a very perfect result in mild cases where the cornea retains its transparency at its apex. The case I have seen is encouraging, and the subject well deserves further efforts and investigation. I have had no experience as regards the removal of the lens, but should anticipate advantage from it. Mr. Tyrrell's plan of making an artificial pupil has not been found of much value in other hands.

In an ingenious monograph upon this subject, published some time back by Dr. Pickford, of Brighton, the writer stated that he had found considerable advantage from the constant and prolonged use of emetics. I must confess to considerable scepticism as to the value of this treatment. In a disease so slow in its progress, and so prone to become arrested spontaneously at various stages, it is a matter of extreme difficulty (requiring a large number of cases and high powers of mental scrutiny) to estimate the value of any remedy. It is contrary to all analogy and probability to suppose that a cornea that has become altered in shape should be restored to its normal state by any constitutional treatment. I should therefore be very unwilling to subject a patient to so severe and trying an ordeal as is here recommended, with so very slender a prospect of advantage to the sight, and so much risk of constitutional damage.

Proceeding onwards, from the diseases of the proper tissue of the cornea, we come, in the next place, to the diseases of the parts lining and filling the aqueous chamber. To the most important of these the term of "aquo-capsulitis" has been applied. It seems doubtful whether we are justified anatomically in using this term; recent investigations show

that there is no distinct membrane lining the aqueous chambers. The disease that I am now about to describe, of which I have seen very many well-marked examples, and which is well figured in Mr. Dalrymple's plates, is probably seated in the inner or the elastic layer of the cornea, and extends slightly and superficially over the surface of the iris—perhaps the term "corneo-iritis" would most correctly indicate its true seat. This disease resembles, in some respects, "true corneitis;" it occurs most frequently in children and in young adults; it comes on very insidiously, usually attacks one eye at a time, and is often limited to one eye; the pain is slight; there is but little intolerance of light; the patient chiefly complains of dulness of vision; the sclerotic vessels around the margin of the cornea are considerably injected. On examining the cornea carefully, it is observed to be quite smooth and bright upon its surface, instead of finely granular, as in corneitis; and upon the inner layers of the cornea are some tolerably well-defined whitish spots or patches, varying very much in size, shape, and thickness, but they are usually round, and most thickly studded near the centre of the cornea. I have seldom seen them quite at the circumference. It is very difficult to ascertain how far the iris is involved, because, looking through an altered medium, its colour seems changed, and its natural transparency lost. This, however, is frequently not the case in the early stage of the disease, as shown by the perfect activity of the pupil; and, when it extends to the iris, it seems to be limited to the delicate membrane covering it, and not to invade its proper texture, because the pupil can generally be acted upon by belladonna; and when the cornea regains its transparency, no change is observable in the iris, except some slight adhesions to the capsule of the lens, although, during the height of the disease, I have on several occasions observed large red vessels on the surface of the iris.

This disease presents great varieties as regards its intensity. In some cases, almost the only evidence of the disease is the presence of a few small, well-defined spots on the inner surface of the cornea, the remaining parts being clear and bright, and vision being only slightly interfered with, and there being little or no increase of vascularity; whereas, in the other extreme, the patches on the inner surface are larger, more irregular in shape, and denser, and the intermediate parts of the cornea are hazy, the surface of the iris is dull and vascular, the sclerotic vessels are much injected, and there is severe, dull, aching pain, and intolerance of light; vision is also very seriously impaired. Between these two extremes we find every shade of difference. This disease belongs to the same family as corneitis; it is less frequent in children, and never occurs, according to my observation, after the middle period of life. I have most frequently met with it in young adults of a feeble constitution, with a tendency to struma; and in the more severe cases, where the cornea and iris have been rather seriously implicated, and where adhesions to the capsule and slight dulness of the surface of the capsule remain, I have had reason to think that the disease might be traced to some remote syphilitic taint, either hereditary or acquired, but usually the former. It is very protracted in its duration, and does not seem to yield to any specific plan of treatment, but usually passes away from the surface of the cornea at the end of some months, leaving, in the more severe cases, some adhesions of the pupillary margin, and a slight dulness over the surface of the capsule of the lens, which never, under any circumstances, disappear when they have once formed. Such adhesions do not prevent some action of the pupil, and allow much more accurate vision than the appearance of the eye would indicate.

The treatment should be principally directed to the establishment of general power, and the exhibition of some mild alterative tonic. Preparations of iodine and the iodide of iron seem to be useful; and where any syphilitic taint is suspected, small doses of mercury are indicated, and appear to act as a tonic. I have been particularly struck with the value of this medicine in those cases that I would denominate strumous-syphilitic, occurring in children from eight to twelve years of age, where the condition of the eyes I am now describing has formed part of a group of symptoms resembling very closely the tertiary forms of syphilis, such as loss of the soft palate, exfoliations about the nasal bones, periosteal inflammations, &c. Such cases I have attributed to the engrafting of some hereditary syphilitic poison upon a strumous diathesis; and it is in such cases that I have found mercury act most favourably. The local treatment should be merely soothing; and where there is reason to suspect that the iris is involved, belladonna may be advantageously employed in the early stage, to prevent adhesions, and to counteract any tendency to closed pupil.

I now pass on to the consideration of some of those changes that are observed to take place within the anterior chamber of the eye. The first of these that I would notice, is the occurrence of pus in this situation, which gravitates to the lower part of this cavity, and is termed hypopyon; as this is a symptom resulting from various causes, it is not correct to describe it as a separate disease, but it may be convenient to mention some of the usual sources of this morbid product within the aqueous chamber. The most common cause of pus in this situation is, according to my observation, the occurrence of an ulcer upon the inner surface of the cornea, corresponding to a similar ulcer on its external surface, the middle lamina remaining entire; the matter may often be seen trickling down from the ulcerated part to the bottom of the anterior chamber, where it remains during the upright posture, but readily passes to either side when the head is sufficiently inclined either way; another source of this symptom is an abscess between the layers of the cornea bursting internally; occasionally, in very acute inflammation of the aqueous chamber, pus is poured out into this cavity without any evidence either of an ulcerated surface or of a false membrane. An organized tubercle upon the iris may suppurate, and thus become a source of this symptom, and in one or two rare instances I have seen hypopyon follow a severe attack of fever in an eye in other respects perfectly normal and free from every trace of inflammatory action, analogous, in this respect, to the manner in which pus is found in other cavities of the body after fever, irrespective of inflammation. The presence of matter in the anterior chamber is of no moment, except as it forms an index and measure of the amount and severity of diseased action that is going on in the eye. It has been suggested to evacuate it with a small cutting needle; this would be a rash and injurious proceeding, unless the extreme pain and severity of the general symptoms indicated aggravation from tension of the globe, when great relief may follow the evacuation of the pus together with some of the aqueous humour; such cases must be treated in other respects upon such general principles as I have already laid down—warm and soothing appliances being more particularly indicated where pus is present. Occasionally blood is found in the anterior chamber, this is usually the result of a blow, but in a few rare instances it has been found to be vicarious with the menstrual function. Blood becomes readily absorbed in this situation; but it is important to give a guarded prognosis, as it probably results from such an amount of violence as will cause some permanent injury to one or more of the delicate structures of the eye, which will not show itself until the blood is entirely absorbed.

There is yet one other curious change in the anterior chamber of the eye which I have often observed, and which deserves notice: the natural secretion becomes altered in colour and quality, being yellow, and highly albuminous, and much increased in quantity. The result of these changes is, that the cavity is much increased in size by the thrusting back of the iris and lens, and the surface of the iris appears of a green colour; there is also very severe pain and tension, and much dimness of vision. I believe this disease usually occurs in an eye that has been more or less damaged by previous attacks of inflammation of the deeper textures, attended with adhesion between the iris and the capsule of lens to such an extent as to convert the anterior chamber into a perfect shut sac. The best mode of relieving the pain, in these cases, is to puncture the cornea with a needle, so as to evacuate a portion of this yellow, albuminous fluid, so as to remove all tension. The iris will then fall forwards, and resume its natural colour, showing that its green aspect was due to the yellow secretion in front of it. This gives immediate ease; but it often happens that the same thing occurs again and again, and requires a repetition of the same plan until the abnormal tendency is worn out. It is important not to allow all the fluid to escape, otherwise the iris will fall in contact with the cornea which for a time occasions great pain. The peculiar appearance arising from this abnormal accumulation and change in the aqueous humour can never be mistaken when once seen. It is admirably portrayed in one of Mr. Dalrymple's plates of "Diseases of the Eye."

ON

## SILICATE OF IRON AS A URINARY DEPOSIT.

By JOHN HARLEY, Esq., Stockport Infirmary.

WHILE engaged in examining the urine of patients suffering from various diseases, the secretion containing the above deposit came under my notice.

The subject is a strong, plethoric woman, aged forty-six, unmarried. Catamenia ceased for the last six years. She

states that she had fever about two years and a half ago, which chiefly affected the kidneys, since which she has experienced shooting pains in the lumbar regions, accompanied with scalding and irritation on micturition. This has continued with greater or less severity up to the present time, but has never prevented her from following her employment, which is altogether confined to the house, and that principally during the night. Appetite and digestion extremely good, as is the health, with the exception of the urinary irritation, which is sometimes severe, and at others amounts to nothing, and some slight oedema of the legs.

My attention was first called to the urine in the early part of December last, from which date up to the present time I have had the opportunity of daily examining it. The results are the following:—

December 4th.—Urine amber-coloured, acid, specific gravity 1·020, having an abundant, light-coloured, flocculent, gelatinous-looking precipitate, occupying about one-third of the volume of urine, together with a heavier, sandy-looking one; irritation excessive.

Dec. 4th to Dec. 30th.—The urine still retains the same characters, but the sandy-looking deposit has decreased in quantity; specific gravity averaging about 1·013; irritation much diminished.

Dec. 30th to Jan. 12th.—The secretion is for the most part pale-coloured; specific gravity ranging from 1·010 to 1·013. The appearance of the urine is much the same, having a light-coloured precipitate floating on a now scanty, sandy-looking one, whose colour is generally dirty-white, but occasionally it has a reddish tint.

The average quantity of urine passed in twenty-four hours for one week was forty ounces. The irritation and lumbar pains have now almost entirely ceased.

Jan. 12th to March 9th.—Urine presenting the same features, with now and then an additional deposit of urate of ammonia, and occasionally one of uric acid, sometimes in thick lozenges, and at others in beautiful, aggregate prisms. The sandy-looking deposit varies in quantity, but for the most part remains now as little more than a sprinkling at the bottom of a broad vessel, while the flocculent one occupies about an eighth of the volume of the urine. Quantity voided in twenty-four hours varying from forty-three to fifty-five ounces, once attaining eighty-seven ounces. Average quantity for a fortnight between these last dates, fifty-one ounces. Specific gravity generally about 1·012, falling as low as 1·008 in that whose quantity amounted to eighty-seven ounces.

From these statements it will be seen that these two deposits were constantly present in the urine, and evidently bearing some ratio to each other, and to the amount of irritation experienced.

*Examination of the deposits.*—On decanting the supernatant urine, and boiling the remainder, the flocculent deposit was dissipated, and the heavier one quickly subsided. This latter was separated from the urine, well washed, and boiled in water, after which it remained as a dirty-looking, fine, sandy powder, which was apparently unaffected by boiling with the dilute or concentrated mineral acids, but the presence of sesquioxide of iron was plainly demonstrable in all, after being so treated, the hydrofluoric excepted, in which the deposit was partially soluble. Exposed to heat it blackened, from the decomposition of a trace of organic matter present, but was with great difficulty fusible before the most urgent flame of the blowpipe. Mixed with an excess of pure carbonate of soda, and fused in a platinum spoon, and the hard, greyish, semi-transparent mass boiled in a quantity of water, a portion remained undissolved. The watery solution treated in the usual way with hydrochloric acid yielded pure silica. The above insoluble residue dissolved immediately in dilute hydrochloric acid forming a yellow solution, which, on the application of the suitable re-agents proved to be one of sesquioxide of iron. It was unaffected by ferricyanide of potassium, showing the absence of any proto-oxide. Repeated analyses proved these two substances, silicic acid and sesquioxide of iron, to be present in the deposit in equivalent proportions,  $\text{Fe O}_2 + \text{Si O}_2$ —that is, in nearly equal parts.

With regard to the flocculent deposit, a microscopic examination showed it to consist of separate and distinct nucleated cells, which, under a quarter-inch object-glass, appeared as beautiful globules, rather larger than those of ordinary mucus, having a well-defined margin, and containing from three to five distinct nuclei. I have not the least hesitation in referring these cells to what Dr. Golding Bird has provisionally termed "organic globules;" and this case agrees with his experience, that their presence is indicative of great irritation in the urinary organs. Mixed with these globules could be seen, under the microscope, transparent, irregular particles of the siliceous

deposit, a portion of which was always suspended amongst them in the urine, and would become deposited on boiling it.

The decanted urine was apparently normal, always possessing an acid reaction. The urea was found deficient in quantity, amounting to only 8·77 grains in 1000. We must not forget, however, that the amount of secretion is nearly double that given as the usual average.

From the following analysis of the bright, filtered urine, it will be seen that it contained a comparatively large amount of silica.

In 21,000 Grains of Urine, Specific Gravity 1·013.		In 1000 Grs.	
	Grs.		Grs.
Chloride of sodium, phosphate of soda, chloride of ammonium...	216 ... ..	10·28	
Phosphate of lime and magnesia	23 ... ..	1·09	
Sesquioxide of iron, a trace	— ... ..	—	
Silicic acid	5 ... ..	0·238	
Total amount of inorganic salts	244 ... ..	11·608	

The quantity of urine voided on this occasion was fifty-two ounces in the twenty-four hours, thus giving 5·4 grains of silicic acid present in the fluid portion of the secretion for that period.

Another quantity of urine, (eighty-seven ounces, specific gravity 1·008,) passed in twenty-four hours, furnished exactly the same quantity.

The presence of so large a quantity of silicic acid in this secretion, and its combination with sesquioxide of iron, as a distinct urinary deposit, is remarkable, and cannot fail to be of interest, both in a physiological and pathological point of view.

Every care was taken to ascertain, with regard to the ingesta, whether anything unusual was taken, or whether there existed a partiality to any of the ordinary articles of diet, such as bread; but these precautions only served to prove that the woman, although a hearty eater, was not an extraordinary one.

P.S.—For the week intervening between July 9th and 16th, I again had an opportunity of examining the urine. The siliceous deposit had increased in quantity, the secretion still retaining the same characters as noticed throughout. Multitudes of the "vibrio subtilis" were developed in the still acid and undecomposed urine, after keeping the samples a few days.

## POST-MORTEM APPEARANCES IN CHOLERA.

By GEORGE ROBINSON, M.D., Newcastle.

As opportunities of examining the bodies of persons who have died from cholera are not very frequent, only two being inspected post-mortem out of the 1500 deaths which occurred here last year, the following particulars may not be uninteresting to the profession.

About seven o'clock on the morning of Saturday, July 8th, Michael McCann, a labourer, aged about forty, was found by the police lying under an arch near some lime-kilns, in the south-western part of Newcastle, and within a few yards of the river Tyne. He was evidently in a state of great prostration, and was then suffering from vomiting and purging, with severe cramps. He was at once carried to a comfortable bed in the vagrant ward, and the surgeon to the district, Mr. Sang, was sent for, and speedily attended. By this gentleman he was found to be in a state of choleraic collapse, and almost moribund, being pulseless and cold, with rice-water discharge from the bowels, occasional vomiting, and severe cramps in the abdomen. Warm applications, stimulants, and suitable medicines were diligently used, but without avail, as he continued to sink, and died at nine o'clock, two hours after his admission, being sensible to the last. The body was examined eight hours after death, by Mr. Sang and myself, and the following were the only morbid appearances observed:—

The lungs were healthy; the heart, a little enlarged, contained in its right cavities a quantity of black, imperfectly-coagulated blood; at the origin of the aorta were some slight calcareous deposits. The stomach and intestines were unnaturally vascular, and distended with fluid. The peritoneal surface of the latter was of a pink colour, the stomach of a deeper red. On laying open the stomach it was found to contain at least a quart of reddish-brown fluid, suspended in which were several large fibrinous shreds, with a little mucus adhering to them; the mucous membrane of the stomach appeared greatly congested, and many of the submucous vessels were distended with dark-coloured blood. On the greater curvature, and about three inches distant from the pylorus, was a very large coagulum, consisting partly of fibrin and in part of blood; the latter



being in contact with and adherent to the mucous membrane. There was no appearance of rupture of any bloodvessel; the free surface of the fibrin was flocculent, and less tenacious than that beneath. Two or three smaller coagula of blood were also found detached in the liquid along with those of fibrin. There was no food in the stomach, with the exception of six or eight peas, which had been swallowed whole, and one or two of which had been partially acted on by the gastric juice. The liquid gave no indication of the presence of alcohol, nor was there any evidence of the existence of an irritant poison. The liquid contained no free acid, blue litmus paper being quite unaffected by it; its specific gravity was 1.08; tested for albumen by nitric acid and heat, it yielded with each copious coagula, which occupied nearly half the bulk of the fluid. Some of the fibrinous coagula being boiled with liquor potassæ readily dissolved, and were again precipitated on neutralizing the solution by nitric acid. Adhering to some of the coagula were small black particles of carbon, which might either have been derived from the smoky air of the place where the patient was found, or from the water of an open spring situated within a few feet of the same spot. As before-mentioned, the intestines, though more perceptibly vascular than natural, were not so intensely congested as the stomach. They contained a large quantity of fluid, void of feculent smell, and of a much lighter colour than that contained in the stomach. From a small opening made in the colon, half-a-pint was readily collected, and presented the following characters:—It was of a whitish colour, with a very slight lemon hue, somewhat opaque, and presenting, as a sediment, some fibrinous shreds, smaller, and in less quantity than those seen in the stomachic liquid. The specific gravity of the fluid from the large intestine was 1.10; it did not change the colour of litmus paper, and when tested for albumen it merely exhibited greater opacity, but did not present distinct and bulky coagula. The smaller intestines, though generally distended, presented at intervals abrupt constrictions. The gall-bladder was distended with bile; the urinary-bladder was quite empty, its walls being firmly contracted, and in close apposition with each other.

No precise information could be obtained as to the duration of the complaint, but from the circumstance of the patient being found within a hundred yards of the infirmary, it may be presumed that he had no very urgent symptoms when he selected the arch for his night's abode, being probably induced to do so from the warmth which it derived from the neighbouring glass-houses and lime-kilns. Some important inferences may, however, I think, be safely drawn from the preceding facts. In the first place, it is evident that the stomach was the organ chiefly affected, the extravasation of blood, and the effusion of coagulating lymph, and of liquid albumen, being directly traceable to the acute congestion of its mucous membrane, in accordance with a pathological law which I some years since established by a series of experiments. Secondly, the reddish-brown, or chocolate-coloured fluid found in the stomach, evidently derived that colour from the hæmotosine of the extravasated blood, and its presence or absence in the matter vomited in similar cases will assist us in estimating the intensity of the congestion of the mucous membrane of the stomach. Thirdly, it may be concluded that the albumen and fibrinous shreds contained in the liquid found in the large intestine, and which impart its most characteristic features to the "rice-water," or broth-like discharge from the bowels, were in this case at least derived from the stomach, the fluid effused from the intestines having been chiefly of a serous or non-albuminous character. Fourthly, that the relative preponderance of albumen in the stomachic or intestinal evacuation will enable us to determine, approximately, whether the congestion inducing albuminous or fibrinous effusion be seated chiefly in the stomach or intestines.

Time will not allow me to dwell longer at present on the pathology of this remarkable disease, but if the preceding conclusions are confirmed by other observers, they may assist in rendering more intelligible some of the phenomena of cholera, and perhaps eventually guide us to a more satisfactory knowledge of its nature and treatment.

I have not yet heard of any other fatal cases in this district, though a tendency to diarrhoea and gastric irritation undoubtedly prevails.

I must not conclude without expressing my sense of the zeal and activity displayed by Mr. Ingledew, the respected chairman of the Newcastle Board of Guardians, who, at considerable personal inconvenience, endeavoured to investigate the history of the case; and my thanks are equally due to Mr. Sang for so promptly consenting to and conducting the post-mortem examination.

Newcastle, July, 1854.

## CASE OF EXTENSIVE CUT-THROAT.

By GEORGE H. MACNAMARA, Esq., M.R.C.S. and L.S.A., Uxbridge.

PHOEBE H—, aged twenty-five years, had been suffering for upwards of two years with lumbar abscess and scrofulous ulceration of Peyer's glands. On the 9th of April, in the afternoon, I was summoned suddenly to her by a message that she had cut her throat. I found her lying on her right arm and side, with her head slightly bent forward upon a low pillow; her left hand, which was bloody, was closed, and upon the upper part of the chest, immediately below the cricoid cartilage, there was a transverse wound, about two and a half to three inches long, standing out at a right angle from which was the handle of a razor, the entire blade of which was buried in the wound; about a pint and a half of dark, coagulated blood had collected in the hollow formed in the bed by the weight of the shoulders. On trying to remove the razor, the blade was found buried in the trachea, the small end being lodged in the larynx, so that it had to be pushed downwards in order to remove it. The sterno-mastoid on each side was divided to about half its thickness, the cut leaving the posterior portion of the trachea entire, without injuring the carotid sheath.

I made as extensive an examination of the body as the friends would permit, on the 14th, by reflecting the skin over the sternum, and removing the upper half of that bone with the cartilages of the four first ribs on each side. The isthmus of the thyroid gland was divided, and the areolar tissue around and in the mediastinum was much infiltrated with blood. The trachea, through its entire length, from the cricoid cartilage to the bifurcation, was cleanly slit in the middle line down to the last ring, where the extreme point of the edge of the razor had made a small opening in the superior and posterior aspect of the left vena innominata as it crosses over that part, the hæmorrhage from which had evidently supplied the blood found in the bed, and that had caused her death.

July, 1854.

## VARIOLA AND VACCINATION.

By JOHN SMITH, Esq., M.R.C.S.E., Sheerness.

THE following case will, I hope, possess sufficient interest to excuse me for trespassing on your space:—

Mrs. C—, aged forty, was confined on the 21st of April last, being about eight months advanced in pregnancy. At that time one of her daughters was laid up in the same house with small-pox, and another daughter had just recovered. My patient had been feverish, and had suffered from pain in the back two or three days previous to her confinement, and on the following day the eruption of small-pox appeared. I immediately removed the child from the mother, and vaccinated it. On the 29th, notwithstanding there were two well-formed vaccine vesicles on the left arm, variolous papulæ appeared plentifully on the face and chest, and in a day or two all over the body. The pustules, though very numerous, were small and discrete.

Unlike the case related by Mr. Dendy, (*THE LANCET*, June 17th.), in which there was an entire absence of secondary fever and maturation, both were present here; for although, up to the 6th of May, the child appeared to promise recovery, on that day fever set in, evidenced by great restlessness and refusing to be fed. During the next two days many of the pustules burst, and the little patient died on the 8th.

During the last three months I have attended twenty cases of small-pox. They had all been previously vaccinated, but in each fatal or severe case there was only one vaccine cicatrix.

July, 1854.

INJECTION OF TINCTURE OF IODINE AS A MEANS OF DISCOVERING WHETHER FISTULA IN ANO IS CONNECTED WITH ANY INTERNAL OPENING. — M. Limange mentions, in the "*Archives Belges de Méd. Milit.*," that in order to find out whether the fistula in ano of a patient of his had an internal opening, he injected pure tincture of iodine into the fistulous tract, at the external opening, whilst his finger was in the rectum. In withdrawing the former, he saw upon it the usual stain of iodine, and he could judge, by the portion of finger stained, how high the opening was situated. This means of diagnosis is certainly of some value when the ordinary modes of investigation fail to clear up the case, and it is preferable to allowing fluid to regurgitate from the anus by the same kind of injection, as the internal fistulous opening may be so small as not to let any fluid pass through it.

# A Mirror

## OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### KING'S COLLEGE HOSPITAL.

#### EXCISION OF THE KNEE-JOINT.

(Performed by Mr. FERGUSSON.)

A FEW years back excision of the head of the femur was viewed with much distrust by a great many surgeons, and warm discussions took place respecting the operation. The opposition became, however, gradually weaker in proportion as the results were more and more favourable, and at the present time the great majority of the hospital surgeons of this metropolis are reconciled to this procedure. The great point with the resection of the head of the femur, as well as with the resection of other processes of bone, is to make a proper choice of cases, the object being to save life before the disease has exhausted the patient, and to favour the formation of a new joint, likely to be endowed with sufficient mobility to render the limb valuable and useful. This end has been attained in several instances, and it is to be hoped that the operation will be the means of restoring to health and usefulness many a sufferer from hip-joint disease.

But it should not be forgotten that there is such a thing as a spontaneous formation of a new joint on the dorsum illi, and that the possibility of such a termination should be kept in view when operative measures are contemplated. No inconsiderable number of young subjects may be noticed in the streets of London, with whom it is evident that the disease has ended in dislocation of a more or less perfect head of the femur on the dorsum illi, the new joint enjoying a very fair amount of motion, and the limb being of course considerably shortened.

Whether excision of the knee-joint will ever gain as much favour as the operation just alluded to is doubtful, because the incisions and removal of osseous parts are much more extensive than about the hip, and the risk of inordinate inflammation and constitutional irritation much greater. Ankylosis of the knee-joint is also a more frequent occurrence than the same change in the hip, and there is less prospect of efficient support from an excised and partly ankylosed knee than from a new joint formed on the broad and resisting surface of the ilium.

But the parallel we have just drawn is not of such immediate practical importance as the juxtaposition of excision of the knee-joint and amputation of the thigh, for these two operations are frequently the only alternatives left. It is, of course, a great advantage to arrest the disease of the knee-joint and preserve the limb, and surgeons would perhaps be inclined always to give a trial to resection before proceeding to amputation, if it were not plain that the work of repair, after excision of the joint, is extremely slow, and may tell injuriously upon an already impaired constitution and weakened frame. Nor can it be forgotten that the interference with osseous texture is much more extensive in resection than amputation, and that a stump is much sooner formed than an imperfect union between osseous surfaces laid bare by the saw. But Mr. Jones, of Jersey, silences objections by pointing to his successful cases, and we gladly submit to such peremptory arguments.

In the case before us, Mr. Fergusson was inclined to allow the knee-joint of his young patient to ankylose, the boy, who is about ten years of age, having suffered from chronic inflammation and disorganization of the articulation for several years. He was admitted into the hospital about six months before the present operation, and his health and the aspect of the joint improved so much that Mr. Fergusson sent him into the country, with the hope that the disease would become arrested, and ankylosis take place. But the poor little boy came back to the hospital with a renewed inflammatory attack of the joint, and no alternative was now left but amputation or resection.

Mr. Fergusson decided in favour of the latter operation, and on the 29th of July the child was brought into the theatre, and narcotized with chloroform. The right lower extremity was much emaciated, the knee-joint presented the usual globular shape, but no fistulous apertures were observable. Mr. Fergusson made the usual H-shaped incision in front of the joint, and having reflected the upper and lower flaps, the condyles of the femur and the articular surfaces of the tibia were removed by the transverse section of a broad and short saw, after the soft parts had been carefully cleared away. Mr. Fergusson had, in previous operations, removed the patella also; but in this instance he left that bone, after having gouged the carious surface it presented. It was also found, when the operation was nearly completed, that the lower part of the shaft of the femur, close to the condyles just removed, was bare of periosteum, and Mr. Fergusson judged it prudent to remove the unprotected portion of bone to the extent of about an inch. When the leg was attempted to be brought on a line with the thigh, it was found that the rigidity of the hamstrings prevented apposition. Mr. Fergusson therefore proceeded to divide the inner hamstring subcutaneously, and no obstacle was then left to the approximation of the osseous surfaces. The margins formed by the incisions into the soft parts were then brought together by sutures, after a small quantity of pus had been pressed out from the side of the head of the tibia.

When the little patient had been removed, Mr. Fergusson stated that he had hesitated between amputation and excision, but that he thought the present a fair case for the latter operation, which, as was well known, had originated in this hospital. Much discussion had occurred respecting excision of this joint; but he (Mr. Fergusson) thought himself quite justified in having recourse to it in cases like the present. He had not been as successful as could be wished in some of the cases in which he had performed that resection, but no better result would perhaps have followed amputation of the limb. (See for these cases *THE LANCET*, vol. ii. 1850, p. 183; vol. ii. 1852, p. 518; vol. i. 1853, p. 367 and 425.)

Mr. Jones, of Jersey, and Dr. Mackenzie, of Edinburgh, had had cases which ended very favourably, and in which scarcely any deformity was left. Indeed, Mr. Jones performed the operation on a patient with whom the hip-joint of the previously sound limb was attacked, after excision of the knee-joint had been performed on the opposite side. Had the limb been removed the patient would have then been thoroughly disabled.

Mr. Fergusson went on to say, that further experience was necessary in order to come to some definite conclusions respecting the operation; but that it might even now be gathered from the twenty-three or twenty-four operations which had been recorded, that some reliance might be placed on this operative procedure.

We need hardly say that we mean to watch this case, and that we shall make it a point to acquaint our readers with the results of the operation. The last patient upon whom excision of the knee-joint was performed at this hospital is going on well; she still wears the apparatus which gives support to the leg, and will, in all probability, have eventually a useful limb. (See *THE LANCET*, vol. ii. 1852, p. 518.)

#### MR. FERGUSSON'S CASE OF INCRUSTATED HAIR-PIN IN THE BLADDER; PRESENT STATE; AN ANALOGOUS CASE IN THE UNITED STATES OF AMERICA.

OUR readers have probably still in their recollection this extraordinary case of lithotritry in the female, and extraction, from the bladder, of a hair-pin surrounded by calculous matter. (*THE LANCET*, vol. i. 1854, p. 662.) We are glad to say that the patient has progressed very favourably, and is not suffering from incontinence of urine. A case bearing the closest analogy to Mr. Fergusson's has been pointed out to us; it is published in the "*Extracts from the Society for Medical Improvement*," October, 1853, and we beg to transcribe it *in extenso*:—

#### "PECULIAR CASE OF LITHOTOMY; SINGULAR NUCLEUS FOR, AND UNUSUAL SIZE OF, THE CALCULUS.

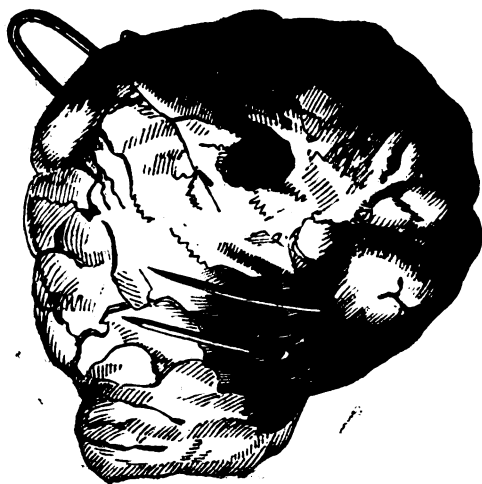
"The specimen was brought by Dr. Wm. G. Wheeler, of Chelsea, Mass., who performed the operation for its extraction.

"Dr. Stedman exhibited the calculus, and gave the following account of the case, furnished by Dr. Wheeler:—

"A female, twenty-one years of age, came under Dr. W.'s care a few months since; she had for a long time suffered severely; all the usual symptoms of stone in the bladder were undeniably present, and, indeed, very marked. A sound being introduced by Dr. W., the presence of a calculus was readily detected. The severity of the local symptoms, and the appe-

rent large size of the stone, were the circumstances chiefly engaging attention. The stone seemed immovable, judging by the impression communicated to the sound while examining; the sensation would perhaps convey the idea of the calculus being fixed at certain points. The patient complained occasionally of great pain in the pubic region, as if something sharp pierced the neck of the bladder. Dr. W. was unable to determine the exact size of the calculus. With the hope that it might be sufficiently soft to be crushed, the operation of lithotomy was attempted. With the assistance of Drs. Stedman, of Boston, and Ingalls, of U.S. Marine Hospital, Chelsea, two trials at crushing the stone were made unsuccessfully; the bladder was contracted and irritable, so as to allow of little or no distension by the injection of fluid; and, moreover, the stone proved to be hard, and of such size and shape, that it could not be held or fixed within the grasp of the instruments. The constitutional symptoms, also, which followed each of the above attempts were severe. Dr. W. feared lest inflammation might supervene, of fatal nature, after the last trial.

"Disappointed as to lithotomy, the operation of lithotomy seemed the only resource. The case was plainly stated to the friends; a preparatory treatment adopted, and the operation urged. On the 1st of October, the patient, having consented, was etherized, and the operation done by Dr. W., assisted by Drs. Stedman and Ingalls. The vagino-vesical method was chosen, as offering apparently the best chance for the patient, on account of the situation of the stone and the contracted condition of the bladder. The patient being placed in the usual position, an incision was carried downwards and backwards upon the groove of the staff; the operator's forefinger, passed through this opening, felt the stone, of large size, and apparently fixed at certain points. Fears of a sacculated condition of the bladder were suggested; farther exploration by the finger discovered a projecting point, which was at first supposed to be a sharp corner or tubercle of the calculus; but it was finally concluded that it was some foreign body which had served as a nucleus for the calcareous deposit. Efforts to break the stone failed; and, the position of the forceps being changed, one blade was passed over the sharp point alluded to, and after much difficulty, manipulation, and delay, a stone was extracted, weighing over two ounces and three-quarters, and there was found passing obliquely through its centre, a large wire hair-pin, measuring over three inches and a half in length. This pin, and the direction it had with regard to the incision, together with the size of the calculus, caused the delay and embarrassment in the extraction of the latter. Thus is also explained the seeming immobility of the stone at certain points.



"The patient survives the operation, and has done remarkably well, with the exception that a small fistulous opening still remains. The local as well as the constitutional symptoms have been very mild, when compared with those which followed the previous attempts at lithotomy.

"The history of the hair-pin is of some interest, as it gives a probable date of the commencement of the formation of the calculus. Since the operation, the patient has stated that the pin was introduced through the urethra about six years ago. She never mentioned this fact to any one, preferring to suffer in silence. The foreign body caused some pain and uneasiness soon after its passage within the bladder; but no severe symp-

toms were manifested until about two years after its introduction, since which time they have gradually increased in severity.

"Dr. Charles T. Jackson analyzed the stone, and found it to be composed mainly of phosphate of lime, coloured a little with urate of ammonia. The rough surface which the calculus presents is owing to the action of the instruments during the previous efforts to crush it. The points of the hair-pin were bent down upon the side of the stone (as seen in the engraving) by the blade of the forceps, thus facilitating the extraction of the mass, and also avoiding laceration of the bladder and adjacent parts, which had suffered so much from continued irritation.

"Four months after the operation.—Dr. W.'s patient is out, and visits her friends; she has regained her usual health and strength. The fistula still remains, and has resisted all the usual modes of treatment; sutures have not been tried as yet, but will be attempted if required. A few weeks since, the opening seemed likely to close, as little or no urine at one time escaped. From cold, or some other exciting cause, a small abscess formed within or near the neck of the bladder, which, in evacuating its contents, reopened or enlarged the fistula again."

## ST. GEORGE'S HOSPITAL.

### IDIOPATHIC PERITONITIS; DEATH; AUTOPSY.

(Under the care of Dr. WILSON.)

INFLAMMATION of the peritonæum is an affection which comes pretty frequently under the cognizance of the physicians and surgeons of hospitals, and these officers have numerous opportunities of practically teaching their pupils how to treat peritonitis, and how to establish the diagnosis. The symptoms are generally the same both in medical and surgical cases, but there is much difference in the ætiology of the disease. The physician has to treat cases of peritonitis which mostly depend on extravasation of the contents of the bowels or stomach arising from perforation after ulceration; or the peritonitis may be the consequence of the extension of inflammation from the liver, the bursting of an hepatic abscess into the peritonæum, or the latter membrane may become inflamed, like any other serous covering, in the course of fever. Peritonitis may also come under the physician's notice as a result of parturition, and he may, lastly, have to treat this affection when no other cause but the application of cold or moisture can be assigned, these latter instances being generally looked upon as idiopathic cases of peritonitis.

We need not say one word of the causes of peritonitis amongst the patients which are seen in the surgical wards; it is well known that here the inflammation can generally be traced to wounds and injuries, the first of these being sometimes inflicted by the surgeon himself in the operation for the relief of strangulated hernia. Here, again, we perceive how important it is that surgeons should not be deficient in what is called pure medicine, as they are often called upon to treat peritonitis, especially in hospital practice. Injuries to the skull or the ribs will also give rise to serous inflammations, which will require medical skill and discrimination.

Both physicians and surgeons are pretty well agreed as to the principles of the treatment of peritonitis, independently of any ætiological considerations; and we generally see, in the wards of hospitals, a vigorous antiphlogistic treatment carried out, which consists of the application of numerous leeches to the abdomen, and the administration of calomel and opium. As to low diet and rest, there need not be any precaution taken, as the patient, from want of appetite and dread of pain, does his best to adhere to these adjuncts of the antiphlogistic treatment.

General bloodletting, as it is called, is but very seldom resorted to, as far as we have seen; and we cannot help thinking that the non-venesection tendency is sometimes carried too far, especially when the case under observation is of the idiopathic kind. The shock resulting from the sudden abstraction of blood, the actual diminution of that fluid throughout the economy, and small doses of opium to soothe irritation and prevent peristaltic action, would perhaps, in such cases, have the happiest results.

These reflections crossed our mind whilst observing, a little while ago, an undoubted case of idiopathic peritonitis at this hospital. The patient, as will be seen by the report of the case, (taken from the notes of Mr. Holmes, surgical-registrar to the hospital,) was in a hopeless state when admitted, and it is probable that all the mischief discovered at the post-mortem examination had at that time already occurred. We are anxious to give a succinct account of the case, as an example of idiopathic peritonitis, an affection but rarely seen in hos-

pitais; and also to impress the minds of practitioners with the fact, that extensive effusion of lymph and the formation of matter in the peritoneal cavity might perhaps be prevented by early and vigorous antiphlogistic measures.

Clementine D—, aged twenty-seven years, was admitted June 19th, 1854, under the care of Dr. Wilson. The patient, who was up to the present attack in perfect health, was seized about midnight, four days before admission, with severe pain in the abdomen, which began at the lower part, and soon spread all over the cavity. Towards morning, sickness set in, but the bowels acted freely, probably by means of medicine. The catamenia had occurred at the regular time, about a fortnight before the attack, and had been quite normal.

No direct antiphlogistic treatment seems to have been employed, and the medical attendant boasted that he had not used the lancet once the last twenty or twenty-five years.

*State on admission.*—Face very much flushed and hot; hands cold; pulse rapid and oppressed; tongue coated, red at the tip and edges; abdomen very much distended, tender, and tympanitic; bowels relaxed, constant feeling of sickness, but now without vomiting.

The patient was ordered a saline draught, combined with chloric ether, also mercury and chalk, with Dover's powder, to be taken at night; rhubarb in the morning, and finally fomentations to the abdomen.

On the third day the abdomen was scarcely so tender, but more tympanitic; the patient had wandered in the night, and the stools were thin, ochry, and rather offensive; the face was not so much flushed; tongue cleaner and dryer; pulse 130, weak.

At night the poor woman was so low that wine was ordered, which was continued next day, with other stimulants; but she became rapidly worse, the skin cold, and the pulse fluttering, and she died the same evening.

*Post-mortem examination fourteen hours after death.*—General appearance: The body was well formed and in good condition, and the abdomen very tympanitic.—Thorax: No pleuritic adhesions, nor any fluid in either pleural cavity. The lower lobe of the left lung was very oedematous, but the upper lobe healthy. In the same locality, on the right side, a quantity of blood was effused in the parenchyma, the remaining portion being healthy. The heart was in a normal condition.—Abdomen: On opening this cavity, which was much distended, the great omentum was found adherent to the front of the small intestines by recent adhesions; the convolutions were everywhere glued to each other with lymph, and the spaces left between the adhesions were filled with pus, forming circumscribed abscesses. Much purulent fluid was found in the peritoneal cavity of the abdomen and pelvis. The ilium and caecum were healthy; in the right lobe of the liver, near its under surface, the substance was congested and infiltrated with pus. All the remaining organs of the abdomen and pelvis were healthy.

### Abstracts and Notices of Books.

*A Treatise on Hooping-cough: its Complications, Pathology, and Terminations.* By GEORGE D. GIBB, M.D. Fcp. 8vo, pp. 395. London: Renshaw.

In his preface to this work, the author makes a kind of apology for presenting it to the profession. This, we believe, was scarcely necessary, for it possesses a quality which, at the present time above all others, should ensure it a welcome. It is thoroughly a practical work. We are not aware, however, that the original parts of the volume occupy any very considerable space; on the contrary, they seem to be contained in a few pages; but the work, as one of reference, is of value, and gives a complete history of hooping-cough in all its bearings. The original portions appear to be the author's views of the nature and seat of the disease, and its treatment by a new remedy. The first he thus sums up:—

"1. Toxication of the blood, produced by some unknown specific influence, peculiar in its nature, not unlike that of measles and scarlet fever, in the circumstance of its affecting persons once during their lives, generally children under five years of age.

"2. Irritation of the terminal loops of the nerves supplying the mucous membrane of the bronchial tubes, producing vas-

cularity and consequent secretion of a greater or lesser quantity of mucus.

"3. Reflex action of the pneumogastric and respiratory nerves, followed by congestion of the vessels of the medulla oblongata and pia mater surrounding it, and also at the origins of its nerves.

"4. Spasmodic contraction of the circular and longitudinal muscular fibres of the bronchi, consequent upon the foregoing, manifesting itself in the series of sudden expiratory efforts, and the well-known sonorous back-draught or hoop.

"5. The immediate result of which is frequent and rapid respiration to compensate for its temporary absence, producing a highly oxygenated or super-oxidized state of the blood, with a tendency to the formation of fibrinous concretions in the heart during the spasms.

"6. As a secondary result of the spasmodic muscular contraction of the bronchi, we have a temporary hypertrophy of the muscular fibres thus acted upon, which disappears again after the cure is established.

"7. The disease is at first irritative and catarrhal, and afterwards nervous and spasmodic, both due to the unknown peculiar exciting cause present in the blood.

"8. It manifests the peculiarity of running a special course through its different stages, three in number, but which may be cut short, or greatly diminished by medicinal treatment."—pp. 211, 212.

The new remedy is thus treated of:—

"It would be presumption in me to say that this substance has been discovered, but in its effects upon the disease, *nitric acid*, in whatever manner administered, not only arrests the paroxysms and removes the hoop, but shortens the disease almost as effectually as quinine does intermittent fever.

"It not only produces a powerful antispasmodic effect, but an equally tonic influence, and supplies to the blood an element—nitrogen—which removes or neutralizes the excess of fibrin existing in that fluid—one of the dangerous elements of the disease—and so destroys the poisonous principle combined with it, which is the primary cause of the affection.

"If this remedy cures pertussis, it differs from the great majority of others in the fact that its action in the economy can be explained upon rational grounds.

"Nitric acid possesses antiseptic properties in a high degree, and probably the influence of these assist materially in the cure by acting directly on the blood, as well as supplying its nitrogen, and prevents the two rapid generation of the fibrin from the albumen.

"The nitrogen acts also as a sedative, in diminishing the stimulating effect of the oxygen so rapidly absorbed, and as an antispasmodic in allaying irritation, and therefore lessening the severity of the paroxysms. If hydrocyanic acid is useful in many cases, it is as much owing to its nitrogen as the sedative and antispasmodic properties which it possesses.

"The presence of the excess of fibrin has been elsewhere explained to depend upon the frequent respirations, immediately after the paroxysms have ceased; it may also be influenced by the peculiar poison itself which has contaminated the blood. Whatever remedy will check this tendency materially assists in the cure; it is in this manner that ether and chloroform act by arresting the process of sanguineous super-oxidation, and, with the other properties possessed by those agents, equally assist in the cure.

"As a general tonic, nitric acid possesses the advantages in pertussis of rapidly allaying the dyspepsia, which is sometimes accompanied with sickness and irritability of the stomach; it restores the healthy state of the mucous membrane of the bronchi, it arrests the spasm, diminishes the cough, and finally dispels the hoop altogether.

"Dr. Arnold and myself have never met with any ill effects from its use, and all the cases treated by it were carried to a successful issue, the cure in all being very speedy, with few exceptions, and the disease being at the same time abridged in the length of its ordinary duration. So far as experience has shown, relapses after cure are very rare indeed.

"Should inflammation of the lungs or abdominal organs have set in previous to its employment, it must be avoided, and the treatment must be adopted as recommended for those complications in the next chapter.

"But if we have reason to fear congestion of the brain or convulsions, the acid may still be safely given, and with good results, for the purpose of lessening the paroxysms. It will also prove useful in the remittent fever, combined with other substances, if there be no existing irritation.

The details of a few cases only will now be given to illus-

trate the successful effects of this remedy, as all possess a similarity in their general features.

"My friend Dr. Arnaldi has treated upwards of one hundred cases of pertussis with nitric acid, with the most satisfactory results; and since I commenced its use, sixty-seven cases were cured at intervals varying from two to fifteen days, but averaging between six and seven days.

"It may be as well to mention here that the object entertained by Dr. Arnaldi, in using this acid as a remedy in pertussis, was to introduce the elements of the atmosphere into the blood by the process of gastric digestion, so as to enable the lungs to outstand the stage of temporary asphyxia, which always is induced during a severe paroxysm. Whether the theory be correct or not, the result, he says, of his practice has been almost universally successful.

"I think it not improbable that the greater portion of the oxygen is chemically appropriated before the blood becomes sensibly relieved by the nitrogen; because, if it were not so, a still greater amount of fibrin would be formed, and a tendency to aggravation, by inflammatory complication would be the result."—pp. 334–338.

The evidence brought forward in favour of nitric acid is certainly very great, and fully warrants its employment in the often intractable disease, whooping-cough. The chapter on the mortality from whooping-cough is deserving of consideration. Dr. Gibb's work is a valuable addition to medical literature.

#### *Lectures on Education, delivered at the Royal Institution of Great Britain.*

*On the Importance of the Study of Physiology as a Branch of Education for all Classes.* By JAS. PAGET, F.R.S.

*On the Importance of the Study of Economic Science as a Branch of Education for all Classes.* By W. B. HODGSON, LL.D. London: Parker and Son.

WE have already had occasion to notice the earlier lectures of the course recently delivered at the Royal Institution, and having now before us the concluding ones, can only reiterate our good wishes for the success of the lecturers in a path so worthy of scientific and benevolent men as in the encouragement of the masses to strive at the attainment of the advantages of the learned; the invitation, in fact, to become partakers of the mental feast which the lecturers one and all have helped to spread. Both the subjects now before us need but little argument, in order to show their importance more or less to every one, and especially with regard to physiology is there a deplorable degree of ignorance amongst the multitude. Mr. Paget claims regard for this branch, more especially as a means of mental cultivation, in contradistinction to the more exact sciences, on the ground that it trains the mind to the contemplation of its own imperfections, by revealing the extent of the field for enterprising investigation and curious research, and by its very uncertainty counteracting the dangerous tendency to that fatal vice or folly, intellectual arrogance. Dr. Hodgson ably defends economic science from the attacks made so wantonly upon it by those who lay at its door the imperfections of its professors, in the same way as religion has been charged with the crimes of those bigots and zealots who have persecuted in its misused name.

It is gratifying to be able to say that the promise afforded by the commencement of this course has not been injured by its close; and important and wide as have been the subjects treated of, they have been touched in an earnest and unpedantic spirit, worthy of admiration and imitation.

## Contemporary Medical Literature.

### AMPUTATION IN COMPOUND FRACTURE WITH GANGRENE.

ONE of the greatest questions in practical surgery is the period at which amputation should be performed in compound fracture when gangrene supervenes. For a long time there have existed two parties in the profession which entertain exactly opposite views upon this point. One contends that you should not operate until the gangrene has ceased to spread,

and that the line of demarcation has been fairly established. This party is headed by the celebrated Pott, and we find amongst its ranks, besides many eminent surgeons, the late Mr. Colles, than whom there was no higher authority on a point of practice. The other party maintains that the operation may be performed while the gangrene is spreading. It is headed by the distinguished Larrey, and we find Guthrie and many other surgeons of repute following on the same side. . . . If within a certain period no disposition to an arrest of the gangrene appears, we ought to operate while the patient is strong enough to bear it. Should, however, the gangrene spread quickly, accompanied by great prostration of strength, delirium, and rapid pulse, the operation is inadmissible.—Dr. WILMOT in *Dublin Hospital Gazette*.

### TUBERCLE AND INFLAMMATION.

The opposing theories of the inflammatory or non-inflammatory origin of tubercle have their supporters. There is no good reason for adhering exclusively to either theory. That tubercle may arise as a mere lesion of secretion may be admitted, while it is not inconsistent with such admission to advance that it is often the effect of low inflammatory action long continued, and therefore amenable to treatment, and in this form demonstrating to us the great practical importance of subduing such treacherous forms of inflammation, whether pulmonary, cerebral, or abdominal, that left unchecked would ultimately end in its formation.—Dr. LAW, *op. cit.*

### PERIOD AT WHICH A DROWNED BODY WILL FLOAT.

A man, named Shoemaker, was alleged to have been drowned on the 4th of September; the body was found floating on the 7th of September, three days afterwards; if it were universally true that bodies do not float until decomposition takes place, (in the waters of the Hudson under from six to ten days,) then this could not be the body of Shoemaker. Amongst the conflicting evidence given on the trial was the following—Dr. Benj. Budd, assistant-coroner in New York, had had occasion to see many drowned bodies, say 150. Never knew a body to rise in less than six days, unless some mechanical means were used to raise it. Should judge the body found to have been in the water from ten to twenty days. Has never known a body to be in the water less than seven days that was mutilated by fishes. Bodies that have been hooked up in three, four, or five days have not that peculiar bleached appearance as those present that come up in from seven to ten days. On the other hand, Henry C. van Wie, four years coroner of the county of Albany, had held a good many inquests on drowned bodies. Has known two or three instances where the bodies have risen in three or four days. They will bleach out directly in warm weather. They will be mutilated by fishes directly after decomposition takes place. Remembers an instance of holding an inquest on a body that drifted ashore, and had been drowned four, five, or six days. Had held in one season inquests on fifteen infants under three months old, found floating in cigar-boxes, near the city of Albany; cases doubtless of infanticide.—*Philadelphia Medical and Surgical Journal*.

### HOW LONG CAN A PERSON REMAIN UNDER WATER AND RECOVER?

A youth, named Ritter, recently fell into Elk river, in New England, and remained in deep water fifteen or twenty minutes before he was brought up, when he recovered as from a regular epileptic fit. He was crossing on a log, when he was seized by a paroxysm of this disease—epilepsy—to which he was subject.—*Op. cit.*

### VENESECTION.

It may be very well to refrain from bloodletting in the treatment of feeble or unsound patients in large cities; but what will our provincial friends say to the wholesale interdiction of the lancet? That we do not now bleed as we formerly did, is obvious enough; but do we err in the opposite extreme? We have ourselves "a theory" that it might be better at once to diminish the quantity of the circulating fluid than to render it unfit to support life, or repair injury by slops and physic. By the way, if it is so bad a practice to bleed, how does it happen that we have so much leeching and cupping, especially in private practice? These questions are worthy of consideration, both in a pathological and medico-ethical point of view.—*Dublin Med. Press*.



## THE LANCET.

LONDON: SATURDAY, AUGUST 12, 1954.

If an honest and well-disposed mind leads its possessor to view with approbation, and to hold up for example, the efforts of a worthy, intelligent man, pursuing the even tenor of his way quietly and unostentatiously, faithfully attempting to fulfil his duty to his neighbour and himself to the best of his ability, doing good as the opportunity arises, and thinking it recreation; so, on the contrary, it is no malignity of temper which forces us to regard as pitiable, if not contemptible, the follies committed by ignorance in power; the shameful abuse of authority which so frequently results from confiding to one unfitted for such a trust, powers which he knows not how to wield. If men will be ignorant and illiterate, let them be so in private and to themselves, but they should beware of setting themselves in high places, or of allowing others to raise them to such false positions as to render their defects visible and conspicuous. A blind man sitting in a private room excites our sympathy, if not our respect; standing at the helm, with the lives of others under his control, he becomes worse than intolerable. Yet how many blind men—blind as regards the duties required from them—there are at the present time holding positions for which they are, by nature, want of education, and by general habits, totally unfitted. Does not a false system of patronage, or nepotism, or carelessness in selection, still act to prevent, as a rule, the best man amongst a given number of candidates from obtaining the appointment sought? Would not PITT, were he now living, be forced still to confess—as he was wont—that he never but once was enabled to present the proper man to the proper office? Fortunately, on many occasions great circumspection in election is not absolutely necessary. Routine duties can generally be performed by very ordinary men, while trifling defects are easily glossed over. Such is not the case, however, in the choice of superintendents for our lunatic asylums, and it requires no lengthened argument—no fine-drawn reasoning—to prove that the head of an hospital for the treatment and cure of insanity should be at least a man highly educated, of a kindly disposition, yet firm withal; one who, having carefully studied the nature, symptoms, and effects of disease as a whole, should have paid especial attention to its reaction upon the mind; and who, by the possession of certain moral characteristics, is able to govern himself, as well as those suffering from delusions. The words of MAS-SINGER may be especially applied to such a man,—

"He that would govern others first should be  
The master of himself, richly endued  
With depth of understanding, height of knowledge."

It is indeed only such a man, or one approaching to this standard, who can properly appreciate the various phases of mental disease, those nice distinctions upon the careful drawing of which the success of our treatment must so commonly depend. Granting these premises, the question naturally arises, where and from what class in society are such men to be sought? Undoubtedly, we say, from the medical profession. The good preliminary education which medical men in the present day generally possess, the training which they have

gone through as professional students, and the whole character of the studies necessary to qualify them for passing the various examination boards, fit them, if not eminently, at least more than any other class of men, for the responsible duties devolving upon those who have the care of lunatics. And this fact, indeed, has been clearly recognised, first, by the Commissioners in Lunacy, and secondly, by a great proportion of the educated public. Still it is not universally acted upon, and there are not a few asylums where the medical officer is yet made the simple tool of a lay governor; where it seems to be thought that the physician's duties are confined to the mere prescribing of physic, while the moral treatment and general control of the patients can be undertaken by any one. Such seems unhappily to be the case at the Norwich County Lunatic Asylum. In this badly-conducted Institution, the steward-superintendent—formerly a ward-attendant at Hanwell—and his wife, the matron, constitute the ruling body under the Committee. They are better lodged, treated with greater respect, and twice as well paid as the medical officer, who is indeed a mere nonentity, and who, together with the attendants, nurses, &c., is controlled by them. All who have had any experience of hospital management can imagine the manner in which this arrangement must work. The superintendent, doubtless a worthy man in his way, cannot be expected, remembering his previous occupation, to be able to govern, with much chance of success, himself, his wife, the doctor, the servants, and the lunatics; and though he may have rules laid down for his guidance as regards a part of his duties, yet it is often considered the sign of a mean spirit to attend to them. Then as regards his lady, who seems to possess energies and talent beyond her station, what a source of regret it must be that she is merely the matron? Is she not justified in enlarging the sphere of her powers? Without the slightest disrespect to matrons as a class, we may say that we have known remarkable women who have been restless and unhappy until they have become the prime ruling powers in the establishments blessed by their attentions, and who have imposed upon themselves the duties of managing the medical staff, secretaries, stewards, patients, and, in some high places, even the committee themselves. Unlike the wife of the hero of antiquity, few of these dames possess "a lazy tongue and a busy hand;" and it does not appear that we can accuse the matron of the Norwich Asylum of having such gifts. Well then, with two such ruling powers, can a third be safely introduced? We think not; and the result proves that such is the case, for within a short time three medical gentlemen have successively been called upon to give up their offices in this Asylum. The last resignation took place on the 18th of July, when the Committee of Visitors called upon Dr. FOOTE to retire from his post, owing to conclusions which they had come to in reference to this gentleman's conduct, he having laid before them facts tending to show that his directions as to the treatment of patients had been disobeyed, and he himself grossly insulted. The main features of the case may be thus briefly stated:—

A female attendant, contrary to general orders, persisted in entering the women's sick ward, where she had no business, and where she created confusion. Dr. FOOTE desired her to keep away from the ward, but the request being unheeded, he complained to the superintendent. On the following day the female still persisted in visiting the ward, and stated publicly that she had orders from the superintendent and matron

to enter the infirmary as often as she liked, and that the medical officer had no business to give any directions to the attendants. As the result of this persevering disregard of Dr. FOOTE's orders, much excitement followed, and two patients in the infirmary became almost infuriated. The matron—the superintendent's wife—here took upon herself the responsibility of ordering the worst of the two cases into seclusion, Dr. FOOTE being actually refused admission into the chamber where his patient was confined. He, however, managed to obtain a key of the room, and had the woman removed. This irritated the superintendent, who seems clearly to have grossly misconducted himself, for in the presence of the attendants he declared that the Doctor's conduct was not that of a gentleman, that he was a humbug, and that he would not allow him to do as he thought proper. Here we have a very pretty quarrel, and one quite sufficient to render the Norwich County Asylum a very unenviable place of residence for either patients or officers. Moreover, as can readily be imagined, this is only one of a long series of fracas, the conflicting views of the medical officer and the superintendent of course leading to constant bickering and disagreement. How is it possible for the patients to be properly treated in a house in such disorder? Is it surprising that when the superiors disagree, the subordinates should look on and neglect their duties? Is it to be wondered at that cases of self-mutilation, of suffocation, of attempts at suicide, and such like, should occur amongst the patients, when we learn that the carelessness of the attendants is such, that on one occasion—and we mention only one out of many cases of neglect—a poor refractory woman had a shower-bath of boiling-water bestowed upon her? We shudder, and ask if such things can be?

In laying these facts before our readers, we have been anxious to avoid looking at the question involved from any narrow point of view. It is not the cause of Dr. FOOTE that we are espousing, it is not the exposure of the Norwich Asylum that we aim at. Our sole purpose is, that the unfortunate insane—those poor helpless creatures whose cause should be the charge of every philanthropist—should be carefully and judiciously attended, that they should receive, at the hands of competent parties, every attention that modern investigations have shown to be necessary for the alleviation of their sufferings; and with this object we call upon the Commissioners in Lunacy to investigate minutely the condition and arrangements of this Asylum, and to insist that in this, as in every well-ordered institution of the kind, the medical officer shall be the general superintendent, and as such, invested not only with paramount authority as regards matters medical, but shall also be responsible for the whole of the internal management of the hospital. Of course, under such circumstances, the resident surgeon or physician must be selected with judgment; his residence must be made comfortable, and he must be paid a liberal salary, so that he may be led to regard his appointment as permanent, and not as the mere stepping-stone to something better; and this being done, all may then rest assured that the more power he possesses, the more careful will he be not to abuse it, but to turn it to a proper account—the happiness of those under his control.

It is related, by one of those sages of olden times whose manner it was to inculcate the principles of morality under the disguise of allegory, that a certain donkey, afflicted with an

insane ambition to pass himself off for an animal of nobler nature, clothed himself with the skin of a lion, and went forth, hoping to reap the honours that are denied to the asinine race. But the stupid creature was condemned by the vanity of his nature to talk. This folly led him to imagine that, in donning the lion's skin, his voice would emulate the lion's roar. He opened his mouth, and—brayed! Since the days of ÆSOP, this fable has never wanted illustrations. Let us point to one.

Two journals, which had throughout an ignominious career deservedly earned more kicks than profit or glory, have recently, after the example of their asinine prototype, taken shelter under a new dress. The *Association Journal* has, like the *Medical Gazette*, cunningly put on the outward form and semblance of THE LANCET. Under this new aspect they look like medical journals of importance. Some folks—but they must of course have minds of an inferior organization to those of the editors—*un sot trouve toujours un plus sot qui l'admire*—may possibly for a short time have been imposed upon, and ignorantly fancied that they beheld a real lion. Alas! the dull creatures are doomed to talk. That sad condition of their being must ever frustrate their ambition. The inharmonious accents betray the ignoble animals beneath.

But however low the instincts of donkeys may be, and however discordant and unintelligible the notes in which these animals strive to give them utterance, it still must be admitted that they have instincts.

We will for once devote a small space to the humble office of explaining the wants of these vainly-ambitious creatures, to whom an unkind nature has denied the honest virtues of courage or the faculty of clear expression. What is the meaning of the last bray? It is simply the same as that which prompted every preceding bray. The great desire of our sky-blue contemporaries is to raise their circulation. They fondly imagine that this end would follow should the circulation of THE LANCET decline. Hence the weekly abuse and insinuation with which we are assailed. Hence their affected regard for "the honour and dignity of the profession." Hence their disinterested patronage of WILLIAM WEBBER, JOHN GAY, and FRANCIS BURDETT COURTENAY; and their co-operation in every dirty intrigue and miserable plot concocted with the sole aim of weakening the influence of THE LANCET. In January last their hopes were raised to an exulting pitch. The staple milk-and-water was profoundly agitated, whipped up into a frothy syllabub, and extraordinary efforts made to coax the profession into becoming purchasers. Disappointed in this attempt, but still thinking the mixture too good to be wasted, although not good enough to sell, they generously gave it away.

In the case of the *Medical Gazette*, the venture was a purely mercantile speculation. Why should not an enterprising publisher, with a keen eye to his market, seek to turn the short-lived sympathy of the profession for JOHN GAY to profitable account? The cost of the operation was staked and lost. But the case of the *Association Journal* is widely different. That *Journal* belongs to an association of gentlemen who cannot be presumed to have any interest, direct or indirect, in the propagation of slander, or in the detraction of the character of THE LANCET—a journal which, we hesitate not to say, has given far more effectual support to their principles than that which is misconducted in their name. But certain persons,

had such an interest, resolved that the *Association Journal*, like the *Medical Gazette*, should be made the vehicle for all the unfounded and unreflecting abuse uttered against ourselves at Hanover-square. They found in the editor of the *Association Journal* a willing accomplice, ready to sell his trust, to circulate any amount of anti-LANCET vituperation, and to compromise the position of his employers. He had, it may well be imagined, no funds at his disposal to devote to gratuitous issues. The disinterested supporters of the "honour and dignity" of the profession, with whom he was in league, found the necessary means. The *Journal of the Provincial Medical and Surgical Association* was sold by its editor, and out came a libel-edition.

But both the *Medical Gazette* and the *Association Journal* missed their mark. The falsehoods disseminated at so great a cost did not long deceive an honourable and clear-sighted profession. The chief conspirator did not dare to confront Mr. WAKLEY before a calm and impartial tribunal, to which he was challenged. The malignant charge, that he was a victim to a persecution set up by the Editor of this journal, met with no countenance but from those whom personal animosity would prompt to believe, or to affect to believe, any imputation against us. But a new plot was laid. Then came another opportunity. The Royal Free Hospital inquest again raised the fallen hopes of the lion-clad journals of asinine substratum. What little wit they had, was exhausted in giving currency to the odious lie that the Coroner for Middlesex had shown corruption in his office. Miserably disappointed in the issue of this investigation, which overwhelmed the promoters and abettors with infamy and shame, our respectable contemporaries had to look about for other materials to whip up another syllabub. They hit simultaneously, we presume by parity of wit, upon the same notable expedient. The recent career of *THE LANCET* afforded no room for attack. The immaculate editors have ransacked the past history of the journal, and trust,—by the dishonest but clumsy revival of passages written in the revolutionary days of the profession, when *THE LANCET* was at fierce war on behalf of the general practitioners against a crushing and intolerable tyranny,—to injure us at the present day in the estimation of those whose battle we have fought and won. No doubt some passages, penned in the fervor and excitement of the fierce contests of a quarter of a century ago, sound harshly now that the victory is achieved, when the abuses that kindled our indignation are well-nigh destroyed, and when the angry passions of that stormy period have been allayed. But why is it that these passages, some of which we ourselves would not now defend, sound harshly upon the ear? The candid reader who would find an answer to this question must not judge the deeds or the language of the past by the present standard of professional feeling. He must transport his mind back to the benighted days when our labours were commenced. Rough work had to be done; and sometimes, we confess it, rough were the means employed. Those were not the days of rose-water compliments and honeyed phrases. They are not many whose memory can recall the position of the profession in those days. For the mass of its members it was an abject, degrading, and ignominious calling. A few college dignitaries, *fruges consumere nati*, monopolised all hospital appointments, and blocked up every avenue to honour and profit. The great hospitals were made the arena of an infamous traffic, and were kept so strictly preserved, that they were useless as centres of instruction, and,

we say it deliberately, often scenes of the grossest neglect and the most inhuman treatment of the poor. Nor need this picture rest upon our testimony alone. Mr. LAWRENCE, the surgeon of St. Bartholomew's, has, like ourselves, stood aghast at "the murderous operations" at that time performed. The attempt recently made by an octogenarian physician to procure the election of his son, in those days would have succeeded as a matter of course. The talents and the claims of a BAY or a KIRKES would have availed them nothing. Such were the abuses we had to encounter. The hospitals were fortresses held by an unscrupulous oligarchy for the oppression of the general practitioners, who, under the name of apothecaries, were snubbed as a half-educated class of an inferior grade. We set our shoulders resolutely against the closed doors, and carried them by assault. From the moment that we established the right of reporting lectures and cases, and threw the broad glare of day and public observation into the hospitals, we date the rapid advancement and spread of the knowledge of medicine, the slower, but yet sure disappearance of nepotism and jobbery, and the enlightenment and emancipation of the great body of the profession. But these triumphs were not achieved without many an arduous struggle.

Let us advert for a moment to the case of Mr. BRANSBY COOPER. It was strongly represented to us that the facts of this case could not be contested—that the interest of the profession, the welfare of the poor patients of the hospital, and the character the journal had acquired for fearless independence, all demanded an exposure. The report, omitting many strong expressions of condemnation, was published. We deny that that report injured Mr. COOPER. It was the subsequent trial that injured him. But we appeal to no more certain proof than that Mr. COOPER himself never entertained the belief that he had been actuated by any other than public motives in the course we had taken, than the fact that, for many years, and up to the period of his lamented decease, we were on friendly terms with him. He sat for his portrait, and furnished the materials for his biography in *THE LANCET*. Is it not, then, a disgusting and transparent hypocrisy on the part of those who now drivel about our being overtaken by a "retributive justice?" Retributive justice implies three things:—First, the commission of an offence worthy of punishment; secondly, the infliction of the punishment due; thirdly, the punishment must fall upon the right person. Can the malignant block-heads who talk of "retributive justice" trace any one of these three conditions? The sin is not proved. The punishment has not overwhelmed us. *THE LANCET* still flourishes, and will continue to flourish when the wretched prints that now disgrace our medical literature shall have gone the way of many former abortions. But if we are not hurt, our Pharisaical friends exultingly imagine that Mr. THOMAS WAKLEY is injured. Supposing that the late infamous plot and absurdly malignant verdict had injured him. Is that retributive justice? What is his offence? But we well know, and the profession well knows, that his reputation cannot be tarnished, nor his prospects clouded, because a stupid jury, hoarded on by recreants to their profession, have been pleased to declare him guilty of unskilfulness in an operation which he did not perform.

But if the history of the late inquest fails to convey the supposed lesson of retributive justice, the impartial spectator will discover evidence enough of disappointed envy, of malice defeated, of treason laid bare. The profession will be able to

determine how far their "honour and dignity" have been sustained by those journals which have fomented the nefarious intrigues of the exploded conspiracy; which have not yet found one word of condemnation for the authors of that foul attempt against the peace and public credit of the profession; and which have not yet evinced the manliness, the professional feeling, or even the discretion, to denounce the dangerous and monstrous doctrine, that the performer and the assistant at an unsuccessful operation ought to be dragged as criminals before the public tribunals.

WE drew attention last week to the circumstance of the Select Committee, appointed by the House of Commons to inquire into the state and means of improvement of the Thames marshes, having lately made its report. There are some points of considerable interest to the profession in respect to the connexion of these marshes with the public health, and hence a few remarks upon the matter may be neither unprofitable nor uninteresting. The attention of the Committee has been more particularly directed to the state of the marshes adjoining the Royal Arsenal at Woolwich. Nevertheless, it may be fairly assumed, from the evidence coming before it, that the Committee had ample reason for believing that the overflowed lands gave a fair representation of the condition, &c., of other and adjacent districts in a similar aqueous state. The Woolwich marsh seems, however, to be a favoured one in more ways than the above, for it is in immediate contiguity with the Plumstead and Erith marshes, where "the water is frequently dammed up, which increases the quantity of decaying vegetation and malaria; and the description of ague from which people suffer in that neighbourhood is stated to be very distressing, and to produce many complications of disease." Nor is this all, for it appears that in the neighbourhood of Woolwich and Charlton many houses have been built, and are building, whose drainage empties itself into the marsh ditches. Now, can it be astonishing that the mortality of Woolwich, particularly East Woolwich, is much higher than the average? But indeed, near as this death-dealing (in more respects, it is clear, than one) spot is to St. Paul's, we need not go even so far for ample illustration of the pernicious influences arising from the overflowed, undrained margins of the river. A trip from the Thames Tunnel to Greenwich will furnish as much as we may desire. Our statements upon this point receive confirmation from the report before us, for "It appears, from the evidence of highly intelligent and eminent gentlemen of the medical profession residing in the neighbourhood of the marshes, on both sides of the Thames below London-bridge, that the diseases prevalent in those districts are highly indicative of malarious influence, ague and fever being very prevalent; that the sickness and mortality are greatest in those localities which adjoin imperfectly drained lands, and far exceed the usual average; and that ague and allied disorders frequently extend to the high grounds in the vicinity." A counter-proof of the truth of the argument is seen in the fact, that in those districts where a partial improvement in the drainage has been effected, a corresponding improvement in the health of the inhabitants has followed. But we would go further than this, and say that even "above bridge" — i. e., between London and Vauxhall-bridges — especially on the Surrey side, ample evidence may be found of the prevalence of the malarious poison; and that the Government establishment of Millbank Penitentiary, and the artizans'

and labourers' houses in the Belvidere and Commercial-roads, and along Bankside, could all furnish sufficient illustrations of the effects of what is usually known as the "marsh poison."

Those who have had much to do with the infants and children of the poorer classes in these localities, will readily bear witness to the truth of this statement, the infantile constitution being one peculiarly liable to evince the effects of this "poison" on the gastro-intestinal mucous surface. To remove these and correlated evils we have not time to dwell upon, is an object, as the Committee rightly observe, evidently deserving the attention, not merely of the landowners and residents in these districts, but of the Legislature. Nevertheless, it appears, that though no engineering difficulties exist, and increased value would be given to the property so drained, sufficient to yield remuneration for the outlay, little will be done until more stringent measures of compulsion are afforded by Government. It is stated that the existing legal powers of the Commissioners of Sewers are inadequate to effect the object desired. "The authority of the Commissioners enables them "to maintain existing works, but they cannot interfere with "the private ditches, nor can they construct any new works "without the previous consent of three-fourths of the owners "and occupiers." The sooner some alteration takes place on these points the better; it is most absurd and self-contradictory to go on as we do, with Committee after Committee endeavouring to find out evils, and then to wind up the Report of each by assuring the public that these evils must remain, as no legal power or private desire appears to exist, sufficiently strenuous, on the one hand to voluntarily carry out, or enforce their removal on the other.

While upon this subject, we may remark it is the opinion of Professor AIRY, the Astronomer Royal, (*Athenæum*, December, 1853), that the vast extent of marshes in the vicinity of the Metropolis, tends greatly to produce our famous fogs. Some have gone so far as to say that the perfect drainage of these marshes would in a very great degree diminish our well-known November accompaniments. Professor AIRY does not think this, however, because, besides the inundated lands, the great body of water in the Thames, which at the season mentioned is constantly warmer by several degrees than the air, is another main source of these irritants to our mucous membranes. Sir HUMPHREY DAVY maintained this latter fact to be the case some years ago. According to the Astronomer Royal, if the Weekly Reports of the Registrar-General are examined, which, beside containing a *précis* of the meteorological observations made under his authority, include observations of the temperature of the Thames water made at the Dreadnought Hospital-ship, it will be found that, in almost all cases, the relation between the temperature of the Thames and of the air will lead the inquirer correctly to infer whether there would be fog or not.

THE old Board of Health, after having become exceedingly unpopular, owing to the misconduct of some subordinates in office, has ceased to exist. A new Board has been constituted by a Bill that has passed both Houses of Parliament, and will receive the royal assent this day. Under the new law, the Board will virtually consist of only one person, who, properly enough, is to be entitled the President. In the absence of a medical functionary, we may heartily congratulate the public on the appointment of SIR BENJAMIN HALL, M.P., to the office just created. It is an appointment that reflects the

greatest possible credit on Lord PALMERSTON, and it will give universal satisfaction. Apart from medical acquirements, a gentleman better qualified for discharging the duties of such a highly responsible situation could not have been selected.

In THE LANCET of October 22nd and 29th, and November 5th, of last year, we urgently pointed out the importance—nay, the necessity—of having a Government Commission to investigate the real nature of Cholera, if we were ever to master that terrible scourge. The arrangements contemplated at present for carrying on the department to which Sir B. HALL has just been elected, do not give us much hope that Government will see the necessity of carrying out our views. The sum provided for the salaries of inspectors, medical men, and engineers, the chief working men under Sir B. HALL, is £5350, to which vote Lord SEYMOUR objected as extravagant! Such a staff as this sum would provide cannot be adequate for ordinary service, much less so for any extraordinary emergency, or for the presence of Cholera.

It is clear that the contemplation of an extensive inquiry, such as we proposed, has never been entertained as part of the duties of the Officers of Health. It may be answered, that the real nature of Cholera may elude investigation. So it may; but is it not worth while making a grand effort to attain such a result as an accurate idea of it? And out of the investigation certain good could not fail to arise. The Commission should be composed of working scientific men, physicians, pathologists, chemists, meteorologists, men acquainted with the use of the microscope, and with ample funds placed at its disposal. Had our advice been taken, something might already have been done. Now the enemy is upon us. Nothing more is known of the disease, or of the means of checking it, than last year; and in every place all kinds of discordant plans of prevention and cure will be as usual proposed, with no one entitled to speak *really* from facts. We feel assured that Sir B. HALL will use the authority derivable from his position to render his department a working one, to surround himself with scientific men, and to procure from Government the means of making his office what it ought to be in the eyes of the profession and the public.

It is with unfeigned gratification that we record the final success of the University of London Medical Graduates' Bill. On Wednesday last, the amendments made in the House of Lords were agreed to by the Commons, and the Bill passed into law. The effect of the amendments referred to was merely to restore the measure to its original condition when brought into the Commons. The University of Durham is struck out, and the right of practice extends, by implication, over Scotland as well as England. We have before expressed our opinion that the little episcopal institution in Durham had made out no title to share the privileges that were acknowledged on all hands to be the clear right of the Metropolitan University. We regard the formal recognition of this right by the Legislature as a signal triumph over the old obstructive monopolies, which, strangely aided by the Scotch corporations, strained every nerve to defeat the Bill. We observe that our accurate contemporaries, anxious in their own way to aid the College monopolists, state that the Bill which passed the Lords was that of the Scotch Universities. We need not say, the Scotch Bill never got so far. Perhaps it was hoped that, by misrepresenting the fact, the fact itself could be averted.

The direct effect of this important measure is at once to

emancipate a numerous body of gentlemen, possessing the most honourable medical degree in the kingdom, from the stigma of being illegal practitioners. An indirect effect, arising out of the discussions in Parliament, has been to attract attention to the anomalous state of the profession, and to raise in the minds of the members of both Houses a strong conviction of the necessity of bringing in a comprehensive measure of Medical Reform. It rests with the profession to improve this opportunity.

In another part of this journal will be found the report of a very important case which was tried in the Mildenhall County Court a short time since. It appears that a poor woman—a domestic servant of a Mr. SEABER—broke her leg while engaged in the performance of her usual household duties, and in consequence her master sent off in a great hurry to Mildenhall, a distance of nearly eight miles, for the best medical assistance. Mr. HARRIS immediately attended, set the leg, and continued to watch the case until the woman recovered, at the end of five or six weeks. The moderate charge, for almost daily attendance, of £11 0s. 6d., Mr. SEABER refused to pay, and hence the legal proceedings, terminating, we rejoice to say, in the mulcting of this individual for the full sum claimed, with costs.

It is with great regret that we find, in so clear a case, two medical men—Mr. G. R. WILDE and Dr. PEARSON—not ashamed to come forward and aid Mr. SEABER in his attempt to repudiate Mr. HARRIS's just claim. We would remind these gentlemen of Lord BACON's aphorism, "That every man is a debtor to his profession, from the which, as men do of course seek to receive countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereunto." Gentlemen, however, who suggest that an industrious, hard-worked practitioner should be deprived of a just recompense for his valuable services, are by no means helps or ornaments to any calling.

It will be seen by a paragraph inserted elsewhere that the grocers are up again, and have been complaining to the Chancellor of the Exchequer of the recent prosecutions for palming off upon the public a mixture of chicory and coffee for genuine coffee, contrary to the statute, and speak of the law proceedings as "grievances" under which they labour.

But the public have also interests and "grievances" to urge in this matter, and we shall not fail to take care that these are also considered. There is but one straightforward and proper course to pursue, and that is, to sell chicory and coffee *separately*, at their respective prices, to all those who ask for those articles, and not to palm upon them an inferior for a superior article, and at the highest price.

UNIVERSITY COLLEGE, LONDON.—The prizes and certificates of honour for the summer term of the faculty of medicine, were announced on Wednesday. The prizes were awarded as follows:—*Botany*: Gold medal, Henry Maudsley; silver, William Pile.—*Pathological Anatomy*: Gold medal, Frederick G. Clarkson; silver, John D. Scurrah.—*Midwifery*: Gold medal, A. Stedman; first silver, J. D. Scurrah; second silver, Thomas V. Jackson.—*Medical Jurisprudence*: Gold medal, J. D. Scurrah.—*Materia Medica*: Gold medal, Henry Maudsley; silver (equal), Edwyn Andrew and James Gibbs Blake.—*Analytical Chemistry*: Williamson prize of £50 for chemical research, Robert Railton; honourable mention, George Kay and Henry Scringham. Mr. D. Boswell Reid, jun., stood next to the prizemen in the classes of pathological anatomy and materia medica, and obtained a fourth certificate of honour in botany.



## THE MEDICAL BENEVOLENT COLLEGE.

ON Saturday last, the council and friends of the College, to the number of about fifty, paid a visit to Epsom to inspect the progress of the building. The present unfinished condition of the structure gives but a most erroneous idea of what it will be when completed, and it would therefore be unfair to criticize it at the present moment. We may observe, however, that as far as the work has proceeded, it seems to have been conducted most admirably, the materials and workmanship being of a high degree of excellence. The site chosen for the building is picturesque, and commands a most extensive and beautiful view of the Surrey hills. The College is situated close to the road which leads from Epsom Church to Banstead, and is just about a mile from the railway station. The ground is dry, the formation being chalk. Water of an excellent quality, and in great abundance, has been procured by sinking a well to the depth of 145 feet. The College grounds are enclosed by a park fence, and comprise an area of about eighteen acres. This will be laid out partly as a playground for the boys, and partly as a park for the pensioners. The building is erected on a terrace on the slope of a hill, the portions already commenced presenting a frontage of 272 feet, and containing pensioners' house, master's house, dining-hall, (which at present will be used as the school-room,) offices for the institution, entrance-hall, class-room, dormitories for 100 boys, bath-room, servants' apartments, and the requisite domestic offices and corridors, the latter being fireproof. The rooms are spacious, lofty, and well-ventilated. The temporary school-room, which is a noble apartment, is of the following dimensions: thirty feet in width, fifty feet in length, and thirty-seven feet in height. The style of the buildings is of the fourteenth century; they are executed in brickwork, faced with red bricks, and Caen stone dressings. The amount of works at present contracted for by Mr. John Perry is £16,307. The architect is Mr. Edward N. Clifton. After taking a survey of the works, the company sat down to an excellent cold collation, which was served up in the temporary school-room. Mr. B. Oliviera, M.P., presided. Several excellent speeches were made, the proceedings being enlivened by songs from Mr. Crew. The company separated highly delighted with the day's employment.

## Correspondence.

"Audi alteram partem."

## THE MEDICAL PROFESSION AND LIFE ASSURANCE COMPANIES.

To the Editor of THE LANCET.

DEAR SIR,—Though we have heard so much lately from certain parties about THE LANCET being anything but friendly to the profession, after being for fifteen years a subscriber to it, I don't know where we country surgeons can apply in cases of difficulty, and receive the same amount of support to assist us in opposing the power of companies or individuals. If you think the enclosed correspondence will add one plank to the bridge which we intend building to carry us safely over, I shall feel proud.

I am, dear Sir, yours truly,

Fleggburgh, Norfolk,  
Aug. 5th, 1854.

JOHN T. WALLER, M.R.C.S. Eng.

To the Proposer's Medical Attendant.

July 22nd, 1854.

SIR,—A proposal having been made to this society for an assurance on the life of A. C—, Esq., and reference having been made to you for information respecting his present and general state of health, I am desired by the directors to request that you will favour them with answers to the following queries. Permit me to add that it is important for the party proposing the assurance that every question should be answered in as full and fair a manner as possible. As communications of this nature are considered to be strictly confidential, and as a reason for declining a life assurance is never assigned, a perfect reliance may be felt that, should the tendency of your answers be such as to induce the directors not to accept the proposed assurance, the purport of them will never be suffered to transpire, or to become in any way the subject of observation.

I am, respectfully, Sir, your obedient servant,

To John Waller, Esq.,  
Fleggburgh, Norfolk.

W. E. HILLMAN,  
Secretary of the Star Life Assurance Society.

Fleggburgh, July 26th, 1854.

SIR,—I will thank you to inform me what sum you intend paying for the information you require at my hands in relation to the life of A. C—, Esq.

Yours obediently,

To W. E. Hillman, Esq., Star Life  
Office, 43, Moorgate-street.

JOHN TURPIN WALLER.

July 26th, 1854.

SIR,—Herewith I enclose 10s. 6d. fee for your report on the life of A. C—, Esq., and will thank you to acknowledge the receipt of the same. Have the goodness to forward your report forthwith.

I am, dear Sir, yours truly,

To John Waller, Esq., Fleggburgh, Norfolk.

W. E. HILLMAN.

Fleggburgh, July 27th, 1854.

SIR,—Yours of the 26th came to hand, with the enclosed 10s. 6d., but I beg leave to say I intend to live by my profession, and shall therefore require for my advice the same reasonable sum I have received from other offices—viz., £1 ls. I am only sorry that I did not examine the list of paying offices published in THE LANCET, before I recommended my friend, A. C— (who is a medical man) to your company; but I had not the slightest idea that so respectable an assurance society, and one professing to make so much profit, would have wished to obtain a poor country surgeon's opinion for a mere bagatelle.

Yours obediently,

To W. E. Hillman, Esq.

JOHN T. WALLER.

N.B. Have returned the 10s. 6d., in case you should not consider my opinion worth more.

July 28th, 1854.

SIR,—I am in receipt of your favour returning the 10s. 6d. fee for your report on the life of A. C—, Esq., and am sorry that amount did not satisfy you. Our rule is, in common with many other offices, as follows:—When the amount to be insured is under £500, the medical examiner's fee is 10s. 6d.; and when £500 and upwards, £1 ls.

I am, Sir, yours obediently,

To John T. Waller, Esq., Fleggburgh.

W. E. HILLMAN.

Fleggburgh, July 29th, 1854.

SIR,—I received yours of the 28th, and am glad to hear of the safe arrival of the 10s. 6d. As there is no Act of Parliament to prevent, I can see no objection why I should not have my fee, as well as you have your rules; but setting that on one side, I do think it would require a large amount of logical acumen to prove whether the fee of £1 ls. should be paid for a surgeon's opinion when the sum assured is £499 19s. 11d., or when it is for £500. In conclusion, I beg to say that when you are inclined to pay the £1 ls. you shall have the best services of

Your obedient servant,

To W. E. Hillman, Esq.

JOHN T. WALLER.

July 31st, 1854.

SIR,—Mr. A. C—'s proposal has been laid before the directors, and they have postponed its consideration for twelve months, so that we do not now need your report.

I am, Sir, your obedient servant,

To J. T. Waller, Esq., Fleggburgh.

THOS. H. GRIFFITH,  
pro-Secretary.

## THE LATE INQUEST AND THE PROFESSION.

To the Editor of THE LANCET.

SIR,—It is really shocking to contemplate the animus displayed by many of the witnesses and some of the counsel against the Messrs. Wakley in the "late inquest." We hope such an inquiry as this may continue to hold the distinguishing title of "late inquest," and that another such may never be found to supersede it. How the jury found a plea to mix up Mr. Wakley, jun., in the verdict, I cannot find out, he being merely an assistant, and not responsible for the mistakes of another. Suppose the surgeon present, in an unaccountable manner, from some sudden insanity, had run a knife through the heart of the patient, would young Mr. Wakley have been made a participator in the foul act by a coroner's jury? This matter ought to be set right, for the mixing up of young Mr. Wakley in the verdict is most unjust. When Mr. Wakley undertook to ascertain the state of things, at the request of the surgeon, the child became so exhausted that he "thought it dangerous, and did not attempt to operate;" yet, under such

circumstances the jury mix him up with the result. God help a man from such juries! is my earnest prayer. No one is safe if such implication be allowed to pass unnoticed. The jury have found a verdict on insufficient evidence, or rather on no evidence at all, against Mr. Wakley, jun.; therefore they must have been prejudiced. I remember some few years ago being present at a case of lithotomy. The sound was introduced, and incisions made, and forceps used, but no stone was to be reached. These proceedings went on for thrice the length of time occupied at the Royal Free Hospital, and without success. Three medical gentlemen exerted their skill without avail, and then left the case in my hands. I immediately made out that the staff had passed down a false passage, and, having found out where the instrument had escaped from the natural passage, introduced it there, reached the bladder, and the stone was, with great joy, removed. The boy recovered, after being nearly three hours on the table, and under manipulation nearly all the time not of the most trifling kind.

I am, Sir, yours very faithfully,

Carlisle, July, 1854.

WM. REEVES.

*To the Editor of THE LANCET.*

SIR,—In common with all men who value their oaths at the College of Surgeons, I have been most thoroughly disgusted with the conduct of those whose demoniacal revenge prompted them to plunge the assassin's knife into the heart of our alma mater, rather than miss the chance of aiming a blow at the reputation of a brother whom they wished to injure.

That such a casualty has occurred to one of the first names in the annals of surgery, I myself have witnessed; and I shall never forget the intense feeling with which this great man explained to his pupils, after the post mortem, the nature of the accident which had occurred. "In a moment of anxiety the gorget had slipped between the bladder and the rectum, so that I had not entered the former at all," were his words. Two other surgeons of European fame like himself, both of them most successful lithotomists, did just what Mr. W. Cooke did, and perhaps more, when he failed in his attempts to get into the bladder. To the credit of my student days, there was no Judas at hand, who for private ends was base enough to attempt to bring punishment upon men who knew their duty, wished to do it, and would have done it, had it not been for the casualty of a moment, and of those moments which may occur to any man, and the more so the more anxious they are for their patient's welfare.

Wishing you to make what use you please of this communication,

I remain, yours truly,

Penhelyg-house, July, 1854.

JOHN PUGH, F.R.C.S.

**ROYAL MATERNITY CHARITY.**

*To the Editor of THE LANCET.*

SIR,—In perusing the contents of the resolution passed by the committee of the Royal Maternity Charity, as reported in your journal of the 5th inst., to the effect "that none of the charges made against Dr. T. L. Blandell's professional conduct were proved," created in my mind very great surprise, inasmuch as the main question at issue—namely, "that he purposely did go to the residence of the chairman of the committee, Mr. Norris, in 1852, and made to him an unconditional offer to undertake all the professional duties connected with the Charity for £100 per annum"—was unanimously admitted by the committee. Dr. Longstaff, the particular friend of Dr. Blandell, said at once, "We all know that." I therefore suppose the committee consider the fact of no moment; but as I am put prominently forward in this matter by them as one of the requisitionists, I distinctly impugn not only the consistency but the veracity involved in the resolution; in fact, the inquiry was a mere farce and pretence.

I am, Sir, your obedient servant,

August 8th, 1854.

JAMES BAMFORD.

**THE ASSOCIATION JOURNAL AND DR. CORMACK.**

*To the Editor of THE LANCET.*

SIR,—There are, I believe, but few members of the profession who will disagree with Mr. J. P. Wilding in his very proper remonstrance to Dr. Cormack, published in THE LANCET and Association Journal of Saturday last. I was not a little amused at reading Dr. Cormack's remark, in a note appended to Mr. Wilding's letter in the Association Journal, that he

"advocated not the cause of Mr. Gay," but the cause of the "Medical Protest Committee." Has it come to this—that Dr. Cormack has already thrown John Gay overboard, after having promised to undertake the advocacy of his cause! Was it not an arrangement that the Doctor should adopt John Gay as his protégé? Did he not communicate with Gay, asking him to become a member of the Provincial Association, and that he would advocate his cause? Was not that communication made to Gay between the 1st of February, (the date of Dr. Hitchman's letter, in which he asks if Mr. Gay is a member of the Association,) and the 14th of the same month? Was not Mr. Gay proposed by Dr. Cormack, and, at Dr. Cormack's request, seconded by the late Mr. Shepperd, Mr. Shepperd having no personal knowledge of Mr. Gay, although the proposers, by the rules of the Association, are required to have a personal knowledge of the candidate for admission to the Association? Did not Mr. Gay state, when asked if he was a member of the Association—"Oh, Cormack has advocated my cause so well, that I have subscribed to his journal?" Did not Dr. Cormack, in advocating the cause of Mr. Gay, convert the Association Journal into a sort of begging-box? In the second edition of the Journal of the 20th of January, it is stated that,—"The great expense attending the gratuitous issue of this edition is defrayed by a private subscription. Two gentlemen have, in the meantime, guaranteed to us the expense; but we hope that many friends of professional honour will remit five, ten, or twenty shillings to them (to our care), so as to relieve them from part of their pecuniary burden." Did not Mr. Gay furrage out an attorney, who was to furrage out a charge against two of his late colleagues, to gratify the rancour of the snipes and sneaks of modern days? and, after all, John Gay is cast off, and Dr. Cormack declares "he advocated not the cause of Mr. Gay." Oh!—

I would not, if I could, be Gay.

But, sir, the conduct of Dr. Cormack, as editor, has not only "tended to promote dissension in the Association and the profession at large," as observed by Mr. Wilding, it has done much more. The articles in the Association Journal are producing a low moral tone in the profession, they are *perfusum sane atioque veneno*. It is to be hoped the Doctor, in a fit of his religious zeal, will mend his ways before he receives his *exeat*.

Having no desire to appear in print, still, rather than be considered "a fictitious correspondent," I inclose my card, and remain,

A MEMBER OF THE PROVINCIAL ASSOCIATION.

P.S.—It has often occurred to me as rather a singular circumstance, that the editor of the Association Journal, the paid servant of the Association, should be also one of its rulers in the Council, for such is Dr. Cormack's position; besides, the Metropolitan Counties Branch is actually managed by him. It is his club. There are some curious rumours respecting the last election of the president-elect and councillors of the Metropolitan Branch. It is said that a certain aspiring physician to a West-end hospital, long a member of the Association, was passed over, because he is, in the opinion of a certain person, considered to be a private friend of Sir Charles Hastings. I may say more on this subject another time.

August 7th, 1854.

**THE CHOLERA.**

AMONGST the usually-received doctrines connected with the pathology of cholera, the following are perhaps as little to be disputed as any:—First, that the intestinal tract is the principal seat of the morbid action; secondly, that very many of the symptoms of the cold stage are dependent upon the loss of fluids from the blood; and thirdly, that the cramps are reflex spasms from irritation of the peripheral extremities of the nerves of the alimentary canal. Nevertheless it has been opposed to the first doctrine, that the most uniformly and conspicuously present phenomena are rather a suppressed or suspended secretion of bile, and congestion of the liver; to the second, that the stage of collapse is due to the congestion produced of the portal venous system and its associated organs; and to the third, that the rapid withdrawal of water from the muscles and nerves will better explain the occurrence of the painful muscular contractions. The opinions thus held relative to the essential influence of the hepatic system in the chain of choleraic symptomatic and pathologic phenomena have rather extensively influenced the therapeutics of the disease, as seen.

in the wide-spread trial of Dr. Ayre's plan of administering calomel in small doses very frequently repeated.

The cause of the pathologic changes along the intestinal tract must at present be referred (see Dr. Gull, in Report of College of Physicians) to a specific action of the cholera poison, operating through the blood. "A more minute account," says Dr. Gull, "we are as yet unable to give." Both the physical and chemical conditions of the blood have been attentively examined, the latter in particular, by Drs. Garrod and Schmidt, of Dorpat. Most observations go to prove that the physical condition is considerably altered in respect to its coagulability and its viscid and tar-like character; though an acute pathologist (Dr. Gairdner) avers that the circulating fluid is much less affected in its physical characters than is usually supposed to be the case. Schmidt's observations are highly interesting, and have special reference to what has been termed the *transudation stage*, or the separation—first, of the water and of the salts of the intercellular fluid, (of the blood;) and, secondly, of some albumen through the intestinal canal. This stage produces the true and characteristic stools of cholera, and has not, according to Schmidt, a longer duration than thirty-six hours. When at its height, the constitution of the blood is profoundly altered. Schmidt traces up all the phenomena of the disease to the starting point of transudation of serum-constituents. Dr. Parkes, in his analysis of Schmidt's observations, thinks this "is too limited a view, when judged of by the necessary test of clinical observation;" and, according to Dr. Gull, (*op. cit.*) some evidence received by the College Committee inclines to the belief, "notwithstanding the incompleteness of the data, that, although in a large number of instances the intensity of the symptoms is, in a general way, proportionate to the amount of the effusion; yet that this will only in part explain the attendant collapse which often appears to be, in no inconsiderable degree, due to the dynamic state of the ganglionic nervous system, induced either primarily by the poison, or secondarily by the lesions of the affected mucous surface." Admitting this, as also that the investigation of the *organic* constituents of the blood in cholera surpasses the present powers of organic chemistry, Dr. Parkes's observation is worthy of remembrance—viz., that our more precise knowledge of the steps of the transudation period points out that, if the diarrhoea (intestinal transudation) can be arrested in time, the other changes in the blood will probably become impossible, and thus the well-known practical rule of doing everything to arrest it receives scientific support.

The last accounts we have received of the devastations of the cholera in Barbadoes, show a decimation of at least 6000, and from the Antigua newspaper now before us we extract the following observations of interest:—

"Never having had any experience of it before in the island, the public and even the medical men were slow to believe that the deaths that occurred were attributable to the invasion of this dreadful disease, of the existence of which in any part of the West Indies there was no report, except in the distant island of Jamaica, where it had suddenly appeared some few weeks previously in Kingston. The only communication that had since taken place directly between the island and Jamaica was by one of the mail steamers, the *Derwent*, which arrived in Carlisle-bay from Jamaica, by way of St. Thomas, on the 21st., a week after the first cases that had occurred in Bay-street; so that they could not be traced to any infection brought by this vessel, though it is said that several of her men had died of cholera on the way up from Jamaica, and amongst them two natives of this place, whose clothes were brought on shore. If this is true, and that the woman who undertook to wash the clothes took the infection and died, it was only spreading the disease further, and perhaps adding to its virulence; it cannot be said to have originated it in Barbadoes. A gentleman (one of those who have been most active in visiting the houses of the sick—one of the city clergy) tells us, that having taken particular pains to inquire into the origin of the disease, he found it had first broken out in a wooden hovel in Jemmott's-lane, leading into Bay-street, near the General Hospital, occupied by a woman who was in the habit of buying flying fish, and cooking them for sale. Just about this time it is notorious that large quantities of these fish were sold in the mornings after they were taken, almost in a putrid state, along the Carénage; and this woman, no doubt, had poisoned herself, and helped to poison others, by means of these putrid fish. Even before the first cases occurred, we had heard persons complaining of the sale of these fish in a decaying state on the wharfs in the mornings, at such a rate as to induce the huckster women to buy them and cook them for food, to the great danger of the health of those partaking of them.

"Our contemporary of the *Globe* (who we are happy to find is convalescent after his recent attack of cholera) advises his Antiguan friends to take warning from what has occurred in Barbadoes—where the air became so foetid and impure around their burial ground, that the neighbourhood had to be deserted, and so infectious was the atmosphere, that two medical gentlemen driving by one evening were instantly seized with the cholera—that should the disease reach St. John's, and they persist in burying its victims in the heart of the town, not ten in a hundred of the citizens will live to deplore such an insane and suicidal proceeding."

As if Barbadoes was not already sufficiently afflicted, it appears, from well-authenticated reports from the first people in the island, that there is a great fear of absolute famine. Famine supervening on cholera—it is frightful even to think of it; and yet there appears good grounds for apprehension. There has been a long, dry season, amounting to a drought—ponds dry, lands parched and cracked, and what are termed ground provisions, such as yams, eddoes, &c., have been neglected in Barbadoes in the absorbing pursuit of sugar-growing. The small supply of these esculents available was used in an immature state. There are now scarcely any remaining, and great alarm is felt on the subject. A more gloomy picture of the best of our West Indian possessions has scarcely ever been sent home.

In France, the mortality, especially at Marseilles and Avignon, has been excessive, 500 a day having died in the latter city. At St. Petersburg and Constantinople the disease rages, indeed there is scarcely a portion of Europe free from the plague.

"Without any respect (says the *Spectator*), for human arrangements, or political distribution of territories, the cholera crosses the paths of armies and of navies, and scourges the invader or the rescuer. The same malady that cut off the songstress, Sontag, in Mexico, that drove back our ships from the shores of Cronstadt, now rages in the Piræus; the French hospital suffering severely, and the English soldiers not escaping. It is in Constantinople, and has appeared at Malta; it is settled at Varna and Smyrna; it is ravaging Italy. Florence "the Fair" is stricken not less than commercial Leghorn; and Genoa "the Superb," from whose streets of palaces, or narrow alleys of great mansions, those fly who can during summer, is a hot-bed for the pestilence."

With respect to our own country, we deeply regret to see the following prophetic remarks from the *Observer* are being rapidly confirmed,—"Our anticipations as to the advance of the cholera will be, we fear, but too soon realized. During the first two or three days of the past week the disease spread most alarmingly, especially in the parishes of Limehouse, Stepney, Poplar, Camberwell, Lambeth, and Bermondsey. In Camberwell alone there were in one day discovered 290 cases of premonitory diarrhoea. In fact, it may be stated that throughout the whole metropolis the premonitory symptoms are present. In Greenwich there never was so much diarrhoea known. Everything shows that we are on the eve of an outbreak of a far more terrible character than we have yet experienced. The wet and comparatively cold weather of the last three or four days has slightly checked the pestilence, but as soon as the weather changes, and we have a hot scorching sun, it will burst forth with renewed fury; as it is, we quite anticipate that the registrar-general's return for the past week will show a mortality from cholera of at least 250, and we should not be at all surprised if, at the end of five or six weeks, we shall have to record the mortality, not by hundreds, but by thousands. Neither is the cholera confined to London; on the contrary, it appears that all over the country the premonitory symptoms are prevalent, especially along the sea-coast. At Margate, Ramsgate, and all round the south coast, diarrhoea is almost universal. What the result will be when the hot weather really sets in God only knows, but we must confess to extreme anxiety on the subject."

Some fatal cases have occurred at Liverpool, and at Ludworth the disease has again made its appearance, an individual (name unknown,) who had come from Trimdon a few days before, having been attacked. The event, according to the *Durham Chronicle*, has caused the greatest alarm amongst the inhabitants. Five more deaths have occurred on board the *Lord Auckland* transport, making in all eleven deaths since leaving Gravesend. The crew remain on board the ship. The sick have been removed to the *Andromeda*; and the troops have been taken on board the *Endymion* and Government hulks.

Twenty-eight cases have occurred on board of the *Defence*, convict-hulk, and *Unité*, convict hospital-ship, at Woolwich, and eight of these cases have proved fatal. There have also been several cases on shore having a fatal termination; but singular to relate, the *Warrior*, convict-ship, stationed opposite the dockyard, has not had a single case on board.

The *Newcastle Chronicle* observes,—“We are sorry to state that cholera has appeared on board some of the Tyne colliers in the Thames. Intelligence has been received in Shields of two or three deaths—one, Mr. John Anderson, formerly a seaman's delegate, after eight hours' illness. The general health of the seamen on board of the vessels in Shield's harbour, we are happy to state, is good, and the health of the inhabitants of the two towns is very favourable.

Several fatal cases have already happened at the Millbank Penitentiary, and in the Tothill-fields House of Correction, and the last accounts stated fresh attacks to be occurring. In the metropolis, the low lying Surrey bank of the Thames, between the bridges and St. Aune's, Limehouse, are suffering very greatly. Children appear to be particularly liable to the disease in these localities, and are rapidly carried off. According to most practitioners, the pestilence is precisely of the same character as that of the autumn of last year, viz.—there is very generally a want of the intermediate stage. The case goes on at once from diarrhoea to collapse and death. There is, therefore, an additional reason for energetic action and early recourse to medical advice.

We have condensed the following from the official “Weekly Return” (metropolis) of the Registrar-General for the week ending August the 5th:—

Districts.	Population.	Deaths from Cholera.
Western (Kensington, &c.) ...	376,427	23
Northern (Marylebone, &c.) ...	490,396	12
Central (St. Giles, &c.) ...	393,256	14
Eastern (Shoreditch, &c.) ...	485,522	60
Southern (St. Saviour's, } Lambeth, &c.) }	616,635	290
		399

And of which 145 were under 15 years of age.

213 between 15 & 60 „

41 above 60 „

Though the disease is so severe in Bermondsey, (southern district,) yet from 40 to 50 interments are taking place weekly at St. James's Church, (adjoining the railway,) to the great horror of the inhabitants. This is too bad, and a deep satire upon that view of the question supported by the “Church,” which would enforce “fast days” and other ecclesiastical humiliation to avert the pestilence. Let warning be taken from Barbadoes, (see ante.)

From information received since the above was written, we may state that the *Asia* announces the continuance of cholera in New York, it having broken out amongst the Irish labourers at the Suspension Bridge at Niagara. The same vessel also brings account of the appearance of the vomit in the Havannah; and another ship, the *Lusitania*, tells of the destruction yellow fever is committing at Bahia and Pernambuco.

Mr. Borlase Childs, the surgeon to the City of London police-force, has written a letter to *The Times*, giving the following formula as a successful remedy:—For an adult it should be as follows, and should be had recourse to immediately on the supervention of the attack—thirty drops of laudanum and sixty drops of the common sulphuric ether, with a small quantity of peppermint-water. Half of the above quantity must be taken every four hours until the purging has ceased. The ether and laudanum should not be mixed until required for use, but should be kept in bottles with ground-glass stoppers.

## THE WAR.

(FROM OUR SPECIAL CORRESPONDENT.)

Camp, Devna, July 21th, 1854.

I SEND you a brief account of the present position of the leading division of the British forces in Turkey.

The plain of Devna, where the Light Division under General Browne advanced on June 30th, and where the brigade of cavalry had been previously encamped, is an extensive valley, nearly triangular in form, its greatest length being in a direction from north to south. The southern end forms the base of the triangle, and is lowest in level. It is here, at the south-eastern angle, that the lake, which reaches all the way from Varna, ends; and for a wide distance beyond, even at this dry season, the ground is an impassable marsh. This swamp encloses an area whose circumference is about eight or

ten miles, but in the rainy season it must occupy a much greater space. This is rendered evident, not only by the character of the soil, but also by the absence of any dwelling near this part of the plain, while, at the other end, there are numerous mills and houses.

At the base of a hill at the northern extremity of the valley a number of springs may be seen bubbling up, and the water thence derived is enclosed and banked up to a certain level, so as to form a reservoir. From this source, assisted by additions from various other springs in its course, arises a small stream, which passes along the whole length of the plain, and is finally lost in the marsh before mentioned. As this stream winds along, in consequence of there being a considerable fall from the north to the lake end of the valley, it acquires a certain amount of force, and this is taken advantage of for the purpose of turning the machinery of a number of flour-mills. No less than twenty-two of these mills are at present in active operation. I have no recollection of ever having seen so many wheels; each mill has two large water-wheels at work, wholly turned by springs, rising close to the mills themselves; for although the mountains which form the boundaries of the plain of Devna are broken into deep ravines and gullies, there is no instance of a stream or rivulet to be met with on their sides, nor any surface of water whatever. The springs rise wholly in the valley. The supply of water, the inhabitants say, never fails, and this is readily explained by the extensive mountain area, which, without any loss from evaporation, is thus drained. From this water is derived the supply by the troops for drinking and cooking purposes, and when obtained near the springs it is excellent in quality.

The mountains enclosing the valley of Devna, or Dewnos, as some maps have it, rise to about eight or nine hundred feet in height. They slope towards the plain on the south with an abrupt declivity; on the east and west, with a gradual inclination. Towards the north they are less elevated, and more broken. From the higher summits the fortifications of Varna and the vessels in the bay are readily seen on a clear day. They are covered with a thick scrub, especially towards their tops, but no large trees are seen. A few fields of rye and barley in the valley, and a few vineyards on the mountain sides,—the vine being cultivated in the same fashion as in Germany,—are the only cultivated spots seen. At the upper end of the valley are a few acres of vegetables; they chiefly consist of onions, but there are also beans, cabbages, cucumbers, egg-plants, vegetable marrows, &c., though in a very limited quantity. The onion appears to be the staple vegetable of the country; no potatoes are grown.

At a high elevation on the mountain side, and at the farthest end from the lake, is the village of Devna. The inhabitants are all Christian Bulgarians, and seem an inoffensive, industrious race. Weaving forms a constant occupation amongst the women while the men are away with their cattle or in the fields; and much more order and cleanliness is observed in the houses than in those of the Turkish villages. This appears to be the case generally amongst the Christian inhabitants in Bulgaria. At Devna the inhabitants want that healthy aspect that may be seen in other villages at a few miles' distance, which I am inclined to attribute to the generally unhealthy character of this locality from the neighbourhood of the lake and marsh. Four main roads pass from the plain. The road by the side of the lake to Varna, and its continuation in the opposite direction to Shumla, are two of these roads. Another road from Varna opens into the plain opposite to the village of Devna, crosses the stream by a small but substantial stone bridge, and, near the village itself, passes out of the plain to go to Silistria and Rustchuk.

The cavalry and the horse artillery are on one side—the eastern—of the stream before described; the two brigades of the Light Division, with the battalion of the Rifle Brigade attached, and a battery of foot artillery on the opposite side. The cavalry are encamped low down on the plain, but near to its upper end—a convenient arrangement as regards watering the horses; while the infantry are on a natural platform on the mountain side, at an elevation of 150 or 200 feet above the stream. The camp of the latter extends much nearer to the margin of the lake. I doubt if any medical officer was consulted in the selection of this site; it is certainly nearer to the swamp than is desirable. Fortunately the prevailing wind has been from the north and north-west, so that the influence of any malaria has hitherto been by this means escaped from. By a very little engineering, cutting a communication between the lower end of the lake and the bay of Varna, from which it is separated only by a very narrow belt of land, and by slightly embanking part of the Devna stream, the marsh might be drained, and the whole plain rendered healthy and fertile.

Since our arrival the temperature has been very variable, but as a general rule has been oppressively hot in the daytime, cool in the evening and at night. In the daytime in the shade for several days the thermometer stood at 92° Fahr., and twice it has reached 102° Fahr. in the shade, falling from 25° to 30° an hour after sunset. A breeze usually springs up three or four hours after sunrise, and continues through the day. When this has been absent, the heat has been most oppressive. With the exception of one or two thunderstorms, the weather has been clear and dry. The sun appears to exert a peculiarly scorching effect on the skin, so much so that men who have exposed themselves to it, whether while bathing, or washing clothes, or otherwise, have been temporarily disabled, by blistered backs, &c. Sores on the lips have been very frequent from the same cause, and sometimes on the lower lip, very troublesome to heal, from the numerous sources of irritation to which the ulcerated skin in that part is necessarily exposed.

Although there has been no small amount of fever, chiefly of an intermittent type, and of bowel complaints. For some weeks past diarrhoea has prevailed in the regiments of this division, the symptoms, in a few instances, approaching those of Asiatic cholera, but by the timely attention of the regimental surgeons and ordinary remedies, the disease, in the greater number of cases, has been readily checked. From the date of leaving Varna, the commissariat supplies have been most irregular; for days together nothing could be had but the bare ration of bread and meat, both, especially the beef, of an inferior quality; so that it has depended upon the zeal and activity of the commanding officers, often upon accident, whether any farinaceous or vegetable food could be got to mix with the meat, and to make it palatable or nutritious. The people of the country are now bringing onions for sale in abundance, and barley and rye-flour is to be obtained at the mills at a reasonable price. Moreover, during the present month, a ration of coffee and sugar has been added to the meat and bread, to form a morning meal, so that we may hope to get on better for the future. Beef amongst the natives is scarcely eaten at all, and only by the poorest; the ox and the buffalo are especially the beasts of draught of the country. Its flesh is therefore tough, dry, and by no means nutritious as compared with what it would be under other circumstances. Lamb, mutton, kid, and poultry of all kinds constitute the ordinary diet amongst the well-fed classes. Their cookery seems to be chiefly after the Italian style, the appearance of the dishes being modified by the necessity of having the meat divided into small pieces to make up for the absence of knives and forks, and to enable each *convive* to take his share out of the common dish. They are well-cooked and wholesome, however, which is the main point. In the Turkish regiments each battalion has its large cooking-tent to protect the fires and food from the rain and weather, and a whole company's mess is cooked in one large cauldron, just as ours is when a regiment is quartered in barracks. With us in the field the soldier has small means at his command for cookery, eighteen or twenty small camp-kettles per company of one hundred men being all his apparatus, and his fire on the ground, without any protection against weather. The company's cook has no easy task to make good soup in these eighteen pots, and *c'est le soupe qui fait le soldat*. Some cereal, with vegetable and condiment, ought always to be considered essential additions to the kettle of meat and water. By particular attention to the diet, there is no doubt a nominally small force may be kept as effective as a much larger force without such care; and the true effective state of an army cannot be told by the mere statistical detail of so many left behind sick in general-hospital, so many in regimental-hospital, &c. The strength of constitution, the power to resist morbid influences, if they should come, in short, the degree of health of those reported healthy, must be taken into account. We have not arrived at sufficient precision to show this by figures. Besides the want, hitherto, of a regular supply of good diet, another evil has been the inferior country wine which the soldiers have obtained from the canteens of the sutlers, who are generally Italians or Greeks, of by no means a very respectable character. Even a wholesome spirit would be less hurtful. Beer was promised in England, and large quantities were sent out, but all that the troops of this division have been able to obtain, (other divisions have contrived to be more fortunate,) since leaving England, has been three days' allowance of one pint per man. Medical officers have recommended it, commanding officers applied for it, but even at camp Aledyn, eight or nine miles from Varna, where a month was spent, and though there were ships full in the bay, none could be got. The cost of transport divided amongst the regiments would have hardly added any perceptible price to the porter when issued, if the commissariat transport failing,

they could have succeeded in getting it issued to them at Varna, and had been allowed to bring it on at their own expense. In some degree the absence of other supplies would have thus been counterbalanced, and the men fortified as well by the porter itself as by not spending their surplus pay in the trash dignified by the name of wine.

It has given general satisfaction to hear that the brigade of hospital conveyance carts is on its way; it will supply many wants. Pray that it may not be thought too great an innovation on peninsular customs. I regret that two divisions only are to be supplied; for, should there be an action, it is not unlikely that the carts and waggons would be more distributed than has been contemplated, and the value and efficiency of the brigade therefore not fairly tested. At present there is not a single conveyance for the sick here; those ordered to the general-hospital at Varna have to be conveyed by the return commissariat bullock-carts—machines of the most primitive and cumbrous description. On the occasion of a fractured tibia and fibula at Aledyn, the patient had to be carried on a stretcher, and nine miles over a bad road on a moonless night would have not been exactly what Mr. Pott would have recommended in such a case. However, if a similar accident were to occur to-morrow, no choice would be left but to adopt the same plan of carrying the unfortunate soldier to Varna. It would be much better than conveyance by a bullock-cart.

There have been two or three additions to the strength of the division by childbirth. It is strange how well the women of the different corps have borne up against all kinds of exposure. Well for them it is that they have had good health. Those regiments which made arrangements for not permitting any women to accompany them not only acted wisely and with forethought, but, as experience proves, most kindly to the women themselves.

## MILDENHALL COUNTY COURT.

JULY 25TH, 1854.

MEDICAL ATTENDANCE, ETC., ON SERVANTS.—ALDRICH AND HARRIS *versus* SEABER.

THIS was an action for recovery of £11 0s. 6d., the amount of plaintiff's bill for attendance on the defendant's housekeeper, who had broken her leg. Mr. Partridge appeared for the plaintiffs, and Mr. Salmon for the defendant. Mr. Eagle was the presiding judge.

JOHN SAKENS.—I was sent for by Mr. Seaber to go to Mildenhall for a doctor. He said I was to go for any doctor there was in the town. I was to get the parish doctor if I could, as he was generally reckoned the best doctor. I said, "Who is the parish doctor?" Mr. Seaber replied, "I don't know who he is, but call at the relieving-officer's; as you must pass his house, and ask him who he is." I called upon the relieving-officer, who told me where to go. *I did not ask for an order for the parish doctor, nor was I requested to do so.* I told the relieving-officer Mr. Seaber had sent me to get a doctor to attend Mrs. Winter, who had broken her leg.

FREDERICK HILLS HARRIS.—In August last, Sakens came to me to say I was to go to Mr. Seaber's to attend his housekeeper, who had broken her leg. He said Mr. Seaber had sent him. I attended her from the 23rd of August to the 26th of September. My charges were 10s. 6d. for each attendance—viz., 1s. per mile for a journey, and 3s. for attendance, which includes all medicines, lotions, &c., necessary for the case. I had to travel seven miles and a half into the fen. I also charged three guineas for setting the leg.

Cross-examine:—My partner and myself are the parish surgeons. There have been always two distinct medical districts, which are as distinct now as they were before the partnership. We each keep separate district report-books for the board, as we did before the partnership, by the request of the Poor-Law Commissioners. I never attended at Mr. Seaber's house before. I believe Mr. Pearson, of Ely, is his usual medical attendant. I have also heard of Mr. Robinson's attendance. I cannot say what passed between Mr. Seaber and myself when I first went to his house. When I am sent for by the master to attend a servant, I charge the master; I look then to the master for payment in every case. I had a conversation with Mr. Seaber on the 5th of September. I complained to him I had not sufficient assistance, wanting another nurse. He said I had better get some one from the union to attend as nurse. I told him I was not attending the case as parish surgeon. He said I was. I then told him I was not parish surgeon for that part of the district, and even if I was, I had no order from the relieving-officer. He said he should not pay



me. I consequently said I should not continue my attendance, and that he had better apply to some other medical gentleman. This was on the 5th of September. I advised Mr. Seaber to obtain surgical assistance by the 7th, when the case, at latest, ought to be visited again. I mentioned the circumstance, on my return home, to a legal friend, who considered I was bound to continue the case *throughout*, having commenced it, or I might render myself liable for damages, supposing the case not to do well afterwards. On the 7th, late in the day, I went to see if any other doctor had been obtained by Mr. Seaber, and finding from him no one had even been applied to to attend the case, I in consequence gave Mr. Seaber to understand that I considered myself both legally and morally responsible; and unless he would give me a written order *not* to attend the case further, I should resume my duties, and at his expense. He said he should give me no written order, and that I could do as I pleased about it, but that he should not pay me. I then went on to the end of the case. I applied at Christmas to Mr. Seaber for payment of the bill, but he objected to pay. He said he should not pay it except the County Court ordered it. I did not say it was a novel case, and that therefore I should take it into the County Court.

Re-examined.—My partner attends one district of the union, and I attend the other. My district does not include Mr. Seaber's residence. It is usual in the case of a pauper, after an order has been given, to attend such case, and to report it weekly to the board. I did not so report this case. I never attend a parish case without a written or printed order; if I did so I should not get paid.

Mrs. WINTER (defendant's late housekeeper.)—I was domestic servant to Mr. Seaber in August last. I met with an accident in carrying water; I was then in his service.

Cross-examined.—I sent for my master, and asked him to send for the doctor directly. I had £12 a year wages. I am a widow.

Re-examined.—Mr. Seaber never said I was to pay the doctor.

This was the plaintiff's case; and Mr. Salmon, then addressing the court on the part of the defendant, contended that he was not liable, Mr. Seaber only having done that which every master does in a case of illness in his family, and which would be done in few cases: if his Honour determined that masters were in all such cases liable to pay.

JOHN SEABER (the defendant) examined.—Mrs. Winter lived with me in August last. She broke her leg at that time. She sent for me, and hoped I would send for a doctor. I sent for Sakens, and ordered him to go to Mildenhall for a doctor. I told him to go to the relieving-officer, who would tell him what to do. I never gave Mr. Harris to understand I intended to pay him. He was a stranger to me. After the conversation on the 5th of September, Mr. Harris came six times to my house. He asked me if I was of the same mind as to paying him? I said I was. He replied it was a new case, and he should like to take it into the County Court.

Cross-examined.—When a parish doctor attends a case, I did not know it was necessary that the relieving-officer should give an order. I will not swear that I told Sakens to go for the parish doctor in this case, but I might have done so. I said if I had to pay this bill I should have a lot to pay. I never tried to shift the payment on to Mrs. Winter.

Mr. G. R. WILDE, Mildenhall, surgeon.—I have been in practice thirty-six years. I never considered I had a claim on the master when I was sent for to attend a servant, and I never make out a bill against the master in any such case, unless he undertook to pay.

Dr. PRASMON, of Ely.—When I am sent for to attend servants, I charge them, although sent for by the master, unless he previously undertakes to pay. It is not a customary or usual practice to do so; and when the servants could not pay, I lost the money.

Cross-examined.—I know nothing of this case. I was not sent for on the 5th of September to attend the housekeeper.

His Honour laid it down as clear law, that if a master sent for a doctor, he was liable to pay for the attendance; and it appeared clear by the evidence of Sakens, that he went to Mr. Harris as from Mr. Seaber, and which in fact the evidence of Mr. Seaber confirms. Not only in law, but in justice, did he consider the defendant liable; for he considered it very hard that medical men should not be paid when they are at the beck and call of any person who may choose to send for their assistance; and if they refused to go, they became subject to a general outcry throughout the country for their want of humanity and Christian feeling. With respect to Mr. Harris's attendance after the conversation on the 5th with Mr. Seaber, he should himself have considered it very unfeeling had the attend-

ance not been continued after finding that Mr. Seaber had not sent for other medical aid. He therefore considered the plaintiffs entitled to their claim for the whole amount, with costs.

The verdict, together with his Honour's foregoing observations, gave rise to expressions of much satisfaction throughout the court, which was very full.

## THE NEW MEDICAL REFORM BILL.

OPINIONS OF THE NORTH WALES BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

In consequence of the suggestion of Sir John Forbes, M.D., F.R.S., &c. &c., that the new scheme of a Bill for Regulating the Medical Profession in Great Britain and Ireland should be submitted to the consideration of the North Wales Branch of the Association, a meeting of as many of its members as could conveniently be assembled accordingly took place, for the purpose of discussing its merits; the result of which was, that we, the undersigned members of the Association, and other practitioners, hereby record our united and unanimous opinions on the same.

1. That we consider the Bill not only inexpedient and perplexing, but probably injurious, by interfering with the existing medical institutions of the country, which we are fearful it is calculated much to embarrass, and even to subvert. The desirable object would be to place the whole of the universities and colleges upon the same footing—that they should enjoy the same immunities and privileges—be regulated by the same laws, and that supremacy should not be given to one more than another; this course is desirable rather than the framing of new institutions, or changing their governing bodies; and it is with regret we see in this new Bill that the old-established and venerable institution of the Apothecaries' Company is totally superseded, although it has been the means of raising the status of the profession more than any other institution, but requiring only a new nomenclature to give it that suitable dignity which it is so justly entitled to—the appellation of "The Royal College of Medicine."

2. That if, notwithstanding, it should be deemed expedient, by the majority of the medical fraternity, to establish a new institution, we freely concur with the general preamble of the Bill—viz., "That all properly-educated persons in the medical profession should be put on the same footing throughout the United Kingdom, and be free to practise all the branches of the profession in any and every part thereof."

3. But, passing over all the clauses from 1 to 12, we see no reason for abandoning the hitherto old-established period of the majority of the candidate for the fitness of his examination—viz., the age of twenty-one, and that he should be restricted to the age of twenty-two, the advantage of an additional year's delay not being commensurate with the inconvenience or economy of his protracted and expensive studies.

4. Clause 23. It is our opinion that the degree of "Doctor in Medicine" should be restricted exclusively to persons who have been long engaged in the practice of their profession—say ten years, and that it should be the *invariable insignia* or badge of *experience* only; and should not be awarded to *junior* candidates possessing merely rudimental or elementary knowledge, but to those having a *thorough practical* acquaintance with, and knowledge of, diseases, acquired not only in private practice, but in connexion with a public institution, as *honorary* surgeon for two or more years to an infirmary or dispensary; and that candidates under those circumstances should not be subjected to a second examination; but, if insisted upon by the *majority* of the senatus, then merely a written one should be sufficient, embracing strictly *practical* subjects; that a thesis should be written, either in Latin or English, (as the choice of the candidate may be,) upon any disease he may think proper to select himself, embracing some novel views from his own practical experience, paying the ordinary fee for the diploma.

5. That the same privilege, of granting the degree of "Doctor," be also extended to *surgery* and *midwifery*—each distinct and several as he may desire, according to the same routine of requirements as already laid down for "Doctor in Medicine," the one choosing for his thesis a *surgical* disease for his diploma of "Doctor in Surgery," and the other his thesis in *midwifery* for the "Doctor in Midwifery" degree.

6. We consider an *oral*, or, in fact, any other examination for any doctor's degree, whether medicine, surgery, or midwifery, in the case of an established practitioner, as humiliating and vexatious, after having had his knowledge previously attested to by a Board of Examiners, according to the regulations laid down by the Medical Council in this Bill, and also those of

the existing forms. Is there any necessity that he should undergo a second ordeal? Does it require a greater amount of professional skill to practise as a physician than as an apothecary or general practitioner? which of them sees the greater number of patients and diseases through all their various stages of progression? It is certainly the *general practitioner*.

7. It is a manifest absurdity to grant an M.D. degree to a young student with mere elementary knowledge, without long practical experience, and withholding it from the *senior practitioner*, who has had the full benefit of such attainments for many years and has already been legally pronounced competent to practise all the various branches of the profession; yet, under the existing regulations, this individual is subjected to a further examination, as though he had again become a *tyro*, and had lost all his former knowledge and competency by the lengthened labour and experience of many years' active and extensive practice, and perhaps grown grey in the arduous duties of his profession!

8. We would therefore respectfully recommend to the serious consideration of the Medical Council the propriety and justice of restricting the student to the *Bachelor's* degree only, whether in medicine, surgery, or midwifery, as already suggested, *any* or *all*, as his choice may be,—paying the prescribed fees accordingly; and reserve the *Doctor's* degree to the *experienced* and *practical* man alone. This arrangement would raise the status of the profession, and augment the pecuniary resources of the universities and colleges,—enlarge the safeguard and sanitary welfare of the community, and remove all invidious professional jealousies.

9. That, whether the existing institutions be undisturbed or new ones established in their place, we unhesitatingly submit that the foregoing arrangements should be seriously considered, and, if possible, be adopted in the *present* or the new institutions.

Finally, we venture to assert that there is no *supremacy* in medicine over surgery or midwifery, but that each branch possesses an equal importance with the other, and each should with equal justice enjoy its own individual distinction, namely, by conferring the *Doctor's* degree on each of the several departments to the *senior practitioner*, and that of the *Bachelor's* to the *student* only.

(Signed) P. WILLIAMS, M.D., L.S.A., President,

THOS. VICKERS, M.R.C.S., L.S.A.,	Members of the Association.
WM. PIERCE JONES, M.R.C.S. Eng., L.S.A.,	
AUGUSTUS AP HENRY PARRY, M.R.C.S.,	Non- Members of the Association.
J. C. ROBERTS, late Army-surgeon, L.S.A.,	
JESSE CONWAY DAVIES, M.R.C.S., JAS. WILLIAMS, M.R.C.S., L.S.A.,	

N.B. Those members of the Association who are favourable to the above resolutions (and other practitioners who are not enrolled members) are earnestly and respectfully requested to send in their names and addresses, testifying their approval and concurrence in the proposed measures with as little delay as possible, to the Secretaries of the North Wales Branch of the Association, viz.:—Edward Williams, Esq., M.D., Wrexham; and D. Kent Jones, Esq., Llangefni, Anglesea.

Holywell, June, 1854.

## GOVERNMENT AND THE SCIENTIFIC SOCIETIES.

### DEPUTATION TO SIR W. MOLESWORTH.

AN influential deputation, consisting of Sir John Shelley, Bart., M.P.; Mr. Heywood, M.P.; Mr. J. Heyworth, N.P.; Mr. James Bell, M.P., and representatives from the Botanical, Statistical, Pathological, Epidemiological, Ethnological, Entomological, and Philological Societies, and also from the Institute of Actuaries, had an interview on the 4th inst. with Sir William Molesworth, M.P., at the Office of Works and Public Buildings, in Whitehall-place, relative to their connexion with apartments in Burlington-house.

The deputation having been introduced by Mr. Howard, M.P., Sir J. SHELLEY stated that their object was to induce the Government to provide accommodation for the various literary and scientific societies under one roof. Having stated the good results which would follow from such a course being adopted, and other members of the deputation having expressed their views upon the subject,

Sir W. MOLESWORTH said that, without pledging the Government in any way, he might state that the subject of providing the various scientific societies with rooms at the Government expense had been taken into consideration. In conclusion, he stated that those societies who were about to be removed by the Government taking the apartments they at present occupy in Somerset House, would be entitled to the first consideration. The deputation thanked the right hon. gentleman for his courtesy, and withdrew.

## Parliamentary Intelligence.

### HOUSE OF LORDS.

MONDAY, AUGUST 7TH.

#### THE MEDICAL REFORM BILLS.

THE Duke of ARCYLL presented a petition from the President and other officers of the Queen's College of Physicians in Ireland, against the Medical Reform Bills lately introduced in the other House of Parliament.

TUESDAY, AUGUST 8TH.

#### PUBLIC HEALTH BILL.

Earl GRANVILLE moved the following resolution with regard to this Bill—"That as the Public Health Bill constitutes a new Board of Health, inasmuch as cholera exists in many parts of the kingdom, and various sanitary regulations which can only be carried out effectually by the said board imperatively are required, the circumstances which render legislation on the matter of the said Bill expedient are of such urgency as to render the immediate consideration of the said Bill necessary; and it is therefore reasonable that the same be allowed to be read a second time this day if the House shall think fit so to order."

The Earl of SHAFTESBURY bore his testimony to the urgency of the circumstances which called for legislation on this subject. The Board of Health, as at present constituted, would expire at the end of this session, and, as the cholera was advancing with such rapid strides, it was expedient that no time should be lost in reconstructing the department. The number of deaths from cholera and diarrhoea for the week ending August 5th was 547, being 399 from cholera and 148 from diarrhoea; and how the disease had advanced would be seen from the fact that, while from the week ending July 15th the deaths from cholera were 5, and from diarrhoea, 46—in all 51, for the week ending July 22nd the numbers were, from cholera 26, and from diarrhoea, 68—in all, 84; and for the week ending July 29th, from cholera, 133, and diarrhoea, 84—in all 217.

The resolution was then agreed to, and the standing orders having been suspended the Bill went through the remaining stages and was passed.

#### METROPOLITAN SEWERS' BILL.

Lord STANLEY, of Alderley, moved a similar resolution with regard to this Bill.

Lord REDESDALE said, that if proper diligence had been used the Bill might have reached their lordships' House some time ago. He did not believe that such a slovenly Bill had ever been sent up to the House; and he protested against the House being called upon at that period of the session to consider such a measure. He objected to the additional powers given in the Bill to create new works, and would therefore propose to omit all that portion of the Bill which was not a revival of the board.

Lord STANLEY, of Alderley, said, it was most important that additional powers should be given to carry on new works in certain parts of the suburbs, and hoped therefore the noble baron would not oppose those parts of the Bill which related to the creation of new districts.

The resolution was then agreed to, the standing orders were suspended, and the Bill went through the various stages and was passed.

### HOUSE OF COMMONS.

MONDAY, AUGUST 7TH.

#### PUBLIC HEALTH BILL.

The Public Health Bill was read a third time and passed.

TUESDAY, AUGUST 8TH.

## NORWICH LUNATIC ASYLUM.

Lord D. STUART asked the Secretary of State for the Home Department whether he had received a report from the visiting magistrates of the lunatic asylums in Norwich, containing the results of an inquiry by which it appears that justice was evaded on a criminal charge; and whether he would not direct a strict investigation to be made into all the circumstances of the case?

Lord PALMERSTON said, he had received no official communication on the subject, but his noble friend had two days since furnished him with some documents on the matter, which he had forwarded to the Commissioners in Lunacy for investigation, and he would communicate the result when he received it.

## MEDICAL REFORM.

Lord D. STUART asked the Secretary of State for the Home Department whether it was his intention to appoint a commission to inquire into the present state of medical education, and the laws regulating the practice of medicine, surgery, midwifery, and pharmacy in the United Kingdom; or to appoint a committee of the House of Commons for that purpose; and, whether, if a commission were appointed, it was to be composed of practitioners in medicine, surgery, midwifery, and pharmacy from England, Ireland, and Scotland, or those only practising in England.

Lord PALMERSTON had already stated his intention either of appointing a commission, or of asking the House to appoint a committee to inquire into the matter, with a view to the framing of some provisions for what was technically termed "medical reform." He should take such of these courses as upon consideration should appear the most effectual.

## Medical News.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

*Thursday, August 3rd, 1854.*

FOOTMAN, JOHN, Ipswich.

GORNALL, RICHARD GREGORY, Newton-heath, near Manchester.

LAMBERT, HENRY STONE, Croydon, Surrey.

LISTER, EDWARD, Liverpool.

MAY, EDWARD HOOPER, Tottenham.

**UNIVERSITY AND KING'S COLLEGE, ABERDEEN.**—At the August graduation at this University, the degree of M.D. was conferred on the following gentlemen, who were examined in the various branches of medicine, and found duly qualified:—

BOTHAM, JOHN C., Derbyshire.

COATES, WILLIAM, Somerset.

COLLINS, WILLIAM J., London.

FRASER, JAMES, Glasgow.

HILL, ALFRED, Birmingham.

HINCHLIFFE, MATHEW, Yorkshire.

JANNAHILL, ROBERT D., Glasgow.

JENKINS, GEORGE H., Wales.

MARR, GEORGE, Aberdeenshire.

PRING, JOHN, Bristol.

PROUDFOOT, THOMAS, Gloucestershire.

SEGAR, JOHN, Lancashire.

TATE, WILLIAM BARNY, Ipswich.

THORNE, GEORGE L., London.

On the following gentlemen the degree of M.B. was conferred:—

COLLINS, ALEXANDER, Stonehaven.

SMITH, ROBERT, Old Aberdeen.

**SOMERSETSHIRE SUMMER ASSIZES.**—*Cox v. CARRINGTON.*—This was an action for libel brought by Mr. Cox, a surgeon, at Bath, against Mr. Carrington, the proprietor of the *Bath Chronicle*. The damages were laid at £2000. The alleged libels were contained in comments which the editor of the *Chronicle* had made on the case of Bourn v. Cox, which was tried some months back in the County Court at Bath. It will be recollected that Mr. Cox was proceeded against for arresting a patient of the name of Bourn, just as he was about to leave England, for a debt of upwards of £20. He compromised the debt for £15, and was afterwards sued for

damages for the amount, on the ground that the bill supplied to Bourn had been made up by "attendances," &c., which were never given. The jury returned a verdict for £15. We commented strongly upon the case at the time; but it appears that in some political squabbles at Bath, Mr. Cox being one of the parties, the *Bath Chronicle*, the organ of his opponents, made use of the trial of Bourn to attack Mr. Cox. After a very lengthened inquiry, the jury returned a verdict of one farthing damages. The judge refused to certify.

**LYING-IN HOSPITAL, BIRMINGHAM.**—**GIFT OF DR. RADFORD.**—An adjourned quarterly board of this institution was held on the 26th ultimo. Mr. Arthur Heywood presided; and there were present, the Revs. F. B. Wright and R. Basnett, Drs. Radford and Whitehead, Messrs. S. Walker, James Ollivant, R. T. Hunt, and other medical officers of the institution. Dr. Radford stated that, from the interest he took in the institution, and wishing to see it advance in scientific knowledge and usefulness, he had resolved to present his museum and library to the charity, on certain conditions. In the first place, the present institution was inadequate to its reception. The canvas for funds to erect a new building was progressing favourably in the hands of the ladies, and to assist their object he should stipulate for two suitable rooms, one for the museum, and one for the library. His library was not what he should call one of the fullest general medical libraries, but in the especial department of the institution, that of obstetric medicine, he considered it very good; and it was his intention, though he should make no pledges, to increase it, as far as he was able, during his life. He had made a provision in his will for this gift, but he thought it better to bequeath it to the institution while living, in order to see the good resulting from it. His next condition was induced from his having been personally observant of the waste and destruction that had occurred in one munificent gift to the institution, namely—the museum of the late Mr. Charles White. But gentlemen must be aware that there were other grounds why means should be taken to preserve the gift; and he therefore required that a report should be made at each quarterly board as to the state of the preparations in the museum, the condition and safe custody of the books; and that there should be an annual inspection of the same by two or three persons, one of whom to be a medical officer of the institution, who should inspect and report upon the condition of both the museum and the library. Third, that the apothecary be appointed the librarian and the resident curator, who was to be responsible to the board for the safe custody of the museum and library. Fourth, to have a list of rules, based upon liberal and safe principles, to govern the circulation of the bulk of the books; and also to put restrictions upon the use of those of large size, containing plates, and which were only intended for reference. Fifth, to have rules to regulate the circulation of books amongst pupils, with guarantee and deposit paid for their safe return. The sixth condition would have reference to the question of investment in the hands of trustees. These conditions were, he considered, unselfish, and were imposed to further the interests of the institution, and especially of the medical staff. The last condition, and which might be considered a selfish one, was that Mr. Winterbottom, a nephew of his by marriage, a surgeon of the institution, and to whom, had he not presented his museum and library to the hospital, he should certainly have bequeathed them, should have free recourse to his gift at all times.—The Chairman thanked Dr. Radford on behalf of the meeting and the directors of the institution, for his extremely liberal and kind donation; and said he had no doubt the handsome gift would prove most extensively useful to the hospital. He was sure that the conditions imposed would be most willingly and thankfully complied with.—Dr. Radford said it was his wish, and that of his associates, that this institution should rise in scientific knowledge. The trustees of the institution must have a very narrow view of its objects, if they considered them to be limited to the sole object of relieving suffering humanity. The objects of the institution ought to be scientific, and then, of course, its advantages would be reflected in a double manner, first upon the poor, but also in an especial manner upon the rich.—The Rev. F. B. Wright proposed:—"That the warmest thanks of this board be given to Dr. Radford for his munificent gift to this charity of his valuable museum and library, powerfully adding, as they will, to the means which the hospital already possesses of affording instruction to medical pupils in the class of diseases which it is the immediate object of the hospital to relieve."

**CHICORY AND COFFEE.**—"GRIEVANCES" OF THE GROCERS.—A numerous deputation of the metropolitan grocers, attended by Sir James Duke, M.P., Mr. Williams, M.P., Mr.

Apsley Pellatt, M.P., and Mr. Moffatt, M.P., had an interview with the Chancellor of the Exchequer, on Wednesday, the 2nd instant, at his official residence in Downing-street. The deputation was introduced by Sir James Duke, M.P., and the grievances of the grocers, in regard to the late prosecutions for the sale of coffee and chicory, were stated to the Chancellor of the Exchequer by Mr. Moffatt, M.P.

**CREAN v. CLIFT AND OTHERS.**—This was an action for libel, published in the *Wolverhampton Chronicle*, imputing to the plaintiff, a surgeon, that he had caused the death of a person named Clift. The defendant pleaded, firstly, "not guilty," and, secondly, "justification." The plaintiff is a surgeon at a place called Brewood, near Wolverhampton, and held a diploma of 1846 from the Dublin College. He came over here to a relative of his, a Mr. Mc Munn, practising at Brewood, but, after a short time, he returned to Ireland to an hospital appointment at Ballynary for two years. He then came again to Brewood. On the 28th of May, a farmer named Clift, aged seventy-one, broke his arm, and the plaintiff was called in on the following day to attend him. According to the plaintiff's account he reduced the fracture properly, but in consequence of the patient's great age, the bones did not unite, and at the end of seven weeks the splints were taken off. He and a Mr. Edwards, another surgeon, met in consultation the following day, and the splints were put on again. Mr. Crean continued to attend him occasionally. He died in October from a carbuncle. Both before and after death a great deal of scandal went the round of the neighbourhood relative to the alleged maltreatment by Mr. Crean. A post-mortem examination was made, conducted by Mr. Edwards's partner. On the day after this, there happened to be a meeting of the medical and surgical officers of the South Staffordshire Hospital, and Mr. Crean, including Mr. Edwards, submitted the arm to their examination. These gentlemen consisted of Dr. Topham, Dr. Millington, Mr. Cartwright, and four others, who declared that they were unable, in the absence of positive proof, to come to a satisfactory opinion of the case. After this Mr. Crean called upon Mr. Edwards to retract what he had said previously about him, and upon the latter declining, Crean held a whip over Edward's head, and told him "to consider himself horse-whipped." An angry and lengthened correspondence then ensued in the *Wolverhampton Chronicle*, and at last the libel appeared which formed the subject of the present action, in the shape of a letter from the defendants, stating that they came forward in justice to Mr. Edwards, and that the statements of Crean were utterly devoid of truth, and that he (Crean) had suffered the arm to remain for seven weeks without examination, and that, instead of a beautiful union of the bones, Mr. Edwards had measured the arm and found it one inch shorter than the other. It was stated that Mr. Crean was nervous at the time he operated, when setting the arm, and that he trembled. The letter, in substance, also insinuated that the death of the old man was occasioned by the maltreatment. A number of witnesses, medical, surgical, and otherwise, were called on each side, and the arm was produced in court. After considerable deliberation the jury eventually found a verdict for the plaintiff, damages £25.

**CARLISLE INFIRMARY.**—The bishop of the diocese ably and eloquently advocated the cause of the charity at the cathedral on Sunday last, when his lordship said the receipts left £500 against the Infirmary; and that, as the price of the necessities of life and medicine had increased twenty per cent. in price, those liabilities would be further increased unless the friends of humanity hastened to the rescue of the institution. At a subsequent meeting of governors it was resolved to make a general appeal to Cumberland on behalf of the infirmary.

**HONOURS TO MEDICAL MEN IN FRANCE.**—In 1853, the first number of the *Annuaire de l'Ordre Imperial de la Legion d'Honneur* was published, and it contained 52,709 names, thus distributed:—Family of the Emperor, 3; Grand Cross, 57; Grand Officers, 214; Commanders, 997; Officers, 4633; Chevaliers, 46,805. The *Gazette des Hôpitaux* has examined this record for the purpose of ascertaining in what proportion medical men and members of the Institute figure in it. It results, that in the class of Grand Officers there are six members of the Academie des Sciences; and in that of the Commanders twelve medical practitioners, and seven non-medical academicians. In the list of Officers there are 140 medical men, ten pharmaciens, and thirteen members of the Academie des Sciences; in this class is also found the name of M. Charrière, the celebrated surgical instrument-maker. In the class of Chevaliers there are 1698 medical men, and 128 pharmaciens, besides ten members of the Academie des Sciences, and eighty-seven veterinary practitioners. Taken

altogether the medical members of the Legion amount to 1850, divided as follows:—Military, 867; marine, 233; civil practitioners, 750. The total of the pharmaciens is 138, divided into 109 military and 29 civil. Some may consider the distribution of orders as too profuse in France, but there can be as little doubt that it is too parsimonious in our own country, and with us the encouragement and reward of the medical body by its means is well-nigh altogether neglected.

**ST. MARK'S HOSPITAL.**—Last week the eleventh anniversary of the Auxiliary Branch of this charity was celebrated at the Highbury Tavern, H. Barnett, Esq., in the chair. The Chairman, Dr. Daniel, and Mr. Salmon, (the founder,) eloquently advocated the cause of the charity, which, when established in 1835, only afforded accommodation to 14, but now had 70 patients within its walls.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, AUGUST 5.**—In the week that ended last Saturday, the total number of deaths registered in London, was 1456. In the ten corresponding weeks of the years 1844-53, the average number was 1087, which, if raised in proportion to increase of population, becomes 1196. The present return, therefore, exhibits a mortality considerably in excess of the average; a result arising from cholera, which it will be observed with regret continues to make progress in the metropolis. The deaths ascribed to the zymotic or epidemic class of diseases rose from 422 in the previous week to 731 in the last. Cholera, which was fatal in the last three weeks of July in 5, 26, and 133 cases, destroyed last week 399 lives; viz.—145 children under fifteen years of age, 213 persons between fifteen and sixty years, and 41 who had reached sixty years of age and upwards. The disease had made greater progress at the same date in 1849, for in the week that ended 4th August of that year, the number who died of it was 926. From diarrhoea and dysentery the deaths in the last four weeks have been 51, 63, 87, and 146.

Last week the births of 776 boys and 727 girls, in all 1503 children, were registered in London. The average number in nine corresponding weeks of the years 1845-53 was 1364.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.701 in. The mean temperature was 58.5°, which is 3.7° below the average of the same week in 38 years.

## Obituary.

**M. LALLEMAND**, formerly professor at the Medical Faculty of Montpellier, member of the Academy of Sciences, and officer of the Legion of Honour, has just died at Marseilles. This distinguished member of our profession has acquired a world-wide reputation by several works of importance, amongst which we may cite the "Letters on the Encephalon" and the treatise on Spermatorrhoea. We shall shortly give our readers a detailed account of M. Lallemand's career.

**SUICIDE OF DR. GRAHAMSMLEY.**—WORCESTER, MONDAY.—The most profound sensations of surprise and regret pervaded this city this morning, from intelligence received at an early hour that Dr. Grahamsmley, the medical (in fact, the) superintendent of the Worcester City and County Lunatic Asylum at Powick, had committed suicide by taking prussic acid. Dr. Grahamsmley was in Worcester on Saturday last, in his usual health and spirits; and up to the time of writing no cause is assigned for the melancholy deed. The doctor is a Scotchman by birth, and was appointed to the Asylum at its completion about two or three years ago. He was greatly respected in this city.

On the 3rd instant, JOHN WAKKHAM EDWARDS, Esq., surgeon, of Hart-street, Bloomsbury-square, aged sixty. In Athlone, Dr. JAMES D. KELLY.

## BOOKS RECEIVED FOR REVIEW.

Weber's Clinical Handbook of Auscultation and Percussion. Translated from the German by Dr. J. Cockle.  
Dr. A. W. Clarke on Diseases of the Lungs.  
Mr. I. B. Brown on some of the Diseases of Women.  
Dr. Muspratt's Chemistry. Part VIII.  
Dr. Ayre on Epidemic Cholera.  
Sketch of the Life and Character of Dr. Abercrombie.  
Report of the Grant Medical College, Bombay, 1853-54.  
Dr. D. Noble's Lectures on the Correlation of Psychology and Physiology.  
Professor Hofmann on Harrogate and its Resources. A Chemical Analysis of its Medicinal Waters.

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## TO CORRESPONDENTS.

*Horatio*.—Such attacks upon the profession in lay journals can scarcely be wondered at, when medical periodicals set them so bad an example. To gratify personal spite, or to injure a rival, there is no baseness to which they would not stoop. We are obliged for the extract forwarded from *Tait's Magazine*; but such slanders against the profession are too contemptible to be noticed with seriousness.

*Dr. J. A. H.*.—1. The assistant-physicians in the London hospitals have not beds allotted to them for patients. Their duties are confined to prescribing for out-patients, and officiating for the physician when called upon in his absence.—2. We are unacquainted with any precedent for the appointment of a person who keeps a shop and dispenses medicines to the post of physician to a hospital.—3. There is no hospital, we believe, in London at which the assistant-physician receives any portion of the fees derived from pupils.

## THE VERDICT IN THE RICHARDSON INQUEST, AND RESPONSIBILITY OF OPERATING SURGEONS.

To the Editor of *THE LANCET*.

SIR,—Nearly a year ago the following query was discussed at the Medico-Chirurgical Society of this town; and, as it bears closely on the question, so deeply affecting our profession, that has been raised by the verdict given in the late inquest on the boy Richardson, I take the liberty of sending it to you.

I am, yours respectfully,

Aberdeen, July, 1854.

AMICUS.

"*QUERY*.—In a surgical operation, in which two or more medical men are concerned, where does the credit or the responsibility of the result rest?"

"*ANSWER*.—It is customary and proper, before the performance of any serious operation, that the patient or his friends should express, not only their acquiescence in it, but also their entire resignation as to the issue; so that the very fact of an operation, under these circumstances, being decided on, virtually amounts to an absolution of the surgeon from all penal and moral responsibility as to the result; provided always, of course, that the procedure do not conduce to some illegal object, and no culpable unskillfulness be committed in the conduct of it.

"If the case belong to the person who has the direction, and performs the chief part, of the operation, and who has had the free choice of his assistants in it, the entire credit or responsibility, in as far these may with propriety be attributed to any one, ought to be considered as his.

"In the event, in private practice, of any such malpraxis being committed as might entitle the patient or his friends to legal redress, these, it is presumed, could have their recourse only against the principal operator, inasmuch as it was to him that the case was entrusted, and that without their interference as to the choice of the measures necessary to be used, and it is a recognised maxim in law, that '*qui facit per alium, facit per se*.' On such an occurrence happening in an hospital or similar public establishment, the institution itself would be the legally responsible party.

"In the case of a sudden emergency or accident, requiring the immediate employment of surgical means, the credit or responsibility will be shared, to a greater or less extent, by all the medical men who happen to be at hand, and who give their aid, whether by consultation or by manual operation, in the case."

*A Member of the Provincial Medical and Surgical Association*.—Such a question may be put with great propriety at the meeting at Manchester.

*A. B.*.—Complaints of a similar kind have reached us from other quarters. The remedy for such an abuse is in the hands of the persons defrauded.

*D. M.*.—Much would depend on the previous position of the patient to the surgeons. If he was A's patient on former occasions, B's conduct was wrong, and he ought not to have attended. If the patient was unknown to either of the surgeons, B claims the patient by "*night and right*."

*Another Student* (Manchester Infirmary) has forgotten to authenticate his communication.

*Amicus*.—Declined at present.

*Q. S.*.—The assistant is not in any way responsible.

*Junius*.—The advantages are great at the institution named. We do not know the fee.

*An Assistant-Surgeon E.N.*.—1. The chief difficulty in obtaining such an appointment is the want of interest.—2. In future the candidates for assistant-surgeons in the East India Company's Service will have to compete for the office. It has not yet been made public in what way the examination will be conducted.

*H. F.*.—Information on all the points will be found in the *BRITISH MEDICAL DIRECTORY*. If there are further particulars required, we shall be happy to supply them on receiving a request from our correspondent.

*An Old Reader*.—1. Both universities stand well in public estimation.—2. Not under the present charter.

*A Fellow of the Society* will observe that the subject is noticed in another part of this day's *LANCET*.

*A. B.*.—If the particulars be forwarded, they shall receive our earnest attention.

## QUERIES REGARDING COCCIVUS'S OPHTHALMOSCOPE.

To the Editor of *THE LANCET*.

SIR,—An instrument, called Coccivus's Ophthalmoscope, for illuminating the interior of the eye, and rendering visible, it is said, the retina, having fallen in my way, I have been trying what I can make of it; but have not hitherto succeeded in seeing anything with it, except a general glare from the bottom of the eye, when the pupil happened to be wide.

The instrument consists of a small square plane mirror, with a hole in the middle of it, and a double convex lens, the use of which is to condense, as I understand, the light of a lamp or a gas flame upon the mirror, whence, being reflected into the eye to be examined, it is to be reflected back, through the hole, to the eye of the observer, which is of course to be placed behind the mirror.

If any of the readers of *THE LANCET* have used the instrument successfully, perhaps they would be kind enough to give a few directions how it is to be employed, explaining the following particulars:—

1. The relative positions which should be given to the lamp, the patient, and the observer.

2. Whether the mirror and the condensing lens should be placed parallel to each other, or at an angle, and at what angle.

3. If the lens and mirror are placed at an angle, whether the observer should look through the lens or not.

4. Whether the mirror should be held at an angle to the observer's eye, or parallel to it.

I am, &c.,

Glenniffer-place, Paisley, Aug. 1854.

SPECULATORIUS.

*Mr. Stephen Ray*.—We think it quite superfluous to revive a discussion which the common sense of mankind has long since settled. The employment of old women in obstetric practice is a relic of barbarous times.

*Erinny's*.—A correspondent under this signature suggests, in an able letter on the English Lunacy Acts, for which we have not space:—

"1st. That the new Commissioner in Lunacy, when such is required, be a Scotchman."

"2ndly. The new Commissioner should have had no experience in the management of a public asylum, or in the treatment of the insane generally."

"3rdly. Let the new Commissioner be not more than three or four years distant from the age which marks the scriptural termination of the life of man."

"4thly. It is very desirable that the new Commissioner should be able to write English prose with a fair degree of accuracy."

*A Friend to Decency*.—It would be attaching too much importance to the quackish print to notice it in the pages of *THE LANCET*. The bubbles have long since burst.

*M.D.*.—As yet no plan has been published by the Directory.

*A City Man* has written to us, stating that the police are in the habit of throwing a number of dead dogs daily into the Thames at London-bridge. Our correspondent says that two or three days since he saw no less than eight dogs lying on the bank in a state of putrefaction. Is it possible that this practice can be permitted, when numbers of human beings are now dying from cholera close to the very spot?

## SANITARY REFORM.

To the Editor of *THE LANCET*.

SIR,—Believing you take much interest in the sanitary reform of the metropolis, I beg to state I have devised a scheme to carry off the whole sewerage of London from the Thames, and convert it into manure by the amalgamation of pest charcoal, which would be useful for agricultural purposes; and I solicit your assistance, by pointing out to me any numbers of your own journal or any other periodical which treat upon the subject. You may also be able to tell me the name of the medical gentleman that made an analysis of the London sewers' contents some time since, and estimated the value of the substance annually wasted.

By affording any information on this subject, you will probably be the means of doing a public service, and would, by answering this note in your Correspondents' column, confer a great favour on,

Your most obedient servant,

Sunnybank Villa, Purlick, near Glasgow,

J. F. W.

July, 1854.

*ERRATA*.—In Mr. Charles Neate's paper on "*Hæmatemesis*," in the last number of *THE LANCET*, page 101, the dose of tincture of sesquichloride of iron should have been *half a drachm*, not a *drachm and a half*, as printed. The exact same error occurs in the dose of turpentine ordered, which should have been *half a drachm*.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. J. McBean, (St. Andrew's, with enclosure); Mr. R. Baydon, (Methley, with enclosure); Mr. W. Locke, (Hoddesdon, with enclosure); Mr. John Wible, (Southampton, with enclosure); Mr. S. K. Burch, (Merthyr, with enclosure); Mr. H. W. Lewis; Mr. J. Carlile, (Stockport, with enclosure); Dr. Smyth; Mr. J. Warwick, (Salisbury, with enclosure); Dr. Fyfe, (Aberdeen, with enclosure); *Horatio*; Another Student, (Manchester Infirmary); *Amicus*; Mr. Hamilton; Mr. Bamford; Mr. Harvey, (Dublin); A Member of the Provincial Association; *Junius*; Q. S.; *Cyuro*; *Speculatorius*; H. F.; Mr. J. F. Waller, (Fleggburgh, Norfolk); *Veritas*; An Assistant-Surgeon R.N., (Baltic Fleet); Mr. J. Pugh; Mr. Chas. Neate, (Uttoxeter, Staffordshire); *Medicus*; Mr. Giles; A Medical Reformer; Mr. Weston; M.D.; A Sincere Sympathiser with the Injured; Mr. W. Reeves; D. M.; F. B.; A Friend to Decency; Mr. Ikin; Dr. J. A. H.; A. B.; An Old Reader; A Fellow of the Society; Mr. Stephen Ray; *Erinny's*; A City Man; &c. &c.



## New Urethrotome, by Mr. Ure,

Surgeon of St. Mary's Hospital, described in *THE LANCET* of June 10th, 1852.—Manufactured only by PRATT, Surgical Instrument Maker, 420, Oxford-street. The cheapest House for Elastic Stockings, Trusses, &c. Wholesale and Retail.

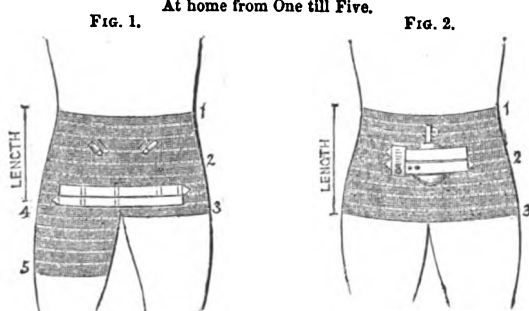
## Darby and Gosden beg to call

the attention of the Medical Profession to their CHARCOAL RESPIRATORS, made according to the principle recommended by Dr. STENHOUSE, as a preservative from contagious diseases or a poisonous atmosphere. They have been approved of by the Society of Arts in Edinburgh, and many eminent Physicians and Professors of Chemistry in London.—An inspection of their powers requested.

140, LEADENHALL-STREET, CITY.

## Mr. Bourjeaud's Registered Elastic

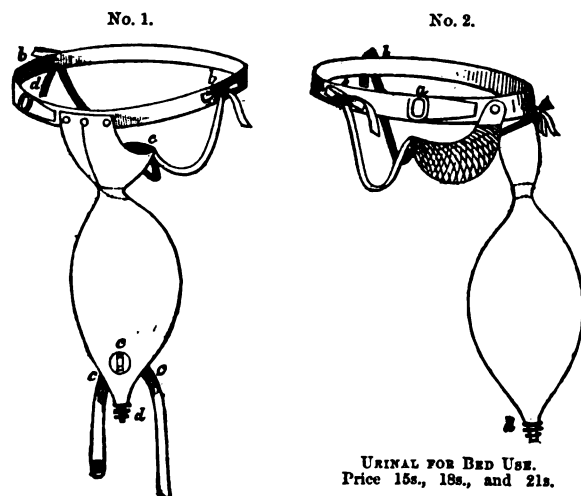
APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.



**FIG. 1. THE BELT AND AIR-PAD FOR FEMORAL HERNIA.**—Mr. Bourjeaud begs to state that this has been extensively tried, and has met with great approbation, especially at Guy's and St. Bartholomew's Hospitals. (See *THE LANCET*, Jan. 10th, 1852, page 43; and March 13th, 1852, page 287.) The air-pad is carefully adjusted, so that it may exactly rest on the femoral ring, the tube and stopcock being free, to allow of the pad being subjected to more or less insufflation. The belts in all these apparatuses possess the great advantage of encompassing the abdomen without distressing the patient, and of giving such support to the intestines as to lessen the chance of hernial protrusion. It is, in fact, extremely erroneous to confine the pressure to the rings; the whole abdominal mass should be well supported, and the pressure on the rings will then be effectual, without being exerted with the violence so often connected with the steel trusses.

**FIG. 2.—APPARATUS FOR UMBILICAL HERNIA.**—The belt is of the same kind as those figured in the other diagrams, but an air-pad sufficiently large is here fixed to the centre of the belt, and has the advantage, by its yielding and resilient properties, to fill, in some degree, the umbilical ring; thereby preventing protrusion, and leading the way, especially in children, to the final closure of the ring. Mr. Bourjeaud has had several cases of radical cure with young subjects. (See *THE LANCET*, July 12th, 1851, page 33; and Feb. 12th, 1853, page 153.)

## India-rubber Urinals for Male and FEMALE RAILWAY TRAVELLERS AND INVALIDS.



URINAL FOR TRAVELLING.  
Price 15s. and 18s.

URINAL FOR BED USE.  
Price 15s., 18s., and 21s.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their construction prevent the objectionable smell complained of in those of other Manufacturers.

Manufactured by W. S. SPARKS, 115, New Bond-street, London.  
A liberal discount allowed to the Medical Profession.

## Mr. T. H. Wakley's Stricture Instru-

MENTS. Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.

## Water Filter for the Pocket, with

DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.

J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-square.

GREAT REDUCTION IN PRICE OF

## Sir William Burnett's Disinfecting

FLUID. Gallons, 5s.; Quarts, 2s.; Pints, 1s.; Half-pints, 6d.

This valuable Deodoriser and Disinfectant instantaneously destroys all BAD SMELLS without producing any itself. Its free use, as directed, PREVENTS CHOLERA and all CONTAGIOUS DISEASES.

Sold by all Chemists and Druggists, and at the Office, 18, Cannon-street, London-bridge.—N.B. Beware of a spurious imitation.

## The Cholera Prevented by the

destruction of all noxious effluvia.

CREWS'S DISINFECTING FLUID. Recommended by the College of Physicians. The cheapest and strongest CHLORIDE OF ZINC.

Quarts, 2s.; Pints, 1s.; Half-pints, 6d.—Sold by all Chemists, Druggists, and Shipping Agents, and at Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

THE MOST CERTAIN PREVENTIVE OF CHOLERA YET DISCOVERED  
FURTHER GREAT REDUCTION IN PRICE.

## Crews's Disinfecting Fluid is the

Best and Cheapest for the Purification of Dwelling-houses, Stables, Dog-kennels, Ships' Holds, Cesspools, Drains, Water-closets, &c.; the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion.

The extraordinary power of this Disinfecting and Purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other Disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crews's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide Instructions accompanying each bottle.

It is sold by all Chemists and Shipping Agents in the United Kingdom, in imperial quarts, at 2s.; in pints, at 1s.; half-pints, at 6d.; and in larger vessels, at 5s. per gallon.

Manufactured at H. G. GRAY'S, Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE AND IRON.

FROM DR. GOLDING BIRD.

"48, Russell-square.

"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.

"Fellow of the Royal College of Physicians.

"Physician and Professor of Materia Medica, at Guy's."

FROM DR. GEORGE P. MAY.

"Having for some time past extensively used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its Compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents, without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of Childhood.

"Maldon.

"Geo. P. May, M.D."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, prepared by Spontaneous Insipissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON, 25 per cent. of Quinine. 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON (P.L.), 3s. per lb.

BI-MECONITE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, 15 to 30 Drops. 8d. per oz.

COTYLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz. also the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Salter, (of Poole), in Epilepsy.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, GREAT RUSSELL-STREET, BLOOMSBURY.

## Soyer's Aromatic Mustard. — "M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration." — THE LANCET.

Sole Agents: Messrs. CROSE and BLACKWELL, 21, Soho-square, London.

## To Invalids and those desirous of

**PRESERVING HEALTH.**—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## Cocoa of the finest quality, prepared

in the best possible manner. — Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s., for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

## DOMESTIC ECONOMY

## H. Sparrow and Co. beg to announce

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 8d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants, Children, and Invalids: much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes, — light for supper, — and alternately with the Patent Barley is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country in Packets of 6d., and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Do you bruise your Oats yet? — New

Oat-crushers, £2 15s., £4 5s.; Chaff-cutters, £1 7s., £3 7s.; Mangles, £2 10s.; Flour-mills, £4 10s. — WEDLAKE and Co., 119, Fenchurch-street, — One bushel when crushed makes two.

How to Keep a Horse for 9s. a Week; or a Book on Feeding, 1s. 4d.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts; delivered free within four miles. Merchants supplied with Pale Ale and Porter for exportation at the lowest prices.

WOOD & WATSON, 16, Clement's-lane, City.

## George Hanson's Sparkling Hop

CHAMPAGNE, Quarts 18s., Pints 12s., Sparkling Nectar, 8s., bottles included; Hampers, 1s.

This new and exhilarating beverage, possessing the fine aroma and pure tonic properties of the Hop, with all the brilliancy of the foreign Champagne, stands unrivalled as a luncheon and dinner luxury. To Invalids it is invaluable, and can be taken without affecting the head — its habitual use assisting the digestion.

To Merchants and Captains it will be found an excellent article for Export — to Passengers in sea-sickness this restorative will be highly appreciated — it will be found a cool and refreshing drink at the Mess Table — and in Warm Climates most desirable.

G. H. has the greatest confidence in recommending the above, and the demand, which its excellence has created, is sufficient guarantee of its quality.

May be had at most of the Taverns and Refreshment Rooms in the neighbourhood of the Crystal Palace.

Sold Wholesale, Retail, and for Exportation, by the Manufacturer, GEORGE HANSON, 33, Clement's-lane, Lombard-street, City.

## Baron Liebig on Allsopp's Pale Ale.

"I am myself an admirer of this beverage and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage, both for the invalid and the robust." — *Gleeson*, May 6.

ALLSOPP'S PALE ALE ONLY is BOTTLED by PARKER & TWINING, Beer Merchants, 51, PALL-MALL.

IMPERIAL MEASURE. — Quarts, 8s.; Pints, 5s.; Half-pints, (for luncheon,) 3s. per dozen. Also in Casks of 18 gallons and upwards.

## Allsopp's Pale Ale. — Medical gentle-

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1862, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BREWERY PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

## Rice Harris and Son, Islington

GLASS WORKS, BIRMINGHAM, and No. 1, THREE KING-COURT, LOMBARD-STREET, LONDON. — PATENT SANITARY GAS SHADES. — These Shades, manufactured exclusively by RICE HARRIS and SON, on an entirely new principle, effectually destroys the effluvia and smoke, which have hitherto made the use of gas so objectionable in dwelling-houses and offices, where cleanliness and freedom from smell are of importance. They are simple and inexpensive, and may be had in a variety of forms adapted to the style of fittings or the taste of the purchaser, at the Works in Birmingham, and at Mr. JOHN SHORTER'S, Crispin-street, Spitalfields, London.

## Gold Chains and Jewellery. —

WATHERSTON and BROGDEN beg to caution the Public against the ELECTRO GOLD CHAINS and POLISHED ZINC GOLD so extensively put forth in the present day under the titles of "Pure Gold" and "Fine Gold," and to call attention to the genuine Gold Chains made from their own ingots, and sold by troy weight at its bullion or realizable value, with the workmanship at wholesale manufacturer's prices. The gold guaranteed, and repurchased at the price charged — the workmanship, according to the simplicity or intricacy of the pattern. An extensive assortment of Jewellery of the first quality, all made at their manufactory, 16, Henrietta-street, Covent-garden, London, established A.D. 1793.

## Matrimonial Institution. — Founded

1846. — Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York. — This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUTBURY, 12, John-street, Adelphi, London.

## Apothecaries' Hall — College of Sur-

geons. — Dr. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Physicians, College of Surgeons, Apothecaries' Hall, St. Andrew's, Aberdeen, &c., either in class or separately. — For terms, apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square.

## Sydenham College Medical School,

ST. PAUL'S SQUARE, BIRMINGHAM. — The SESSION 1864-65 will Commence on Tuesday, October 3rd, with an Introductory Address by Dr. ELKINGTON.

Anatomy and Physiology — John White Keyworth, M.B.

Pathology — James Russell, M.D.

Practical Anatomy and Demonstrations — Messrs. George Elkington, Frowd Jones, and John Postgate.

Principles and Practice of Medicine — Bell Fletcher, M.D., F.R.C.P.L., Physician to the General Hospital.

Principles and Practice of Surgery — Mr. Alfred Baker, F.R.C.S., Surgeon to the General Hospital.

Chemistry — Mr. Alfred Hill.

### SUMMER SESSION.

Therapeutics — Dr. Russell, formerly Senior Physician to the Birmingham General Dispensary.

Materia Medica and Pharmacy — Mr. Bassett.

Midwifery and the Diseases of Women and Children — Dr. Elkington, Consulting-Accoucheur to the Lying-in-Hospital, and Mr. V. W. Blake, Medical Officer to the Lying-in-Hospital.

Practical Chemistry — Mr. Alfred Hill.

Botany — Mr. Westcott, Assoc. L.S.

Forensic Medicine — Mr. Orford, Medical Officer to the Lying-in-Hospital; the Toxicological part of this course by Mr. Hill.

The College is situated within a short distance of the General Hospital, and the hours of Lecture are so arranged as not to interfere with the attendance upon Hospital Practice.

Clinical Courses will be given by those Lecturers who are attached to the various public institutions in the town.

The Introductory Lecture will be delivered on October 3rd, at three P.M., in the theatre of the College; after which, the annual distribution of Prizes will take place.

Further particulars may be obtained on application to the Principal, Dr. FLETCHER, or to Mr. ALFRED HILL, Hon. Sec.

St. Paul's-square, Birmingham, Aug. 1864.

## School of Anatomy and Medicine,

adjoining St. George's Hospital.—The WINTER SESSION will commence on Monday, October 2, 1864.

Anatomy and Physiology—Dr. Lankester and Mr. Blenkins, assisted by Mr. Lane.  
Descriptive and Surgical Anatomy—Mr. Blenkins and Dr. Deville.  
Chemistry—Mr. J. E. D. Rodgers.  
Medicine—Dr. Cormack and Dr. Ballard.  
Surgery—Mr. Pilcher and Mr. Spencer Wells.  
Midwifery—Mr. Bloxam.  
Materia Medica—Dr. Ballard.  
Forensic Medicine—Dr. B. W. Richardson.  
Botany—Dr. Lankester.  
Practical Chemistry—Mr. J. E. D. Rodgers.  
Comparative Anatomy and Zoology—Mr. R. T. Hulse.

For further particulars and prospectuses, apply to Dr. Lankester, 22, Old Burlington-street; Mr. R. W. Burford, at the School, 1, Grosvenor-place; or at the residences of the respective Lecturers.

## King's College, London.—Medical DEPARTMENT.—The WINTER SESSION, 1864-5, will commence on Monday, October 2, 1864.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1864.

R. W. JELF, D.D., Principal.

## St. Mary's Hospital and Medical SCHOOL.—The WINTER SESSION will commence on Monday, the 2nd of October, with an Introductory Address by Dr. ALDERSON, F.R.S., at Half-past Two o'clock.

### LECTURES.

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones.  
Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James Lane.  
Pathological Anatomy—Dr. Markham.  
Chemistry—Dr. Albert J. Bernays.  
Medicine—Dr. Chalmers and Dr. Sibson.  
Surgery—Mr. Coulson and Mr. Spencer Smith.  
Clinical Medicine—Dr. Alderson.  
Clinical Surgery—Mr. Ure.

### SUMMER SESSION, 1865, commencing May 1st.

Botany—Dr. J. S. Burdon Sanderson.  
Materia Medica—Dr. Sieveking.  
Practical Chemistry—Dr. Albert J. Bernays.  
Midwifery, &c.—Dr. Tyler Smith and Mr. I. Baker Brown.  
Medical Jurisprudence—Mr. Ancell.  
Military Surgery—Dr. James Bird, F.R.C.S.E.  
Ophthalmic Surgery—Mr. White Cooper.  
Aural Surgery—Mr. Toynbee.  
Dental Surgery—Mr. Nasmyth.  
Comparative Anatomy—  
Natural Philosophy—

HOSPITAL PRACTICE.—The hospital contains upwards of 150 beds, 65 of which are devoted to Medical, and the rest to Surgical, cases. This division includes a ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the hospital: 218 poor married women were delivered at their own homes during the past year. The In-patients are visited daily by the Physicians and Surgeons. At one o'clock, Lectures on Clinical Medicine will be regularly delivered by Dr. Alderson, and on Clinical Surgery, by Mr. Ure; and occasionally by the other Medical Officers in their respective departments. The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

There are three Resident Medical Officers, who board in the hospital, and are appointed for eighteen months; two non-resident Medical Officers. A Medical and a Surgical Registrar, Clinical Clerks, and Dressers, will be selected from the best-qualified Students. All the above offices are open to competition amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of gentlemen in practice in the vicinity of the hospital, willing to receive Pupils to reside with them.

St. Mary's Hospital,  
Aug. 8th, 1864.

H. SPENCER SMITH,  
Dean of the School.

### TO THE PROFESSION.

Mr. Bowmer, M.R.C.S. Eng., 50, LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

## A Surgeon practising in a county

A town requires an ASSISTANT, to Dispense and attend Midwifery. A practical knowledge of Midwifery essential.—For particulars, apply, by letter, addressed H. O., Lincoln's-inn-fields, London.

### TO MEDICAL PRACTITIONERS.

## The Parents of a Youth, aged seven-

teen, wish to Apprentice him to a Medical Man (a Licentiate of the Apothecaries' Company) in London, or a provincial town possessing a Medical School, with whom he would have good opportunities of visiting, when qualified. He has already attended some Lectures at a Medical School, and can read Prescriptions, &c. Having been engaged for several years with Accounts, he could keep the Books very well. He passed the recent Matriculation Examination of the University of London in the First Division. The Medical Profession being his own exclusive choice, he would assist his master to the utmost of his power. If a premium be required, his parents are only able to give a very moderate one. Excellent references can be given, and an interview if required. Address, W. M., Post-office, Wakefield.

## Royal Institution of Great Britain,

ALFENMARIE-STREET.—The next ACTONIAN PRIZE of £206 will be awarded, in the year 1865, to an Essay illustrative of the Wisdom and Benevolence of the Almighty as manifested by the Influence of Solar Radiation. Competitors for this Prize are requested to send their Essays to the Royal Institution on or before Ten o'clock p.m., December 31st, 1867, addressed to the Secretary; and the Adjudication will be made by the Managers on Monday, April 12, 1868.

JOHN BARLOW, M.A., Sec. R.I.

## Resident Clinical Assistant.—A

Vacancy having occurred in the HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, those gentlemen who are desirous of becoming candidates for the office of Clinical Assistant are requested to send in their applications, with testimonials, on or before the 4th of September next, and to attend the Medical Committee on Tuesday, the 5th of September, at Four o'clock. Testimonials as to moral character, as well as to medical qualifications, are required.—Further particulars may be obtained at the Hospital, Brompton.  
PHILIP ROSE, Hon. Sec.  
Aug. 10, 1864.

## Torbay Infirmary and Dispensary,

TORQUAY, DEVON.—HOUSE SURGEON.—The Governors will proceed to the Election of a House Surgeon (to act also as Secretary) to the above Institution, on Thursday, the 24th day of August next. Candidates must send in their testimonials, under cover, to the House-surgeon, on or before Tuesday, the 15th day of August. Candidates must have a diploma from one of the recognised Universities of the United Kingdom, or from one of the Royal Colleges of Surgeons, and must be Licentiates of the Apothecaries' Company. They must be single, and not less than twenty-four years of age. No private practice allowed. The salary is £50 per annum, together with board, lodging, coals, candles, and attendance; or £30 per annum in lieu of board.  
Torquay, July 24th, 1864.

## Manchester Royal Infirmary,

DISPENSARY, LUNATIC HOSPITAL, or ASYLUM.—Wanted, in consequence of the resignation of Mr. F. A. Heath, who has completed the period of his engagement, an unmarried Gentleman, as HOUSE SURGEON to these Charities. Every candidate for the office will be required to produce a Diploma from the Royal College of Surgeons in London, Edinburgh, or Dublin, and a License from the Worshipful Society of Apothecaries in London. The duties of the house surgeon are, to assist the surgeons at operations, and in dressing the patients; to visit the patients in the absence of the surgeons, under whose control he is to consider himself; and to take charge of the accidents in the absence of the surgeon of the week. He must take an engagement for one year. No salary is given; but the whole medical and surgical practice of the house will be open to him; and he will be provided with board and lodging in the Infirmary.—Letters from candidates, together with the diplomas and testimonials, are to be sent, free of postage, on or before Saturday, the 26th August next, addressed to the Secretary.

By order of the Board,

Weekly Board, July 31st, 1864.

R. THORPE RADFORD, Secretary.

## Derbyshire General Infirmary.—

OFFICE OF PHYSICIAN.—A Vacancy being occasioned by the Resignation of Dr. Bent, the Senior Physician of this Institution, gentlemen properly qualified, wishing to procure the appointment, are requested to send in their applications and testimonials as to their professional qualifications to the Secretary, not later than Twelve o'clock, on Monday, the 21st August next.

No gentleman is eligible who is not a Graduate in Medicine of Oxford or Cambridge; Doctor of Medicine of the University of London, Dublin, Edinburgh, Glasgow, or Aberdeen; or Licentiate or Extra-Licentiate of the Royal College of Physicians in London; or who practices any of the following branches of the Profession—viz., Surgery, Pharmacy, or Midwifery; or who is connected in partnership with any gentleman in such practice.

The Election will take place at a Special General Meeting, to be held on Monday, the 29th August next.

Derby, 24th July, 1864.

By order,

SAMUEL WHITAKER,  
Secretary.

# Messrs. Lane and Lara,

MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC ASYLUM REGISTRARS.

14, JOHN STREET, ADELPHI.  
(Established A.D. 1928.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
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**In a Western Suburb, a non-**  
dispensing GENERAL PRACTICE, yielding between £300 and £400 a year, and capable of any extension, is offered, with the lease and furniture of a licensed house, admirably adapted for insane, imbecile, or nervous patients of the first class, for £1600, of which the greater portion may remain on good security at 5 per cent.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**A General Fee-Practice, well estab-**  
lished in a western market-town, the centre of a wealthy and delightful neighbourhood, can be Transferred to a gentleman of good address, and not under thirty years of age, by a Partnership Introduction till Lady-day. Receipts average over £400 per annum; premium, including lease of capital House, 400 guineas; Rent, £40.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Lunatic Asylum. — £1000 may**  
remain on security of the property. — For SALE, the Goodwill and Lease, with necessary fixtures and furniture, of an Establishment, licensed for the reception of both sexes, and of excellent repute. It may be reached in three hours from London. The nett income is £800 per annum, and is capable of great and immediate increase. Purchase-money for everything, as it is, between £2000 and £3000.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

## The General Hospital, Birmingham.

There is a Vacancy in this Hospital for a RESIDENT PUPIL. — Terms and all other particulars may be obtained of the Secretary at the Hospital.  
July 28th, 1864. ROBERT J. NEWMAN, Secretary.

### MEDICAL.

**There are Vacancies at the West-**  
MINSTER HOSPITAL for a HOUSE-PUPIL and an Out-door APPRENTICE, who would have unusual advantages afforded them of obtaining a thoroughly practical knowledge of their profession. — For terms and particulars apply to Mr. Newcomb, the Resident Medical Officer.

**A gentleman connected with the**  
Medical profession will be happy to Collect their Accounts on Commission, and will make advances of money upon the amounts, Bills of Exchange, or any other collateral security. References, if required. — Apply, by letter, prepaid, to W. C., Post-office, Clifton-street, Finsbury-square.

### TO SURGEONS.

**To be Let, a House, with Surgery,**  
in a most excellent situation, to any gentleman desirous of establishing an extensive connexion in the above profession. — Apply to Mr. D. Catling, 27, Halliford-street, Lower-road, Islington, from One to Two, or after Six in the evening.

## Medical Practice, receipts from £300

to £400 per annum, to be Disposed of, for £100 down, to include a well-stocked and fitted-up Surgery; two months' Introduction. — Address, Beta, THE LANCET Office, Strand, London.

### MEDICAL.

**Wanted, by a gentleman aged 30,**  
who has completed his hospital studies, a Situation with a General Practitioner in town or country. Satisfactory reference can be given, both as regards respectability, moral character, and ability. — Address, A. B., 24, Præd-street, Paddington.

## A Gentleman wishes to place his

Son to reside for Two Years (previous to his walking the hospitals) with a General Practitioner in the country, having either Hospital or large Union Practice. — Terms to be addressed to Delta, Post-office, Sherborne, Dorset.

### MEDICAL.

## Wanted, by an M.R.C.S. Eng., L.A.S.,

and London Licentiate in Midwifery, aged twenty-eight, a situation as Visiting ASSISTANT, either in town or country; he is fully conversant with Private as well as Club and Union Practice, and can give most ample references as to respectability, &c. He would not object to take the charge of a Branch Practice. — Address, post-paid, to Mr. Hale, Fenny-Stratford, Bucks.

## Wanted, by a Surgeon in Leeds, an

ASSISTANT to Dispense and Visit. He must be a neat dispenser, capable of attending to minor cases, and able to attend occasional cases of Midwifery. If Lectures have not been attended, and it is wished to attend them, it can be done. The situation might be a permanent and increasingly valuable one for a gentleman whose character and conduct are satisfactory. — Apply, stating age, terms, &c., to F. R. C. S., 23, Park-place, Leeds.

### Medical Transfer and Partnership.

30, Bucklersbury, London.

## Mr. Orridge, Medical Transfer Agent

and Referee, in offering his services as a Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RELINQUISH, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

## General Practice. — £500 per annum.

A highly respectable Connexion, of long standing, in a beautiful district in a western county, is Transferable. The gentleman succeeding should be fully qualified, and not under thirty years of age. There is an excellent family residence, garden, &c. An efficient Introduction can be given. No appointments. — Apply to Mr. ORRIDGE, 30, Bucklersbury, London.

## Medical Retail. — The death of a

practitioner near Waterloo-place vacates a PRACTICE (with Retail establishment attached) in a very commanding position at the West-end of town, near the clubs, with a very desirable Connexion, which may be largely extended, and to which an Introduction can be given. The residence is a corner one, with valuable Lease. Entrance, £600. — Apply to Mr. ORRIDGE, 30, Bucklersbury.

### MEDICAL.

## An Open Surgery, well situate near

Brunswick-square, offering an Opening for a Practitioner, at little outlay, is Transferable upon easy terms. — Apply to Mr. ORRIDGE, 30, Bucklersbury.

## Wanted, by a Surgeon in the

country, a duly-qualified ASSISTANT, to Visit and Dispense. To reside in the house. A liberal salary given. — Apply, by letter, stating age, &c. to M. O., 27, Craven-street, Strand, London.

## A Gentleman, aged 22, accustomed

to a mining and manufacturing district, wishes for a Situation as ASSISTANT. Unexceptionable references given. — Address, J. E. O., Surgery, King-street, Wigan, Lancashire.

## Medical Pupil. — A General Prac-

titioner, holding the three qualifications, requires a PUPIL, he would have the advantage of obtaining a practical knowledge of his profession, and also a comfortable home. Premium moderate. — Address, A. G., 7, Slade's-place Deptford.

### TO DENTISTS.

## To be Sold, a Practice, in one of the

largest towns of England, averaging about £1000 per annum for the past ten years. — For terms, &c., apply, by letter, to Z., Mr. Geo. Davies, 4, Pancras-lane, City.

### TO SURGEONS.

## Wanted, a Situation as Visiting, or

Visiting and Dispensing ASSISTANT, by a young gentleman, aged twenty-five. Understands Parish and Club Practice. — Address, Medicus, 6, Castle-street, Oxford-street.

## Wanted, by a Surgeon in the

country, a duly-qualified ASSISTANT to Visit and Dispense. It is requisite that he should have a thorough practical knowledge of his profession. One having a knowledge of the Welsh language would be preferred. — Address, stating age, reference, and salary required, to D. Davies, Esq., Bryngolwg, Aberdare.

## Insanity. — A married Physician,

(formerly Medical Superintendent of an Asylum,) residing in one of our most esteemed inland watering-places, would be happy to receive a Gentleman suffering from a mild form of mental disease. The comforts and accommodation offered are of a very superior character, and for which adequate compensation would be expected. — Address, W. H. N., care of Mr. Bingham, Broad-street, Bristol.

TO STUDENTS ABOUT TO ATTEND ST. GEORGE'S OR ST. MARY'S HOSPITALS.

## A Married Surgeon, without family,

living close to Hyde-park, can receive TWO PUPILS to board and assist in their studies. Each can have a private apartment, with other convenience for Chemical, Pharmaceutical, or Anatomical experiments. The advertiser can receive one as an articled pupil, whose education he will entirely direct. — Address to M. B., Marshall's Library, 21, Edgeware-road.

## General Medical Practice for Transfer,

in a good market-town, surrounded by many adjacent villages, and a rich, well-populated district. A Churchman, well qualified, might calculate, with tolerable certainty, upon a considerable increase of business. The receipts average £250 per annum, including clubs. There is a good, convenient house, garden, and offices; and, should a suitable person offer, the terms would be found easy and moderate. — Apply to Dr. Smyth, Bingham, Notes.

## Oleum Jecoris Aselli.

## DR. DE JONGH'S LIGHT-BROWN COD-LIVER OIL.

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY,  
AND PUT TO THE TEST OF CHEMICAL ANALYSIS.

THE MOST EFFECTUAL REMEDY FOR CONSUMPTION, BRONCHITIS, ASTHMA, GOUT, CHRONIC RHEUMATISM,  
AND ALL SCROFULOUS DISEASES.

**Messrs. ANSAR, HARFORD, & Co.,** have the honour of informing the Medical Profession and the Public generally, that they have opened an Establishment at No. 77, STRAND, for the exclusive Sale of DR. DE JONGH'S COD-LIVER OIL, for which they have been appointed Sole Agents and Consignees in the United Kingdom and the British Possessions.

Whilst the marvellous effects of the Cod-liver Oil, and its superiority over every other remedy for the cure of Consumption, Asthma, Gout, Chronic Rheumatism, and all kinds of Scrofulous Complaints, are now too generally admitted by the most eminent practitioners to require any detailed exposition, a brief statement of the claims to public support of the peculiar preparation now first introduced into this country will naturally be looked for.

DR. DE JONGH, a Dutch physician of eminence, has, as it were, exclusively devoted himself, for upwards of fourteen years, to a series of scientific researches into the nature and properties of this inestimable medicine. His works, recording the results of his investigations, have been translated into most of the European languages; by universal admission, they are regarded by the Faculty as the standard authority upon the subject, and in addition to having obtained the spontaneous approval and the most flattering testimonials from some of the most eminent medical men and scientific chemists in Europe, including the names of BERZELIUS, LIEBIG, WOEHLER, JONATHAN PEREIRA, and FOUQUIER, they have been rewarded by his Majesty Leopold I, the King of the Belgians, with the large Gold Medal of Merit, and by his Majesty William II, the King of the Netherlands, with a Silver Medal, specially struck for the purpose.

DR. DE JONGH'S elaborate researches and practical observations have demonstrated the superior efficacy of the Light-brown Oil, which effects a cure in a much shorter time than the pale oil. His series of therapeutical experiments with the various kinds of Cod-liver Oil have invariably proved the light-brown to contain iodine, phosphate of chalk, volatile acid, and the elements of the bile,—imparting the colour to the Oil, and deemed amongst its most active and essential principles,—in larger quantities than the pale oil manufactured in England and Newfoundland, which by its mode of preparation is in a great measure deprived of these active principles.

So strikingly beneficial have been the results attending the use of the preparation to which DR. DE JONGH has awarded the preference, that in Holland and Germany, where this remedy has been prescribed for upwards of thirty years by the Faculty, for Rheumatism, Gout, and Scrofulous Diseases, and of late years with signal success for Consumption, the pale, or rather the yellow oil, in favour of which, owing to its long use and to its being considered in a very trifling degree more palatable, there existed a deep-rooted prejudice, is at present almost totally disused. In France and Italy, where its introduction is of more recent date, DR. DE JONGH'S Oil is already held in the highest repute amongst the most distinguished practitioners, and is in most extensive demand on the part of the public.

From every cask of Cod-liver Oil prepared according to DR. DE JONGH'S directions, a sample is taken, and submitted by him to the most careful chemical analysis prior to its being exposed for sale. By this means, the Faculty and the Public in general may rest assured of being able to procure the purest and most efficacious Cod-liver Oil; and this medicine, no longer exposed to the influence of accidental causes or foreign ingredients, capable of destroying, altering, or paralyzing its effects, will be able to assert its full rights, and maintain the ground it has so deservedly acquired.

A pamphlet, by DR. DE JONGH, with detailed remarks upon the superiority of the light-brown oil, directions for its use, cases in which it has been prescribed with the greatest effect, and testimonials, will be forwarded to medical practitioners gratis on application. The bottles containing the oil are labelled, and bear DR. DE JONGH'S stamp and signature, to which particular attention is requested. Directions for use accompany every bottle.

*The following are selected from some of the leading Medical and Scientific Testimonials in favour of  
DR. DE JONGH'S COD-LIVER OIL:—*

**BARON LIEBIG,**

Professor of Chemistry at the University of Giessen, &c. &c.

"SIR,—I have the honour of addressing you my warmest thanks for your attention in forwarding me your work on the chemical composition and properties, as well as on the medicinal effects, of various kinds of Cod-liver Oil.

"You have rendered an essential service to science by your researches, and your efforts to provide sufferers with this Medicine in its purest and most genuine state must ensure you the gratitude of every one who stands in need of its use.

"I have the honour of remaining, with expressions of the highest regard and esteem, yours sincerely,

(Signed)

"**DR. JUSTUS LIEBIG.**

"Giessen, Oct. 30, 1847.

"To Dr. de Jongh at the Hague."

The late

**DR. JONATHAN PEREIRA,**

Professor at the University of London, Author of the "Elements of Materia Medica and Therapeutics," &c. &c.

"MY DEAR SIR,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the author of the best analysis and investigations into the properties of this Oil should himself be the purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to

your application. The Oil which you gave me was of the very finest quality; whether considered with reference to its colour, flavour, or chemical properties and I am satisfied that for medicinal purposes no finer oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed)

"**JONATHAN PEREIRA.**

"Finsbury-square, London, April 18, 1851.

"To Dr. de Jongh."

**Dr. FOUQUIER,**

Professor at the University of Paris, Physician to his late Majesty Louis Philippe, &c. &c.

"DEAR SIR AND HONOURED COLLEAGUE,—I must begin by thanking you for your polite attention in sending me your works, and must furthermore openly acknowledge that you have rendered an eminent service to science, by acquainting practitioners with the cause of the frequent irregularity in the effects of the Cod-liver Oil, and directing their attention to a proper choice. You have thereby preserved to science the use of a medicine that might have fallen into utter discredit, in consequence of its unaccountable inaction in some cases. It is therefore with the greatest pleasure that I pay my tribute of well-merited praise to the successful efforts of the learned physician and chemist, whose researches after truth have cost him so many sacrifices, and who has shown us the way of rendering highly effectual the administration of one of the most powerful medicines we are acquainted with.

"Accept the assurance, most honoured colleague, of my sincere expression of gratitude and regard.

(Signed)

"**FOUQUIER.**

"Paris, Nov. 12, 1847.

"To Dr. de Jongh at the Hague."

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Saturday, August 12, 1854.



# THE LANCET.

Journal of British and Foreign Medicine, Physiology, Surgery, Chemistry, Criticism, Literature, and News.

No. VII.  
Vol. II. 1854.

LONDON, SATURDAY, AUGUST 19, 1854.

PRICE SEVENPENCE.  
STAMPED, EIGHTPENCE.

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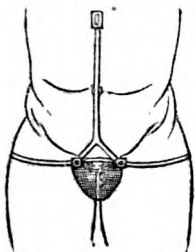


Fig. 2.

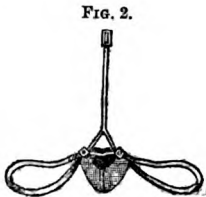


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Communication from Mr. BROADBENT, Surgeon, Ferry Hill, Durham.

MR. BENJAMIN NICKELS,

SIR,—I wish to state concerning your Plaster to the following effect. About ten days after an operation for Hare-lip, the boy fell against a stone step and ruptured the lip. The day previously I had received your Elastic Plaster, and on being summoned to the boy, (without much hope of success,) I applied three strips of the Plaster, extending from ear to ear, bringing the ruptured edges into apposition. Seven days after, the Plaster retained the cheeks in the position I had left them on the day of application. Fresh strips were then applied, and the edges ultimately united. In my opinion, no other plaster could have answered the intention, and I think it specially adapted to wounds on the face.

I remain yours obediently.

(Signed) G. W. BROADBENT.

NICKELS'S PATENT ELASTIC ADHESIVE PLASTER, and ELASTIC ADHESIVE BANDAGES, which are made on quite a new principle, rendering them a cheap, efficient, unvarying support as a spiral covering, or stocking (without the trouble of lacing), for varicose veins, sprains, weak joints, and all rheumatic affections. These Bandages may also be cut and applied as ordinary strapping.

The Patentee has had the honour of receiving the highest testimonials in approbation of his ELASTIC PLASTERS from the following most eminent Members of the Profession, and many other Gentlemen, by whom they are patronized and used in their hospital and private practice:—J. C. W. LEVY, M.D., Physician Accoucheur, Guy's Hospital. Mr. FERGUSSON, Surgeon to his Royal Highness Prince Albert, Prof. Surgeon, King's College, London; Surgeon King's College Hospital. Mr. HILTON, Surgeon, Guy's Hospital, Surgeon to the City of London Hospital for Diseases of the Chest.

THE PATENT ELASTIC COURT PLASTERS are found most superior both in appearance and quality.

Sold by all principal Chemists in the United Kingdom, and by Mr. BENJAMIN NICKELS, Surgical Plaster Manufacturer, 9, Camberwell-green, London.

## Sir William Burnett's Disinfecting

FLUID. Gallons, 5s.; Quarts, 2s.; Pints, 1s.; Half-pints, 6d.

This valuable Deodoriser and Disinfectant instantaneously destroys all BAD SMELLS without producing any itself. Its free use, as directed, PREVENTS CHOLERA and all CONTAGIOUS DISEASES.

Sold by all Chemists and Druggists, and at the Office, 18, Cannon-street, London-bridge.—N.B. Beware of a spurious imitation.

## The Cholera Prevented by the

destruction of all noxious effluvia.

CREWS'S DISINFECTING FLUID. Recommended by the College of Physicians. The cheapest and strongest CHLORIDE OF ZINC. Quarts, 2s.; Pints, 1s.; Half-pints, 6d.—Sold by all Chemists, Druggists, and Shipping Agents, and at Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

THE MOST CERTAIN PREVENTIVE OF CHOLERA YET DISCOVERED.  
FURTHER GREAT REDUCTION IN PRICE.

## Crews's Disinfecting Fluid is the

Best and Cheapest for the Purification of Dwelling-houses, Stables, Dog-kennels, Ships' Hold, Cesspools, Drains, Water-closets, &c.; the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion.

The extraordinary power of this Disinfecting and Purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other Disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crews's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide Instructions accompanying each bottle.

It is sold by all Chemists and Shipping Agents in the United Kingdom, in Imperial quarts, at 2s.; in pints, at 1s.; half-pints, at 6d.; and in larger vessels, at 5s. per gallon.

Manufactured at H. G. GRAY'S, Commercial Wharf, Mile-end, London.  
Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

## Purification of Linen—Prevention of

DISEASE.—J. BOILEVE, 55, King William-street, City, London, solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

69, Marybone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one basket per day.

I am, Sir, yours truly,

SAMUEL HUBERT,

To J. Boileve, Esq.

Firm of JOHN WOOLLAWS and Co., Paper-stainers.

## Warming and Ventilating by Hot

AIR, CHURCHES, HOSPITALS, TOWN-HALLS, and other PUBLIC BUILDINGS.—J. BOILEVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

4, Leadenhall-street, London, May 6, 1854.

DEAR SIR,—I have great pleasure in testifying to the value of your Calorifere, or Heating Apparatus, on the score of economy and utility; it combines warmth and purity of atmosphere, and is a vast improvement on our present absurd system of putting a current of cold air over our bodies, to be warmed in our fire-places, and then to be wasted up our chimneys.

No doubt your Calorifere will soon be used for our conservatories and green-houses, and most likely for warming our cattle, and drying our corn: I find no difficulty in warming our upper rooms by your Calorifere.

I am, dear Sir, your obedient servant,

To J. Boileve, Esq.,

55, King William-street, City, London.

J. MCHIE.

## Shower and all Domestic Baths.—

Purchasers of these valuable and important family requisites should immediately inspect DEANE, DRAY, and CO.'S extensive Stock, warranted the best manufactured, both for finish and durability. Deane, Dray, and Co.'s RECURRENT SHOWER BATH forms at the same time an excellent Sponging Bath, and may also be used as a Hip Bath, thus affording to all the members of a family the various applications of the bath. Shower-baths of improved construction; Hip, Plunging, Sponging, Vapour, and other Baths of various sizes and patterns. An illustrated pamphlet on Baths and Bathing may be had on application, or free by post. Established A.D. 1700.

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## HYGIENIC BATHS.

JENSEN'S TONIC

## DAPHNE MARINA SALT FOR BATHS

When dissolved in a Cold, Tepid, or Warm Bath, imparts so eminently strengthening and beneficial properties to the same, that, when once tried, a Bath will scarcely ever be taken without it. In the buoyancy and freshness it produces in the system, it is far superior to any known Sea Bath.

Sold at 1s. per packet, by the Proprietor, C. JENSEN, 103, Leadenhall-street, and 213A, Piccadilly, (near Regent-circus,) and by all Chemists, and Bathing Establishments.

# AN ACCOUNT OF THE METROPOLITAN BILLS OF MORTALITY.

FROM THEIR COMMENCEMENT TO THE PRESENT TIME.\*

By G. F. COLLIER, M.D.

HAVING had the honour to be temporarily employed by Mr. Panizzi, under the trustees of the British Museum, in collecting, digesting, and cataloguing the national records of mortality, expressly with the view to determine and to supply certain deficiencies in the old London Bills of Health, and having completed the annual bills of the eighteenth, as well as those of the nineteenth century, up to the last published annual bill, public utility, at the present juncture, seems to challenge a brief report of such investigation, in order to call the attention of the state and of the nation to the importance of possessing these documents in duplicate, agreeably with the avowed object for which the charter of the parish clerks was granted by the sovereign.

It is scarcely necessary to observe that, up to the time of Henry the Eighth, no general register of births or deaths was kept in England. It was in 1538 that registry became universal, as one consequence of the seventeen decrees set forth in that year, in the name of the king, by the Lord Thomas Cromwell, his vice-regent in ecclesiastical affairs; which injunctions appointed that the parson, vicar, or curate of every parish should keep a true and exact register of all weddings, christenings, and burials. This laudable example set by our ancestors to all Europe was speedily imitated by France, for in the year following, Francis the First issued an *ordonnance*, rendering the same measure compulsory on all the vicars of his dominions. The year 1592 is assigned, by all the authorities consulted on the subject of City registry, as the earliest period of the City bill, and 1611 as the date of the first incorporation of the parish clerks—that is to say, in the ninth year of James the First. These are the grave and oft-repeated errors of the books, due to the circumstance that authors who have handled this matter have all been content with the information supplied by John Bell, chief clerk of the Parish Clerk's Hall in 1665, without tracing the historic records of earlier periods. The lay clerks were, indeed, then incorporated, but the City parish clerks had been in existence as early as A.D. 1233, on Jan. 19th of which year they were incorporated, by Henry the Third, by the style and title of "The Fraternal of Parish Clerks," they being by that charter all required to be of the lower orders of deacons ecclesiastic, and competent to act in part-performance of the mass. It is equally erroneous that the bills took their rise in 1592. Proofs are extant that various sovereigns, or their ministers, had often looked to the "fraternitie" for an exact account of City mortality in times of pest. Indeed, the smallest amount of reflection will show that the figures which are scattered through our old English historians, representing the exact amount of deaths within and without the walls, on various occasions of pest, must have been supplied by this "fraternitie," long before rudely organized. It also appears, from "Claus's History of the English Plague," that a City bill was supplied daily in the time of Henry the Seventh and Henry the Eighth, during the climax of two distinct visitations, which Friend also notices in his "History of Medicine." Not only the numbers in detail, down to the unit, along with the sex, but also the occupation of the deceased, were minutely noticed; or how could these historians insist on the curious fact, that the list of the dead at the fourth and fifth return of the pest showed that the higher classes, and particularly the nobles, suffered exclusively, the malady not reaching their varlets and the poorer orders?—results diametrically opposed to those of the first visitation, at the conclusion of the reign of Richard the Third, before and after the battle of Bosworth. The expression "*pauperum ne unicum quidem*" is too explicit to leave a doubt about the matter. Besides, Friend gives the daily amount at the culminating point, and notices that two of the sons of Charles Brandon, themselves both Dukes of Suffolk, died on the same day, so that three persons came to that title within twenty-four hours.

It might be correct to say, in a general sense, that the bill was first printed in 1592, although that also is questionable. The clerks were under the supervision of the Archbishop of Canterbury and the Star Chamber Commissioners, by whom they were kept pretty close to their duties, as the five judicious decrees subsequently published from that chamber, to extend

the area of registration from time to time beyond the City walls *pari passu* with the growing population of the out-parishes, abundantly prove, and these bearing date prior to that of the charter of James the First. In the reign of the queen who was wont to hail her loving citizens with a "God bless you, my good people," proof is extant that the monarch and her ministers, in time of pest, had the written bill supplied to them; and also that the "fraternitie" had been repeatedly threatened with the penalties of the Star Chamber for being dilatory in such supply. When the sovereign set such an example of undelegated performance of duty, the minister was bound to follow it. Hence the great minister for war or peace, Cecil, Lord Burleigh, with Catholic Europe arrayed abroad against his country, and with plots and intrigues to watch and unravel at home, could yet find time to read reports touching the lives of millions, as also could his queen. The higher amiable sensitiveness of extreme civilization may cause authority to shrink from a death-warrant, but can scarcely be so morbid as not to tolerate the perusal of documents important to health and life. This trait in the character of Elizabeth is noticed by Bishop Andrews in a sermon still extant, preached at the parish church of Chiswick, in a time of pest, on the 20th day of August, 1603, before James the First, just after his accession, evidently as a laudable example for that monarch's edification.

Neither is it correct, as the books state, that the printing of the bills, which was begun in 1592, and interrupted in 1595, having been resumed in 1603, was regularly and unremittingly continued from that period. The printing was repeatedly in arrears, though subsequently performed. The truth is, that the pest, called the English sweating sickness, which had been the prime stimulus to the archbishop, the Star Chamber and the Parliament, having ceased in 1595, then also, just as now, ceased public anxiety and interest in the perusal of these bills; and then also, as now, economy and indifference resumed their sway over authority, man being the same of yesterday, to-day, and for ever. Such will always be the result of measures originated by the wisdom of the few, and carried by the panic of the many, not firmly based on general conviction, through the agency of reason and mature reflection. The printed bills reappeared at the pest of 1602-3; but even so late as 1625 the expense of printing them, at that time most costly, caused the thrifty citizens to pause; and it was only by the combined effects of a threat from the Star Chamber, and the boon of a printer, sent to them at the expense of the archbishop, the clerks on their part undertaking to erect a printing press in their hall, that the printed bill was again set in motion, and the printer's bill of charge economically obviated. The formation of the M.S. bill was, indeed, never interrupted from 1603; neither, after 1611, could it have been, without peril to their charter, for its terms are so stringently worded, that it dies a sudden death by any, even a single week's, omission—a master-stroke of policy worthy the imitation of modern statesmen, for it made the privileges conferred to be co-existent only with the unremittingly and faithful discharge of the duties and obligations imposed—i. e., formation and preservation; and this is the reason that, although no less than six offices have been, from the first, ever supplied with these bills, the only perfect series is to be found at Parish Clerks' Hall, Silver-street. Hence, also, with energies unexhausted and inexhaustible, this company still make up their bill, maugre the more scientific one of the Registrar-General, on which it operates as a part check or voucher.

[Here follows an exact list of deficits of certain original annual bills, defects which are nearly all cured by the reprints or collections by Petty, Morris, Grant, and Heberden, and only requiring careful comparison and official verification by the parish clerk's officer; and also sundry deficits in the weekly bills, including one *hiatus valde defensus* of fifty-seven years. There is a duplicate of the list on three folio pages, taken also by the proper officer, in the museum.]

Having determined and rendered an account of the deficiencies, attention has been directed to probable means of supplying them, in order to make the series in the museum a perfect duplicate, in case of loss by fire, damp, vermin, or other mischance. To place this subject before the public in a conspicuous view, it may be stated that their public value is estimated and recorded by the greatest political arithmeticians at a price far beyond anything that could be conveniently met by any fire insurance company. Furthermore, Heberden, in the introduction to his printed collection, thus expresses his opinion of their value—an opinion at once emphatic and prophetic:—"The time will come," says this chief ornament of the College of his time, "that some one, if able and willing, shall draw

\* In a letter to Mr. Panizzi, librarian to the British Museum.  
No. 1616.



conclusions from these documents great and important to the whole nation." It remains to give a summary of research in all the state offices and libraries that held out reasonable expectation of success, and next to show beyond all doubt that conclusions of the character assigned by Heberden may be drawn, "great and important," from the bills, aided by the modern continuation of them, beyond all doubt or cavil.

The investigation began by searching at Parish Clerk's Hall, and it was through the liberality of Mr. Wheeler, the master, aided by the zealous assistance of Mr. Bullard, clerk of the company, that the greater portion of the recovered annual bills, which complete the eighteenth and (*tantum*) the nineteenth century, were effectually supplied. Nothing could exceed the urbanity and attention, experienced as well in this as in every other department, of the City authorities. The promptitude, zeal, and patience displayed in supplying official assistance, and in giving access to all documents, irrespectively of their own personal inconvenience, *promptly*, without delay or appointment, irrespectively, too, of all charges for such services, prove that they are quite alive to the importance of the subject, in which, to speak the truth, they are far in advance of the Government and of the rest of England. The supply of duplicates for the purposes of the museum, however, from the Clerk's Hall is exhausted. It may be interesting to all antiquarians, and especially so to all who take an interest in City bills, to know that, since writing on the origin of these bills, conjecture with regard to the error of assigning such origin to 1592 is changed into certainty. The master has in his possession a bill of the date of 1681-2, also one as early as 1562,\* which has been carefully examined. It was not preserved at their hall, but purchased by Master Wheeler from private hands. This bill proves all the books (as conjectured for reasons already stated) to be in error, not excepting the "Remembrancer" of their own clerk of 1665, Mr. John Bell, who first originated and recorded it.

Attention was directed at an early period of this search to the library of the London College of Physicians, with an amount of hope and confidence which ended in disappointment. The secretary of that learned corporate body stopped an inquiry *in limine*, by a written answer of positive assurance that no bills existed with them of prior date to those of the Registrar-General, 1837-8. This poverty as regards records of health is the more surprising, inasmuch as one of their most illustrious fellows did himself (as before noted) edit a reprinted collection from 1592 to 1758, and in his introduction admonished and charged the body corporate on the importance of the duty of preserving them in harmony with the express injunction of their charter, by which Henry the Eighth created them chief guardians of the public health. Of this guardianship they failed not, in aspririt commendable, to remind the Home-Secretary, who had neglected to consult them in 1848-9. Whether Heberden's expensive work was the result of his own pecuniary sacrifice, or in part paid for from the College funds, the laudable object of it is lost and forgotten by his successors, who seem to be totally ignorant alike of its existence and its history.

Reference to the catalogue of the Royal College of Surgeons of England, with research thereupon, indicates that this eminent corporate body possess Petty's calculations, Morris's tables, Heberden's and Captain Grant's reprints and glossary of the terms of the bills, and Marshall's statistics, containing a sort of summary of the annual bill of a cycle of 100 years, digested on a scheme of which Cullen's nosological arrangement is the basis, and in which the antiquated terms, or heads of disease, are rashly replaced by those of Dr. Cullen's school. Not one original bill, however, is to be seen here; only the modern serial from 1836-37. This eventuality of the research was scarcely to be expected, since they received their manipulatory charter as early as the time of Henry the Eighth; and when the light of philosophy first began to dawn upon them, from Wiseman down to Hunter, and from Hunter to their own time of surplus talent and learning, the statistical mode of developing truth has been inculcated and practised most successfully, and its application to etiology and practice generally acknowledged. Two minutes' examination of the columns would show them,

for example, that carbuncles, which have rose to a multiple of 35 within ten years, as also whitlow and other phlegmons, have always been the foreshadowers of flux-pest of mucous membrane, and therefore that these local diseases acknowledge causes in common with those of the pest.

To inquiries made at the Secretary-of-State's office, (after appointment for answer on a future day,) on a second interview with the librarian, it was candidly admitted that, although he believed that these documents had ever, by usage immemorial, been delivered in duplicate by the Lord Mayor's yeoman, agreeably with certain charters,—one enclosed and addressed to the sovereign and the other to the secretary,—they had rarely been opened as a matter of curiosity, still more rarely perused, and that the one for her Majesty had never been forwarded. The bills, in truth, had become waste-paper, never filed, but left as a perquisite for successive office-sweepers, who, even if perchance they could read them, could scarcely have been expected to carry out the royal scheme of the original charter:—"That ourselves, our ministers, physicians, and others learned in such matters, might draw therefrom arguments and proofs of the reasons and causes of growing pests, to the intent that measures may be taken to prevent or lessen the same for the comfort and convenience of our well-beloved subjects." Imitating the pedantic language of this charter, it may be inferred that the *argumentum a priori* of these respectable subordinates would chiefly turn on the previous market price of the last waste-paper sold by the pound; and their idea of an *argumentum a posteriori* would probably be selfish, circumscribed, and limited, in practical application, to their own personal comfort and convenience. It is gathered that the sealed bills have for ages been received by successive officials with the same repugnance on their part to open them, and with about the same chance of being opened, as would attend a weekly presentation of Pandora's box. Yet a salary of £20 per annum (the more expensive office of yeoman now being abolished) is still allowed for delivering these bills from the City for her Majesty and the Home-Secretary!

Search in the City Chamberlain's office ended in taking minutes of a collection handed over at the death of City Chamberlain Clarke, agreeably with instructions at his death given to his son, to be deposited for the use of the citizens at their library at Guildhall.

Search in the City Town Clerk's office (where also they have been immemorably delivered, as well the annual as the weekly) showed that none whatever have been preserved, except a part of the modern series, from 1846.

Research into the ancient documents of the office of the Bishop of London, and into the records deposited in St. Paul's Cathedral, under the control of that office, was very slow and laborious, owing to the large extent of material. From records, licences, and proclamations, it may be inferred that Bonner, in 1540, and successive diocesans, exerted power of licence notwithstanding the charter of the physicians; that they interfered in times of pest by issuing seasonable orders; that they took cognizance of the bills of mortality, and even licensed the nurses and midwives, on their oath on the Holy Evangelists, to the ordinary engagements, as may be seen by a licence to one Rose Lawrence and six others to practise midwifery, the licence being granted on an examination of the candidates' skill and acquirements, and on letters testimonial *ad id* from an eminent Fellow of the College of Physicians. The midwives, in the document, are licensed to practise within the City and ancient suburbs. The same licence also empowers them to baptize *in extremis*, enjoining them to use aqua pura, and to eschew aqua rosa, oil de rosa Damascena, and to use the Scripture words only, "*sine verbis aliis prophanis quibuscunque*." The research justifies the expectation that a collection of the bills will be found there, but it is to be feared of too early a date to meet the deficits. (Vide Lib. Bonner, page 18.)

Application at the office of the Registrar-General was met by avowal of the absence of all the old bills in that quarter, their officers having been wont to refer to the collection of the British Museum. It will be gratifying to this officer, therefore, to find, on any future visit, that the annual deficits in the nineteenth century are now supplied, and that such completion may serve to facilitate or rectify future calculations.

The Board of Health, as gathered from an interview with their late commissioner, Lord Shaftesbury, possessed not any series of these bills. A nucleus, however, has been supplied to them by a presentation of such surplus bills as have come to hand through the medium of the present inquiry, which, though consisting only of less than a quarter of a century, may serve to rivet observation to the practical value of a comparison of the old with the new.

\* The following is a copy of the titles of two bills in the possession of Master Wheeler, and verified by the clerk of Parish Clerk's Hall. They have never before been published, and till now quite unknown to the antiquarian world:—

"The number of all those that hath dyed in the Citty of London, and the liberties of the same, from 28 of December, 1681, unto the 27 of December, 1682, with the Christenings.

"And also the number of all those that have dyed of the plague in every parish particularly."

"The number that died in the time of the great plague, 1665, from 1st January to the last December, of all diseases, twentie thousand, three score, and twelve, and the plague being part of the number aforesaid, seventeen thousand, four hundred, and four. The end."

An extended search into the library and records of Lambeth Palace and the offices of the Archbishop of Canterbury, in connexion with researches in the office of the Bishop of London, promises results of such importance as to justify a distinct and future report for the public service. Those who have recorded that our ancestors had no notion of registration till 1592, have committed an error allied to that which may be seen in Heberden's introduction to the printed collection of 1758, in regard to the Greeks and Romans, whom he represents to have been equally negligent of registration. It is surprising that this learned physician could have made such a mistake, since any one moderately versed in Greek and Latin literature might have known that both nations had their registrar-general and their boards of health, as recorded in all encyclopædias under the terms "registrar" and "registration." The charge of neglect of our national records, and of the loss of five out of six perfect series which might have been preserved, can neither be exclusively fixed on the State, nor on our corporate bodies, nor on the clergy, nor on the medical profession, but on all together, and is referable to the apathy on this subject pervading mankind in general, and the English nation in particular; for Chatham, who well understood his countrymen, once remarked "that he feared it was too much the temper of this country to be insensible to the approach of danger until it comes with accumulated terror upon us."

It remains briefly but forcibly to impress on the trustees and on the public the vast importance and high value of the bills, in order to prove that time, labour, or expense have not been expended beyond what was due to the interests of society.

1st.—Not only every educated man, but even any person tolerably versed in figures, will easily gather, by comparison of the bills of the nineteenth with those of the eighteenth century, that the rate of death by flux in the two eras has changed from half a person in every 1000 deaths, to the enormous amount of one-seventh to one-eighth of the whole mortality of London, (lung flux, or bronchitis, inclusive;) and that this gradually began in the first quarter of the present century, long before the exotic cholera appeared in England.

2nd.—That in 1825, or in any intermediate period from 1800, when flux had grown to a multiple of three or four, or of eight on the normal average of the eighteenth century, any sanitary statesman, acting on the maxim of *obsta principiis*, might have easily obviated the evil, since it was then limited, and even now is not remarked in many of the rural districts, where the normal average remains nearly the same as from 1700 to 1800.

3rd.—That, as the mortality by flux steadily increased before cholera, so has it done since its various visitations, exasperated indeed by the presence of its rival, but progressing from year to year independently of it, and swelling out the figures of diarrhoea and bronchitis, the two forms of its blood-taint.

4th.—That under these two forms of blood-taint is located a mortality of 52,000 within the last ten years, within the London area, a multiple of three and a half of the amount of death by *all the forms*, included in the registrar's tables under the term cholera, in the same period, and within the same area; and agreeably with this observation, a problem has been supplied for the amount of deaths by cholera for 1854 within the London area.\*

5th.—That the force of the figures was so conclusive, that it enabled a calculator, whose name is unimportant to this report, in an anonymous paper published in *Tait's Magazine*, February, 1851, to fix 1853-54 as the latest period for the third choleraic visitation, and the Government of 1850 stood so forewarned, as well also as did successive chairmen of the Board of Health.

6th.—That these same bills enabled the same calculator, for years, to deliver to successive chairmen of the Board of Health, in the second month of the year, nearly the exact amount of the forthcoming year's mortality by flux.

7th.—That these histories in figures also enabled him to predicate a large increase of mortality for 1851, which was verified by an increase of nearly 7000 deaths.

8th.—That by the same it was easy to calculate the period of this year (1854,) up to which embarkation of our troops or of emigrants would be free from risk, and that such calculation, at an early period of the year delivered to Lord Hardinge, turned out to be really correct, as had done also those delivered to the various ministers, and to the chairman of the Board of Health.

9th.—That these figures, contrasted and supported by those of the registrar, will show, in any inquiry into the causes and

cure of choleraic pest, that however impossible it is to prevent the spread of cholera all over the world, its inviter and hot-bed with us in London and in the large manufacturing towns, is a previous condition of blood-taint flux, since the causes, be they what they may, are not operating at all in many extensive rural districts, the normal average in such rural districts scarcely having been disturbed (except lately during cholera) from 1600 to 1853.

10th.—These bills also, not in figures of speech, but in the speech of figures, preach sermons more conclusive than eloquence can devise, since if traced through the sixteenth century, it will be found that all naturalized pests have ever begun with the poor, and in later visitations have culminated to the higher classes, sometimes exclusively; and the later figures show that the calculator was right who avowed, twenty years ago, that this would be gradually the sort of progress made by cholera, just as the English sweating plague took twenty-seven years in travelling, from the "scum of Britain," who landed at Milford Haven in 1483, gradually through the middle classes, to the court and throne of Henry the Eighth in 1510, (at its fourth visitation, and afterwards at its fifth,) that menarche emerging only by the strength of his constitution. This *ascensus* nature is now insensibly repeating. He who doubts this, has only to refer to the particulars, as well to the ancient bills as to those of the bills and practice of 1832, 1849, 1853, 1854. Yet so ignorant are the many legislators on this point, that they consider it a poor man's disease, and with equal truth ascribe its causes to the poor man's ignorance; an exclusive charge which with more truth, but not altogether with justice, might be nailed on the door of nearly every living statesman. With respect to this apathy, as with the fatal consequences of it to be observed in the sequel, "He hath made the rich and the poor to meet in death," for analogy tells that our magnates have but five years left for more active efforts.

11th.—It should be added, that the objection to the quaint terms used in the older bills is frivolous, since although quite unintelligible without a glossary, such glossary is found in Grant's account of the bills; and a satisfactory explanation of them is gathered from the medical works of the older English physicians of the fifteenth, sixteenth, and seventeenth centuries respectively, in which the symptoms are recorded.

No apology need be made for the boldness of spirit which pervades this report. It is in its character a small piece of historical patch-work, and the historian hath ever claimed to be alike independent of sovereigns, and of ministers, and of public caprice, actuated by the higher notion of being the servant of the "God of Truth" and the benefactor of posterity. It contains nothing that a school-boy could not verify by the bills; it contains nothing that can admit even of doubt or cavil.

In departing from the task, it may be allowed to express the mind's wonder at the lucid order and facility with which Mr. Panizzi superintends the gigantic duties of the British Museum. If the gentlemen who write facetious paragraphs scattered through the daily press and literary journals, on the hackneyed text of "slow cataloguing," would each take a month's turn at it, any of their future remarks would, through such experience, show more judgment and knowledge of the subject, although, perhaps, their sprightliness of style would be lost by the depressing recollections of the very unusual exhaustion they will have undergone—an exhaustion (even to one used to much hard work) the greatest ever endured by the author of this paper.

Spring-gardens, August, 1854.

## CLINICAL AND CRITICAL CONTRIBUTIONS TO OBSTETRIC SCIENCE AND PRACTICE.

BY ROBERT BARNES, M.D. Lond.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN-ACCOCHEUR TO THE WESTERN GENERAL DISPENSARY, PHYSICIAN TO THE METROPOLITAN FREE HOSPITAL, LECTURER ON MIDWIFERY, &c.

(Continued from p. 79.)

### ON THE TREATMENT OF POLYPUS.

A SURVEY of the opinions emitted by different practitioners will establish the fact, that the treatment of polyposis is not yet settled upon any definite principles. Dupuytren invariably practised excision; others advocate the exclusive use of the ligature. In a recent discussion at the Medical and Chirurgical Society, a great diversity of opinions was made manifest. Mr. Canning, the author of the paper under discussion, considered that the case he related "established a proof that Dr. Locock's plan of excision was preferable in all cases of hard and pedunc-

\* The problem supplied to Lord Palmerston (and published,) in 1853, is this, —As the deaths by bronchial and bowel flux in 1846-47-48 were to cholera of 1849, so flux-deaths of 1851-2-3 to cholera-deaths of 1854.

culated polypi." I think no one plan of treatment can properly be advocated as exclusively applicable to all cases. "Ni jamais, ni toujours," is a maxim of moderation that deserves to be respected in this instance as in most others. The choice of the mode of treatment must be determined by the nature of, and the circumstances attending, the particular case in hand. It is in reference to this question of treatment, that an accurate appreciation of the pathology of polypus is so valuable. If it be possible to lay down any rules defining the practice that should be followed in the treatment of these cases, the surest and the most comprehensive will be those based upon the differential characters of polypi.

It is useful to bear in mind that we are by no means restricted to a selection between the ligature or excision. Several other modes of removal may in particular cases be preferable. Torsion, breaking up by the forceps, and cautery, may often be most usefully resorted to.

Perhaps the rule of practice may admit of being thus generally expressed. Polypi of the muscular variety, arising in the cavity of the womb should be removed by the ligature; polypi of the vascular kind should also be removed by the ligature; polypi of the fibro-cellular kind, springing from the cervix uteri may be removed by excision or by torsion; polypi of the follicular kind may be removed by excision.

But the rule of practice admits of no more than a general expression. It cannot be laid down with absoluteness. Each of the propositions I have submitted must be received with a liberal interpretation. Particular facilities or difficulties may often justify a departure from the more general principle of conduct. And I think it useful to consider some of the more usual circumstances which may influence our decision.

In the case of muscular polypi of large size which have descended into the vagina, when the neck is large, and the presumption that it contains vessels of considerable size exists, the propriety of resorting to the ligature is apparent; but as the process of detachment may occupy a long time, and there is some danger of further injury to the system from the absorption of putrid discharges, it may be advisable to excise the tumour below the ligature.

Many cases of small muscular polypi still enclosed in the uterus may give rise to embarrassment. In these cases it will rarely be possible to pass a bistoury or curved scissors into the cavity of the uterus with safety; but it will often be possible to apply the ligature by means of Gooch's double canula. To facilitate the application of this instrument, it may be desirable to dilate the cervix by means of sponge-tents. When the double canula cannot be applied, it may be still possible to apply a ligature round the neck of the tumour by means of Mr. Brooke's ingenious instrument for tying knots.

In some cases it will be better to remove the tumour at once, by cutting through the neck with a silver wire, as practised by Dr. Simpson. This proceeding differs from ablation by the knife or scissors, in bruising or tearing the bloodvessels of the pedicle, and so lessening the risk of hæmorrhage.

In the case of the fibro-cellular polypi of the cervix, we are governed very much in the choice of proceeding by the size and accessibility of the tumour. If of large size, and very vascular, the safest mode is that by torsion. If not readily reached by the forceps, the instrument contrived by Dr. Loock may enable us to divide the neck. This is a kind of scoop, carried up into the cervix by means of a canula.

If of small size, and there be no fear of hæmorrhage, fibro-cellular polypi may be removed by cutting through the neck with a curved bistoury or scissors. If of very small size, they may be crushed or torn off by the forceps, or even by the finger-nail. Dr. Montgomery says he has cured some small polypi by caustic alone.

The follicular polypus, growing by a large basis from the margin of the os uteri, may for the most part be readily removed by excision; and in many cases the best mode of excision will be to cut through the neck with a silver wire, or a slender but strong ligature of silk or whip-cord.

Is it possible to cause the disappearance of fibroid tumours and fibroid polypi without having recourse to ablation? Can we hope by local and constitutional means to arrest the growth, and bring about the degeneration of these bodies? In those cases where these outgrowths have assumed a polypoid form so as to come within the reach of the surgeon, the question of removal by any other than direct surgical operations is one of little importance. But in the case of fibroid tumours still imbedded in the walls of the uterus, placed by this circumstance beyond surgical interference, the question assumes the greatest interest. The simultaneous growth of fibroid tumours with the enlargement of the womb during pregnancy, and their simultaneous retrocession after delivery, prove that the abnormal

and the normal muscular tissues may be affected by the same influences. The history of these fibroid tumours also seems to show that they have a period of active growth and vitality, followed by a period of inertness, during which they may pass into various forms of atrophy and degeneration. It is not unreasonable to expect that this period of growth may be shortened, and the advent of degeneration hastened.\* Ordinary hypertrophy of the uterine neck often yields to local and general treatment. Enlargement of the body of the uterus itself is frequently successfully treated. As a general law in pathology, the vitality of morbid growths is less vigorous than that of the healthy structures. Thus morbid growths are commonly less able to resist the operation of remedial agents. During the stage of activity of fibroid tumours, every precaution should be taken to maintain quiescence of the uterus; every stimulus to the afflux of blood, local and constitutional, to this organ should, as far as possible, be rigorously excluded. The periodical excitation attending upon ovulation and menstruation cannot, of course, be escaped from. But this is less conducive to the growth of tumours, and infinitely less dangerous than pregnancy. The latter risk may be avoided. The removal of every cause that can favour vascular activity of the uterus is, in my opinion, the leading indication.

I am not desirous of extending the limits of this treatise by entering upon a discussion of the various modes of treatment which have been employed with a view to the subduing of uterine tumours; but in postponing the consideration of this subject I would urge the importance of a steady perseverance in the endeavour to arrest the development of tumours which exhibit a disposition to grow. Discouraging as the effort frequently is, it is not always so. Experience has amply shown that the growth of uterine tumours may sometimes be controlled.

There is another point connected with the treatment which requires to be noticed. It is frequently not enough to remove the polypus in order to restore the patient to health. In many cases the polypus has, during its sojourn in the uterus or cervix, produced effects which will not disappear on the simple removal of the cause. This point had never, I believe, been sufficiently insisted upon, until Dr. Henry Bennet and Dr. Montgomery showed that the irritation and pressure caused by the presence of a polypus frequently gave rise to a great amount of congestion, inflammation, hypertrophy, and sometimes ulceration of the cervix. If these conditions be not subjected to special treatment they may still continue to keep up hæmorrhage and leucorrhœa, and to frustrate the success of the operation. It is in all cases necessary to make a careful examination within a short time after the removal of a polypus, in order to ascertain whether the uterus and the cervix have returned to their normal condition.

In addition to these secondary local effects of polypi, which often require after-treatment, the constitutional effects will almost in every case demand the most serious attention.

The law expressed in the maxim, "*Sublata causa, tollitur effectus*," would be more true with this modification: the cause being removed, the effect *admits of being removed* also. In many cases it is necessary to persevere for a long time in the cautious and steady pursuit of a reparative course of treatment. But as the treatment called for presents no feature of a special character, nor differing from that indicated in other states, in which the system has been impaired by loss of blood, and the degradation of its properties, it is not my intention to enter into any details upon this subject.

Devonshire-square, May, 1864.

\* Since this memoir was written, I have had an opportunity of reading the elaborate "Report on the Surgical Treatment of Certain Fibrous Tumours of the Uterus heretofore considered beyond the Resources of Art," by Dr. Washington Atlee. I have given an analysis of this work in the Quarterly Report on Midwifery in the *British and Foreign Medico-Chirurgical Review* for July. The possibility of bringing about the degeneration of fibroid tumours artificially has been illustrated by Dr. Atlee in a series of cases, of which it is not unjust to say, that they are more remarkable for audacity in treatment than success in result. His principle of proceeding is thus expressed:—"These tumours are very imperfectly organized; consequently their vitality may be very easily destroyed. A section made through their thin investing membrane will sometimes be followed by the death of the whole mass. This may be owing to the admission of atmospheric air causing it to degenerate. Indeed it would appear that the action of the oxygen of the air, like a portion of yeast in a fermentable mass, may originate in any part of a fibrous tumour an action of cremaculus, which may extend throughout the whole." Acting upon this view, Dr. Atlee has treated many tumours of enormous size, imbedded in the walls of the uterus, by free incisions carried into their substance, and attempts at enucleation by the aid of instruments, and repeated doses of ergot of rye. Some of the tumours have thus been more or less broken up, and more or less completely removed. In some cases death has followed the operations. I think the change which took place in the tumours operated upon by Dr. Atlee was mortification or gangrene rather than degeneration, properly so called, or cremaculus. I doubt very much whether the history of the cases reported by Dr. Atlee afford much encouragement to follow his example. There must be few women whose constitutions, previously shattered by exhausting hæmorrhages, would be able to survive the severe and protracted and repeated operations recommended by that courageous practitioner.—August, 1864.

ON THE  
TREATMENT OF DIARRHŒA, WITH REPORTS  
OF TWO CASES OF SPASMODIC CHOLERA.

By W. LAWSON, Esq., L.S.A., &c., Cleveland-street, Fitzroy-square.

In the ordinary cases of diarrhœa, of which there have been, within the last month, many hundreds in my practice, I have generally found the following (universally I might say) successful:—To an adult labouring under a severe form of diarrhœa, with pain in the bowels, frequent dejections, at first dark, and afterwards rice-coloured, I give calomel, five grains; powdered opium, a grain and a half, in two pills; and follow it up by a mixture of prepared chalk, two drachms; aromatic confection, a drachm; powdered gum acacia, two scruples; tincture of catechu, half an ounce; compound spirit of ammonia, two drachms; essence of ginger, a drachm; cinnamon-water, to six ounces. Mix. A fourth part to be taken after every loose dejection, adding according to circumstances, ether, and tincture of opium. If there is vomiting, I direct sinapisms to the chest and belly; if cramps, to the feet and calves of the legs; forbidding all slops, and directing cold brandy and water, and solid aliment. When the diarrhœa is subdued, great care is necessary to restore the biliary secretion, by small doses of mercury with chalk, with a sedative, such as extract of hyoscyamus, and a gentle aperient of magnesia and rhubarb.

For children under six years of age, I have generally been successful with the following:—mercury with chalk, three grains; Dover's powder, two grains: mix for a powder; and compound chalk mixture without the opium; sinapisms to the pit of the stomach.

For food:—New-laid eggs and bread; thick arrowroot with brandy, as with adults. No slops, excluding even beef-tea, until the diarrhœa is stopped; then beef-tea, with a little portwine and arrowroot mixed.

During the present epidemic, I have treated only two cases of well-marked Asiatic cholera.

CASE 1.—A female, fifty-two years of age, very fat, and asthmatic, living in a kitchen, under which there is a cesspool, said to have been there without being emptied for upwards of thirty years. I was called to her on Sunday, July 16th, at five P.M. She had cooked the family dinner at two o'clock, and had eaten freely of roast lamb and green peas, at which time she appeared in her usual health. About four, she became very sick, vomited freely, and was once purged. I saw her at five o'clock; she was then cold as ice, painfully so to the touch; the skin perfectly blue; without pulse, and without voice; still sick, but as I learnt, had not been purged more than once, the quantity about two quarts. I directed brandy and water to be given in large quantities; turpentine and hot water applied to the stomach; sinapisms to the feet, and had the legs, arms, and hands rubbed with turpentine embrocations. At six o'clock, she had somewhat recovered; but the vomiting and pain continued. The fingers and toes were contracted; cramps and spasms of the legs and stomach. I then ordered the calomel and opium pills, and the chalk mixture, with ether and laudanum. About ten o'clock the pain and cramps had ceased, as well as the vomiting. The surface became warm; a hoarse whisper could be heard; there was still no purging, nor had there been any secretion of urine. At twelve o'clock all the symptoms were mitigated; the skin was warm; the pulse free; the voice better; cramps only occasional; still no secretion of urine. I ordered a repetition of all the measures, frictions, sinapisms, brandy, &c.

July 17th.—At eight A.M. she was still improving, but seemed lethargic. I discontinued the opium, and ordered the other means to be continued, but being called away, I found on my return at six P.M., that supposing her much better, their application had been suspended, and the stage of collapse had returned. She never again rallied, and at twelve o'clock she died, without either vomiting or purging.

CASE 2.—A man, thirty years of age, living in a confined and unhealthy situation, in a house charged with the filthy exhalations of privy and cesspool, was seized with cramps and vomiting on the 5th of August. When I saw him first, he was cold, blue, and pulseless, the eyes sunk, and the face with an expression of horror and fear, firmly impressed with the idea of cholera and death; there was violent pain in the stomach and bowels; fingers and toes contracted; cramps in the legs, and no urine had passed. I gave two calomel and opium pills, and the following mixture:—Spirits of camphor, two drachms; oil of capcut, thirty drops; tincture of opium, fifty-five minims; peppermint-water to six ounces. Mix. An ounce every two hours. Turpentine applications, sinapisms, brandy

and water, and solid diet, frictions to the feet and legs. These remedies were continued with slight variations for nine days, and the patient has recovered, but continues very weak.

In many cases of diarrhœa I have tried the diluted sulphuric acid, but have never seen any benefit from its use, unless perhaps on a few occasions, when it seemed to check vomiting.

I am perfectly aware that the cases related are of a very ordinary kind, and I only mention them as confirmatory of the opinion I have always held, that diarrhœa is not a precursor of Asiatic cholera. In 1849, I attended upwards of 3000 cases of the severest species of diarrhœa, without one becoming cholera; and I saw in that year upwards of 100 cases of genuine Asiatic cholera, not one of which had been preceded by diarrhœa.

This year I have seen many hundreds of cases of diarrhœa, which have been easily subdued; and I have only seen these two cases of cholera, neither of which have arisen as consequences of diarrhœa.

## TREATMENT OF CHOLERA AND DIARRHŒA

IN THE  
VARIOUS HOSPITALS, INFIRMARIES, AND DISPENSARIES IN THE METROPOLIS.

No. I.

### MIDDLESEX HOSPITAL.

By Wednesday last, ten cases of cholera in an advanced stage had been received into this hospital during the prevalence of the present epidemic. Of these, five have already proved fatal; but it is remarked by one of the resident medical officers, that the disease at its present visitation has put on such unusual violence, and run its course with so much rapidity, that little hope of recovery has existed where the cholera has reached any advanced stage. The preliminary diarrhœa has speedily been succeeded by collapse, the intermediate stages noticed in former visitations having been altogether absent, or so transient as to be little observable. The usual treatment here of cholera in its malignant form is, first to administer a very full dose of calomel, (from ten grains to a scruple,) which is laid upon the tongue with little reference to the quantity, except a discretionary administration relative to the age of the patient, who is as soon as possible afterwards placed in a warm bath, where he remains from twenty to twenty-five minutes, or until some degree of reaction is restored. After this, two grains of calomel are administered every two hours, and alternately with this dose, Stevens's saline mixture,—consisting of chlorate of potash, six grains; chloride of sodium, a scruple; sesquicarbonate of soda, half a drachm; water, an ounce and a half,—is given. The latter mixture is also injected per anum, and during this part of the treatment, cloths wrung out of hot water, and sprinkled with turpentine, are laid over the region of the bowels. For the advent of the disease—the stage of diarrhœa—the treatment pursued has been to administer about forty minims of dilute sulphuric acid every half hour for the first six doses, and afterwards once every six hours, in conjunction with strong peppermint-water, and the results of this treatment have been, as we learn, in the highest degree satisfactory. The number of patients treated in this way for diarrhœa has been considerable; but as they are mostly out-patients, no record has been kept of their cases. Whenever the diarrhœa has merged into the stage of collapse, they have promptly been received into the hospital, and subjected to the mode of treatment first-mentioned above. On Wednesday, three patients treated with the dilute sulphuric acid, after being in a state of collapse, were reported in a fair way for recovery.

### ST. MARYLEBONE GENERAL DISPENSARY, WELBECK-STREET, CAVENTISH-SQUARE.

At this institution, Dr. Armitage informs us that no cases of genuine Asiatic cholera have been presented for treatment. Instances of choleraic diarrhœa have, however, been numerous, and subjected to treatment with ordinary chalk mixture, chalk with opium, or catechu. In a short time the disease has succumbed to these remedies.

### WESTMINSTER GENERAL DISPENSARY, GERARD-STREET, SOHO.

MR. ROBERT WADE, in cases of simple diarrhœa, is in the habit, when the motions indicate sluggishness of the liver, of giving a mild dose of blue-pill, and the following mixture:—Sesquicarbonate of ammonia, powder of rhubarb, of each half-a-

drachm; sesquicarbonate of soda, a drachm; oil of peppermint, six drops; white sugar, one drachm; compound tincture of camphor, and compound spirits of lavender, of each three drachms; distilled water, eight ounces; of this three tablespoonfuls are given every four hours.

When the cases are more severe, and the motions watery, the following is administered:—Dilute sulphuric acid, three drachms; syrup of ginger, half an ounce; peppermint water, eight ounces. Three tablespoonfuls after each liquid motion.

In addition to this, a one-grain opium pill is given at bedtime, and strong mustard plasters applied over the entire abdomen, and kept on as long as the patient can bear them.

#### WESTERN GENERAL DISPENSARY,

LESSON-GROVE.

THE ordinary treatment adopted here, for diarrhoea, in children under seven or eight years of age, consists of a mixture of the following composition:—Prepared chalk, powdered gum acacia, aromatic confection, of each an ounce; caraway water to eight ounces; of which two drachms are given every four hours.

For adults the same mixture is ordered, with the addition of half a drachm of tincture of opium to the eight ounces. Or else:—Dilute sulphuric acid, two drachms; compound tincture of cardamoms, half an ounce; water, seven ounces and a half. Mix. An ounce to be taken every four hours.

About 1000 cases of diarrhoea have been treated during the last month. We have no returns of cases of genuine Asiatic cholera under the care of the medical officers of this establishment.

#### INFIRMARY OF ST. GILES AND ST. GEORGE.

MR. BENNETT, the senior surgeon, states, that in mild cases of diarrhoea, the ordinary prescription has been a mixture of aromatic confection, compound spirit of ammonia, (or of sulphuric ether,) chalk mixture, peppermint water, and tincture of opium; the doses graduated according to age. When there has been great irritability of the stomach, and vomiting, a pill of calomel and opium has been given, and no drink suffered until an hour after taking the pill.

Dilute sulphuric acid has not been used, as the preceding remedies have been found successful.

When cramps have occurred, frictions, mustard plasters, and hot wet cloths, sprinkled with turpentine, have been employed; the latter applied, according to circumstances, over the limbs or the abdomen. In severe cases, two grains of calomel, with a quarter of a grain of opium, are given every two hours, and brandy freely.

Two cases of Asiatic cholera have been attended out of the house by the medical officer. They were a husband and wife, living in Church-lane, one of the very worst localities in the parish of St. Giles. The treatment recommended for the former was not carried out, and, indeed, when first visited the man was in collapse and speechless, and the case rapidly proved fatal. The wife was treated with brandy; the mixture first above-mentioned; calomel and opium; mustard plasters and turpentine externally. The treatment was so far successful, that her life was prolonged through a state of collapse lasting sixty hours, but she subsequently sank from the consecutive fever, dying on the eighth day of the choleraic attack.

#### PUBLIC DISPENSARY,

CAREY-STREET, LINCOLN'S-INN-FIELDS.

FROM fifty to sixty new cases of diarrhoea have been attended here during the present month. One plan of treatment adopted has been, at the outset, the administration of two grains of calomel with eight of rhubarb, followed by a mixture, of which ammonia and tincture of opium are the chief ingredients. At other times, the two following formulæ have been made use of:—Chalk mixture, decoction of logwood, equal parts, with five minims of tincture of opium, every four hours; or, chalk mixture, with five minims of tincture of opium, four grains of carbonate of ammonia, and a drachm of tincture of catechu, for a dose.

In certain cases two grains of calomel, with a third of a grain of opium, were followed by an ounce of castor-oil. No cases of confirmed cholera are reported.

#### ST. MARTIN'S-IN-THE-FIELD'S WORKHOUSE.

IN a communication received from Dr. Bainbridge, medical officer of St. Martin's-in-the-Fields, he says:—

"I have to state, that up to the present time we have not

had more than the usual amount of diarrhoea at this season of the year, and not, as yet, one case of Asiatic cholera.

"My usual treatment in these cases of diarrhoea, where there have been frequent dejections, with violent gripping pains and sometimes sickness, has been to administer one or two grains of solid opium, followed up by chalk mixture, five ounces and a half; tincture of opium, a drachm; tincture of catechu, half an ounce; aromatic confection, a drachm and a half. Two tablespoonfuls to be taken every hour. This has generally acted like a charm. In this stage the disease is completely under control.

"In 1849, I had a district of the parish assigned to me as well as the workhouse, and, from March to October, I attended 1669 cases, the principal part being in August, September, and October; out of these I had twenty-seven deaths.

"Where the deaths occurred, with one exception, the patients, when I first saw them, were labouring under vomiting, rice-water purging, the peculiar sepulchral hoarseness, suppression of urine, cold tongue, breath and surface, cramps, blue skin, and were sometimes nearly pulseless, indeed, in complete collapse.

"To several of these I gave large quantities of ammonia and brandy. In some I tried dilute sulphuric acid; in others, Dr. Ayre's plan of scruple doses of calomel every ten minutes, mustard poultices, frictions, &c., but no remedies appeared to have the slightest effect, as there was no absorption.

"The conclusion to which I have come from actual observation of this disease is, that the remedies I have mentioned are almost specific in ninety-nine cases out of one hundred, if given sufficiently early. Where the patients are nearly pulseless, with rice-water motions and general collapse, I believe all remedies are unavailing."

#### COLDBATH-FIELDS PRISON.—HOUSE OF DETENTION.

THERE have been no cases of cholera under the care of Mr. Wakefield; but from the 24th of July up to this time there have been 133 cases of diarrhoea, most of them attended with sickness. The stools have generally been of a bilious character, but in some instances there was a deficiency of bile; in none was there any appearance of rice-water evacuations. At first, in most of the cases, there was a feeble pulse, with coldness of the tongue and extremities, and violent pain in the abdomen. All of the cases soon recovered. The treatment in every instance was as follows:—A scruple of the sesquicarbonate of soda in a wineglassful of strong mint tea, repeated every half-hour, if necessary; sinapisms to the abdomen. The diet consisted of beef-tea for dinner, and cocoa night and morning.

At the House of Detention, also under the care of Mr. Wakefield, there has been no cholera, and only one or two cases of ordinary diarrhoea, which soon recovered.

#### ST. GEORGE'S, SOUTHWARK.

MR. J. W. WAKEM writes:—"I beg to inform you that I have treated 400 cases of diarrhoea, and 28 of cholera, since the 26th of July, in the London-road district of St. George's, Southwark; 6 cases of diarrhoea proved fatal, of which 3 were previously debilitated, and 3 passed into cholera; the remainder recovered, most of them speedily. Of the 28 cases of cholera, 12 died in from twelve to forty-eight hours; 3 fresh cases are now under treatment; of the remainder most are convalescent. In one case paralysis of the left arm occurred, and the patient (a muscular young man, about twenty-five years of age) has now, twelve days after attack, but partial use of it, but is daily improving. In this case the patient was in a state of collapse in half an hour; he also suffered extremely from cramp in his stomach, legs, and arms, for two hours.

"Symptoms (Diarrhoea).—Purging in most cases has been very frequent, attended with severe tormina, and in many cases cramps in the stomach, bowels, &c.; motions, from pale yellow to rice-water; in about a third vomiting has been very severe. In diarrhoea I have found the following pills more effectual than any other medicine:—Powdered opium, capsicum, camphor, and calomel, of each half a grain; commence with two pills, afterwards one to be given after every liquid evacuation.

"I have not found the dilute sulphuric acid generally succeed; but in some few cases I have used it, combined with opium and decoction of logwood, when the disease has assumed a somewhat chronic form. I find very large mustard sinapisms of the greatest service in all forms of diarrhoea and vomitings, whether or not attended with pain or cramps. They should be applied



directly to the skin, and sufficiently large to cover the whole of the abdomen.

"In the treatment of cholera, I have never found any medicine that I could positively say has been of any use. In the stage of collapse I am in the habit of giving plenty of saline diluents."

#### BLOOMSBURY DISPENSARY.

*Cases of diarrhoea.*—From July 1st to July 15th, 1854, 7; from July 16th to July 31st, 23; from August 1st to August 15th, 103.

*Cases of cholera.*—From August 1st to August 15th, 1854, 3.

*Treatment: Diarrhoea.*—Thin broth; calomel, half a grain; rhubarb, three grains; in a pill; followed by three drachms of castor-oil. Afterwards,—Chalk julep, one ounce; nitrate of potash, five grains; Dover's powder, three grains; three times a day. Every case, without a single exception, has yielded readily to this plan of treatment; and, in several instances, it has effected a speedy and permanent cure where the astringent method had failed to afford more than temporary relief, either the diarrhoea having returned, or headache, coated tongue, pain in the epigastrium, and other symptoms of biliary derangement having supervened.

*Cholera.*—Salt emetic, (two ounces of salt to half a pint of water;) calomel, one grain; rhubarb, three grains; every hour. Chloride of sodium, one scruple; chlorate of potash, five grains; bicarbonate of soda, ten grains, every two hours. Cold drinks. Warmth to the extremities.

Of the three cases thus treated, two, both occurring in children of the same family, proved fatal. The treatment was followed, in one, by copious bilious evacuations, return of pulse to the wrist, and of warmth to the surface, perfect relief from cramps and spasms, and restoration of the renal secretion; but the patient died a week afterwards from exhaustion. The other child did not rally from the stage of collapse. The family were living in a wretched kitchen, surrounded by faecal emanations, and nearly in a state of starvation. The third case was that of a woman, who has recovered under the calomel and rhubarb, and saline treatment.

#### Medical Societies.

##### ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27TH, 1854.

JAMES COPLAND, M.D., F.R.S., PRESIDENT.

##### ENGLISH STATISTICS OF HOOPING-COUGH.

BY EDWARD SMITH, M.D.

(Communicated by Dr. B. JONES.)

THIS was a statistical inquiry into the frequency, age, sex, temperature, and mortality of hooping-cough, as deduced from the Registrar-General's returns. The following are the author's conclusions:—

1. *In reference to its frequency.*—In the London district, the diseases which are more fatal are phthisis, pneumonia, bronchitis, typhus, convulsions, and scarlatina, in their order. In all England, in 1847, diarrhoea was added to this list, and their order varied. There was greater diversity in the great registration divisions, both as to the precedent diseases, and their order of mortality. The proportion to the total mortality in London is 1:29.6; in all England, in 1847, 1:45.7; and varying, in the great divisions, from 1:28.1, in the eastern, to 1:94.8 in the south-western: it is as 1:181.4 of the total population. The most fatal years from 1844 to 1853, in London, were 1849 (45 per week) and 1853 (50 per week); and although both these years had high general mortality, the mean mortality from hooping-cough was not due to that circumstance. The lowest mortality was observed in 1844 (25 per week), and that did not correspond with the general mortality.

2. *In reference to age.*—It is a disease essentially of dentition of the first series, and, under one year, is the most fatal of all diseases. It thus differs from all other members of the zymotic class.

3. *In reference to sex.*—The mortality is more prevalent in females at every period of life, and this prevalence increases as life advances. It does not thence follow that the disease itself is more prevalent in that sex; but if it be so, it is prob-

ably due to the susceptibility to impression, and the power of passive endurance, which characterize the organization of females.

4. *In reference to temperature.*—The degrees of temperature, and the number of deaths, are in the inverse ratio to each other. The greatest mortality is observed in the first quarter, and also in the winter half of the year; and the least mortality in the third quarter, and the summer half-year. The maximum mark is about April, and the minimum about August, and the mortality passes from the latter to the former in uniform waves. The highest temperature precedes the lowest mortality by about a month. The line of temperature separating high from low mortality is 48°. The waves of the greatest intensity of mortality occur every second year, being then 76 and 74 cases per week, in contrast to 47 and 52 cases per week observed in the highest mortality in the alternate years, or those of recession. After a severe outbreak of the disease, there is diminished intensity, and lessened temperature does not then produce its ordinary effects. As the year of recession leads into that of intensity, the intensity becomes so great as to move in advance of, and not in the rear of, the lines of temperature, contrary to the established rule. The deductions in reference to hooping-cough do not correspond to the general mortality; they are directly opposed to the zymotic class, and have little relation to the nervous class, but exhibit a remarkable correspondence with the pectoral class, (excluding phthisis.) This latter fact indicates a close analogy between fatal cases of hooping-cough and chest affection.

##### A PATHOLOGICAL INQUIRY INTO THE EFFECTS OF SYPHILIS UPON THE UTERINE ORGANS, AND THE RELATION AND PRACTICAL IMPORTANCE OF VARIOUS UTERINE ABNORMALITIES.

PART II.

BY F. W. MACKENZIE, M.D. LOND.

THIS was a continuation of Dr. Mackenzie's communication read to the Society at the last meeting on June 13th. The former paper consisted of a detailed history of the several uterine lesions following syphilitic infection; the present comprised an account of their several pathological relations, and their practical importance.

##### ON SOME POINTS OF PATHOLOGY AND PHYSIOLOGY.

BY S. F. STATHAM, ESQ.,

Assistant-Surgeon to University College Hospital.

*Supplementary Observations on Low Inflammation.*—The author commenced by alluding to the rarity of experiments performed by the inoculation of putrid fluid into animals, and he gave the results of his own observations in some carefully drawn-up tables. The latter part of the paper consisted in remarks upon low inflammation, action of chloroform, development of cancer, &c., in which the author's views were ably stated.

#### Reviews and Notices of Books.

A *Manual of Practical Therapeutics, considered chiefly with reference to articles of the Materia Medica.* By EDWARD JOHN WARING, M.R.C.S.E., H.E.I.C.S. Fcap. 8vo, pp. 766. London: Smith, Elder, and Co. Bombay: Smith, Taylor, and Co.

THE author, or rather as he styles himself, the compiler, of this book informs us in his preface, that it is not his intention to compete with any of the established works upon *Materia Medica*, but rather to develop one of the most important aspects of that science, and in fact the only part of it bearing directly upon the employment of drugs in the treatment of diseases—viz., the medicinal qualities of the materials employed. Whilst not omitting the botanical and chemical characters of the agents of which he treats, he dwells most fully upon their ascertained effects upon the human frame in various states of health and disease. This important view of the subject has certainly been barely treated in some of the most popular works upon *Materia Medica* with the consideration which it demands, and there is therefore (we would incline to think) just ground for the idea that there was room for such a work as the one before us, without in any degree exposing the author to the charge of book-making.

Consisting, then, as this Manual does, of a summary of the medicinal virtues imputed in different quarters of the globe to drugs of all classes by various observers, whilst giving the compiler credit for his industrious researches, we must remember that, if we accept all the results as ascertained facts, we shall be in great danger of meeting with disappointment, as many properties insisted on most strenuously by one observer, especially if he be the introducer of a drug, are negatived upon its more extensive trial. This has been forcibly illustrated in the case of many medicines, even of late years, which, after having run a promising but brief career, have quickly subsided into their original obscurity.

On the other hand, it is perhaps too much the fault of most men in active practice, that not feeling disposed to burden their minds with the long list of drugs which they are nominally supposed to be acquainted with, they confine themselves to the use of some very few medicines in whose favour they have been prejudiced by habit and education, and neglect the employment of many which in certain cases are not efficiently replaced by those used.

Hence arises that routine practice which, useful as it doubtless is in getting over a great deal of work in a short time, is probably exceedingly prejudicial to a truly scientific practice of the healing art. Mr. Waring's production will, in this respect, be calculated to do good by presenting, in a concise form, the information which the medical man requires in order to guide him in prescribing the most suitable remedies.

Wherever properties which are not universally recognised are ascribed to any plant or mineral, the authorities are given who have witnessed such effects, and the reader has thus an opportunity afforded him of determining in his own mind the degree of credence he is disposed to attach to their assertions upon the subject.

It is not a little curious, in looking over the recorded opinions of different authors upon the properties of some drugs, (especially when, as in the present work, we have them, for reference, arranged side by side,) to observe the discordance in the estimate formed by each of the value of an individual remedy, and in no instance is this more apparent than in the case of the ergot of rye.

"The opinions of writers upon the value of ergot," says Mr. Waring, "are very diversified: Le Mercier Lysancourt, Beclard, Barret, Legonlaia, Desmoureaux, Gardien, Capruen, Jackson, and Hall, declare the ergot to be inefficacious; and Madame La Chapelle affirms, after long experience, that 'its innocence is its great virtue.' On the other hand, Drs. Houston, Hoessack, Holcome, and others, object to its use on account of its extremely active and deleterious property; whilst a third class, including Michell, Church, Godwin, Desgranges, Dewees, Davies, Clarke, Mackenzie, Blundell, Jewell, Churchill, Wright, and the great body of practitioners, regard it, when properly administered, as a safe, efficacious, and useful remedy. These differences of opinion are explainable only in the following way: the first class either used too small a dose, or employed an inferior article; the second class administered it in too large or too frequently-repeated doses; whilst the third class hit upon the happy medium."

This *may*, perhaps, be the true explanation of the difference of opinion upon this point, but it seems a strange fatality that either of the eminent authors above cited should have been, in a series of cases, uniformly at fault in either the dose or the quality of his medicine, especially where his observations extended over such a period of time as would lead one to suppose that he must inevitably have done right sometimes, if only from accident. Probably a better explanation may be found in the recollection of the fact that, of an occurrence in which two people are engaged under similar circumstances, each may give an account diametrically opposite in many points to that of the other, and each be equally confident of the truth of his own assertions. Mr. Waring's manual will, we think, obtain favour with the medical public, for the extent and usefulness of the information it contains, as well as from the fact of its filling a gap which has been much felt by many.

*A Treatise on Diseases of the Lungs, having especial reference to Consumption; including Diagnosis and Treatment.* By ANTHONY WILLIAM CLARKE, M.D. London. 1854. pp. 259.

DR. CLARKE'S work has been written during a certain leisure attained by retirement from professional duties, and from a desire to embody in a volume the results of experience acquired in a practice of tolerable extent. The author evidently has had very considerable experience at the bed-side, and appears to have felt more interest in the pathology of children than many of those who yet having ample means for the study of pediatrics usually do. We cannot say that Dr. Clarke's treatise comes up to the *scientific form* late works on pulmonary affections have been made to assume, nor can we free it from the imputation of being rather diffuse in its descriptions, and as not much increasing our store of information upon the subjects of which it treats. Nevertheless, it is a true and faithful record of clinical experience, gained chiefly through (though by no means alone) certain old-fashioned methods of observation now by far too frequently the fashion to disparage and deny. As such, all those who do not think auscultation and percussion are everything, but that in the observation of the expectoration, the general habit and character of a patient, his strength, powers of digestion, and signs of this character, much valuable diagnostic aid lies, will thank Dr. Clarke for this revivification of extended and minute clinical experience. We would not be thought to imply that the methods of Piorry and Laennec are ignored by the author, the contrary being the fact; but rather to show that in his treatise they by no means, as in too many, form the major portion of the subject upon which the author dilates.

## WHAT IS CHOLERA?

*To the Editor of THE LANCET.*

SIR,—This question has been often asked, but never satisfactorily answered. The various causes assigned appear to have no foundation. Is cholera (as some assert) a malignant fever, which kills in the cold stage? May not the following explain cholera. Cholera depends for its essential cause on obstructed hepatic circulation, induced by some external atmospheric condition acting on the blood, by which it is poisoned (as in yellow fever.) It is not sufficiently oxygenized, or, in plainer words, it is saturated with vegeto-animal, or some other malaria, which prevents it from assuming its arterial and vital character: hence congestions, in all the spongy viscera particularly. The blood from the abdominal viscera not finding an easy transit through the liver, the result is hyperhæmia, or congestion in the intestinal organs, inducing irritative diarrhoea, which, if not checked—the evil continuing—the veins and exhalents become loaded, and the blood serum is poured out in the form of rice-water evacuations, to be followed up by death from the system being drained of the vital fluid: hence the solid parts of the blood remaining—an easy solution is found for dyspnoea, impeded circulation, leaden hue, cramps, and all the horrid train of choleraic phenomena—vessels loaded with pitch-like blood, &c. No pathologist, under such a view of the case, can wonder at the frightful mortality of this plague. Sir D. Barry said, Cure the diarrhoea, and you cure the disease. This may be true, but I say, relieve the hepatic obstruction, and you will, in all probability, cure the cholera. To this end I would recommend calomel internally, ammonia, ether, peppermint, with other stimulants, (of which hundreds have been recommended,) camphor, and *hyoscyamus* in preference to opium; this latter certainly appears to check hepatic secretion. At the same time I would rise frictions, with oil of turpentine and camphorated mercurial ointment.\* All action must be from within, I therefore do not place much reliance on external warmth, except by covering with blankets.

The post is about to close, so I must stop. I have written this "curiente calamo." Cholera is near us; it is now killing its thousands at Barbadoes, and I fervently pray that the Great Disposer of events will turn this curse from our shores.

I remain, Sir, yours &c.,

JOHN FURLONGE, M.D.

Antigua, July, 1854.

\* See Dr. Ayre's Reports, and also Dr. Davey's excellent paper, in late LANCETS.

# THE LANCET.

LONDON: SATURDAY, AUGUST 19, 1954.

ATTACK from rivals and imitators is certainly nothing more than THE LANCET might always have expected, and this homage it has constantly received during its long and prosperous career. Such hostility is one of the tributes rendered to its success as a medical journal, and forms one of its best titles to the confidence of the profession. When we receive manly and open blows, none can be more ready than ourselves to meet and parry, and, if need be, to return them with interest. But when, as on recent occasions, the virulent assaults of our enemies exceed all the license of honourable warfare, we have little care to answer, resting satisfied that such attacks harm our opponents more than ourselves, and that they are, by the revulsion they cause in the professional mind, one of our best sources of defence.

More especially do we feel obliged to them for their constant reference to the past history of THE LANCET, because we are sure that, notwithstanding some faults and errors necessarily incident to such an undertaking, the main principles, intention, and execution of THE LANCET are those alone upon which a medical press could have served the profession as THE LANCET has served it during thirty years. It has been a particular labour of love on the part of our contemporaries to exhume the unhappy quarrel between Mr. BRANSBY COOPER and ourselves. We referred to this subject last week, and we do so again on the present occasion, to show that we have no desire to shun the question.

The Editor of the *Association Journal*, instead of addressing himself to the serious question of his own veraciousness, digs away at THE LANCET of twenty years ago with a most edifying diligence, and we dare say he may learn something worth knowing in the process, as a reward for his pains. Animated by the most pious desire to promote concord and brotherly love throughout the profession, he labours like a Hercules to reproduce long-buried feuds, and besmirch them with gall and bitterness. Week after week he whines forth a pious approval of Providence for giving him, in recent events, such an excellent opportunity of taunting us with retribution. His alluvial second, "that ill-conditioned person" described the other day in Westminster Hall by Sir ALEXANDER COCKBURN, also cries out "an eye for an eye, and a tooth for a tooth," and declares that he holds Mr. COOPER's "ghost" in his keeping, and could frighten us very dreadfully, if he would.

Let the whole matter respecting Mr. BRANSBY COOPER be re-discussed. We have no objection, quite the contrary. Twenty-five years ago our hospitals were as sealed books to the medical public, and THE LANCET entered upon a contest with the hospital authorities for the publicity, before the profession, of all important matters respecting hospital practice and proceedings. There was no place in which this contest raged more fiercely than at the then united Hospitals of Guy and St. Thomas. THE LANCET was formally excommunicated by the authorities. Hospital surgeons met, and subscribed their money freely to put down THE LANCET and ruin its editor. Students or medical men daring to supply information respecting hospital practice or management, for publication,

were ignominiously expelled. Our accredited reporters were grossly insulted and mobbed wherever they showed themselves. They could not attend the medical societies without subjecting themselves to insult. We contended then, as we contend now, that the struggle in which we were at that time engaged was a most righteous one for the profession. After an abundance of aggravation, a member of our staff reported an unfortunate operation of Mr. COOPER in exaggerated terms, and demanded that a full account of it should be given to the profession. Mr. COOPER, though a man of an amiable disposition, had distinguished himself by a bigoted antipathy to medical publicity. Thus the matter arose. Personally, the Editor of this journal could have had no ill-feeling towards Mr. COOPER, but when the fight began, he was bound to support, to the best of his ability, principles which he believed founded on truth and justice, and to defend himself and property, when both were attacked. Mr. COOPER was injudicious enough to commence an action against us for libel, and thus his case acquired, not the professional publicity for which we had contended, but a publicity which he and his friends ever afterwards deplored. The motives which urged on this trial were well known. It was thought it must ruin THE LANCET. It was more with a view to the destruction of this journal than the vindication of Mr. COOPER's character as a surgeon, that the action against ourselves was urged on. That was the real stake pledged and played for in this contest. It subsequently turned out otherwise than the promoters of the trial had supposed, but this was an after and dearly-bought wisdom.

But what was our offence in this matter? A reporter of this journal sent to us a description of an operation of lithotomy, and a fuller account was demanded of the parties concerned in the operation. Our pages were open to Mr. COOPER for any corrections he might have chosen to make. That inquiries into the hospital practice of that day were necessary may be inferred from the fact that parties are now living who saw, at one of the Borough hospitals, two children cut for stone in successive weeks by the same surgeon, when no stone existed! We might, in Mr. COOPER's own case, with a view to injure him, have demanded an inquest and a coroner's jury. By using the means which have recently been resorted to, a verdict might easily have been obtained against Mr. COOPER, and against those who held the staff or handed him his instruments. But it never entered into our minds to commit such an iniquity. If we had done so, we should indeed have effected, or, at all events, have deserved to see, the ruin of THE LANCET. We might have set a shar lawyer to "furrage out" evidence, and feed some unscrupulous counsel opposed to Mr. COOPER; but all we sought was that the case should be candidly laid before the profession by the operator himself. The public trial was, we repeat, his own act, and for the consequences he and his friends were alone responsible. Mr. COOPER subsequently saw his folly clearly enough. Looking back at this distance of time, we are astonished that any man should have committed such an error. His great uncle, Sir ASTLEY, applauded the principles and objects of THE LANCET. He was not afraid of publicity or medical journalism.

There is one point connected with Mr. BRANSBY COOPER's trial, which has never fairly been placed before the profession, and to which we will now allude. In the production and publication of the imperfect report of Mr. COOPER's unfortunate case of lithotomy, we ourselves had no more than

a general responsibility as the Editor of this journal. We did not personally write it, though we readily undertook to defend its author and the principle he represented. The report in question was written by Mr. LAMBERT, a contributor to this journal, and than whom a nobler nature was never connected with the medical or any other press. He was no mere hireling, but he entertained a profound conviction of the abuses which the want of publicity fostered in our hospitals, and he possessed a spirit to dare their reform, whatever the risks might be to himself. When the report of which Mr. COOPER complained was written, he had been stung to bitterness by the scorn and contumely exhibited towards him, as the representative of THE LANCET, on the part of the hospital surgeons of that day. Ultimately Mr. LAMBERT, while almost a youth, died of a broken heart, worn out by the persecutions and ill-treatment he had received in the performance of what he considered a lofty and sacred duty. Mr. LAMBERT and Mr. BRANSBY COOPER were the two representatives of an era in which the great battle respecting hospital publicity was fought and won. Mr. LAMBERT died in the fight, as we have described; Mr. BRANSBY COOPER, whom we are accused of destroying, died of cancer, at the age of sixty-seven, and the worst injury he received in the contest was, that he did not after his trial reach that pinnacle of eminence to which he believed himself, but to which his friends really did not believe him to be, entitled. It is possible, however, that his moderate success rested rather with himself than with the extraneous events of his celebrated legal tournament with ourselves. But however this may be, shall others receive all commiseration, and shall no thought be given to poor LAMBERT, who was far more the victim of Mr. COOPER and the hospital surgeons in league with him, than ever was Mr. COOPER of THE LANCET and its writers?

How often has it been hinted that we have had the poisoned chalice returned back to our own lips? Cant and bigotry have assailed us with their worst, but we smile at such efforts. What we have dealt to others we are willing to accept for Mr. WEEDON COOKE and his operation for lithotomy. We ask no more for the Royal Free Hospital than that which we rendered to Guy's. As for Mr. THOMAS WAKLEY, we do not believe that any one of our most bitter enemies can say in his heart that he has not been treated most unjustly. We are content for him to be judged by his past and his future career. The profession will properly estimate the infamous attempts to stab him through the body of his colleague. But has Mr. WEEDON COOKE been treated as Mr. BRANSBY COOPER was? We published an account of Mr. COOPER's operation; it was declared to be incorrect, and we demanded that he should himself publish an account of it. It was upon this our quarrel arose. In Mr. WEEDON COOKE's case, the first threat is of an inquest, the first charge is one of manslaughter; and he is prevented by his legal advisers from publishing an account of his case, a thing which he would himself have desired. Mr. COOKE had no wish to blink publicity. We would ourselves have demanded of him a full account of the case, and it would have been given to the profession. Others might have commented as they pleased. He could, like Mr. COOPER, if he had so judged, have appealed to the law for protection. But we will not insult our readers by insisting upon the difference of the tribunal to which Mr. COOKE was subjected, as compared with the publication of his case in any journal, however hostile.

In the latter part of his life, Mr. COOPER harboured no unfriendly feelings towards the Editor of this journal or his family. He himself lived to see the value of publicity, and resorted to it in this very journal. As we observed last week, he in the most friendly manner supplied us with the materials for his biographical sketch, and sat for the portrait which appeared in our columns. But all this is beside the main question. Were we right or were we wrong in the great principle we contended for twenty-six years ago, and in the struggle for which Mr. COOPER got an unlucky hurt? Let the present condition of the Hospitals of St. Thomas and Guy testify. To that we appeal fearlessly. In every department they challenge publicity and investigation. There are no hospitals in London which furnish for the various medical publications a more copious abundance of valuable matter. For the last ten years our pages bear witness that none have been more laborious, nor more willing that their labours should be published, than the physicians and surgeons of these great hospitals. Guy's has, perhaps more emphatically than any other institution, recognised the utility of a periodical medical press. Only last year, the authorities advertised discontinuance of the admirable series of "Guy's Hospital Reports." One of the grounds put forward for this discontinuance was, that the reports of cases in the formerly dreaded LANCET were so excellent, that the local volume had become unnecessary. It must be remembered, to feel the force of this fact, that THE LANCET was the first journal to supply hospital reports, and that the battle of hospital reporting was more keenly waged, and contended for during a longer period, within the walls of Guy's, than in any other hospital in London.

We might find the justification of our policy in other quarters. Let the career of this journal for nearly the third of a century bear witness to its utility and to its power. It has been, as it will continue to be, a weekly history of progress made, of prejudice broken down, and of rights and privileges gained, not by any limited sections of the profession, but by the profession at large. "The greatest good to the greatest number," has been the motto of THE LANCET, gaining it who can. How many waves of opposition have broken against it, not only without inflicting injury, but rather with the effect of imparting vigour and strength? And this recent commotion, the late hubbub of unscrupulousness and spite, has it damaged THE LANCET? In the end, it is not we who shall complain. There are, we doubt not, many individuals who would gladly, if they could, wipe out all traces of their participation in the recent scandals. The story of their prejudice and folly, many as the dupes, and some as the duping, will, however, remain. But THE LANCET is still "the great fact" of the profession; and when all the froth and falsehood of the knaves and dunces who have feebly combined against it shall have blown to the winds, it will remain, strong in its hebdomadal life, not shorn of a single type, nor deprived of its ability to foster right, and denounce wrong to the best of the power and intellect of those to whom its management is entrusted.

WHENEVER an appalling catastrophe, marked by the sacrifice of human life, occurs, the public mind, as soon as it has recovered from the first shock of horror, turns, as it were by a natural law, to the idea of punishment; and that idea of punishment is too often dictated under the imperious dominion

of a feeling of vengeance. It is forgotten that vengeance is the attribute reserved by Almighty power: and well would it be for mankind if human presumption could abstain from usurping a function which it requires universal knowledge and divine mercy to exercise aright. But many see no further than this: they hear of a frightful deed of wholesale slaughter—as in the case of child-massacre at Escher—and instinctively and obstinately cry aloud for the blood of the perpetrator: six lives are not enough; another must be taken—blood for blood! And yet—setting aside the consideration of the question as to the justice and expediency, which many good and wise men doubt, of capital punishment—may it not be well to consider calmly, and remote from passion, whether the perpetrator of a deed, however transcending in atrocity, be justly an object for such a punishment? By our code of criminal law this question must be put. In short, the question, Whether the prisoner be sane or insane, responsible or irresponsible, a criminal or an object for medical treatment and restraint, must be put. Now, to whom is this momentous question put? Shall it be put to those who are ignorant of the nature of mental disease; or shall it be put to those who alone are competent to decide it? There is a maxim in law, seldom disregarded in any other case involving questions requiring special or professional knowledge for their solution,—“*Crede experto*,”—Trust to the skilled. It is true that, even in matters within their special province and practice, the skilled may err—judges as well as doctors differ—but still common sense adheres to the principle, and we prefer to yield our assent to the judgment of those who are the most likely to be right.

On the trial of ANN BROUGH for the murder of her six children, the question of the sanity of the prisoner was accordingly put to medical men skilled in the diagnosis and treatment of insanity. The decision of Dr. FORBES WINSLOW, Dr. BAMPFYLDE DANIELL, and Dr. DUESBURY was, that the unfortunate woman was insane. Some of our contemporaries have objected, with much emphasis, against the term “uncontrollable impulse,” attributed to Dr. WINSLOW. We are assured that Dr. WINSLOW never used the term. He described the case as one of “homicidal impulse.” The distinction is manifest and important. The gentlemen we have named were qualified, not only by their professional attainments, but also by their special knowledge of the facts of the case and their observation of the prisoner, to come to a correct conclusion. Their testimony was not impeached by that of any other qualified witness. No medical man was called to declare that in his opinion ANN BROUGH was sane, responsible, and criminal. More than this, one gentleman, well known as a medical jurist, Dr. ALFRED TAYLOR, whom it was intended to call for that purpose, and who was in court, after being in full possession of the case, came to the same conclusion as Dr. WINSLOW. Because Dr. TAYLOR could not support the prosecution by stating that the prisoner was of sound mind, he was not called. We will not upon this occasion pause to discuss that principle which appears to reign over our proceedings at criminal law, which assumes it to be just that the counsel for the Crown, who is presumed to be the counsel for absolute justice, should strain every nerve to obtain the condemnation of the prisoner, and should, in furtherance of that end, hold back evidence that might not only be useful to the prisoner, but actually subservient to the ends of justice. A plain understanding, not refined by the subtleties of the law, will with difficulty comprehend why, presuming the object of

the prosecution to be the discovery of truth, evidence eminently calculated to aid in that discovery should be suppressed. It is our opinion that ANN BROUGH was entitled to the evidence of Dr. TAYLOR, notwithstanding that he had been subpoenaed by the prosecution.

But we cannot now pursue our reflections upon this subject. That our readers and the more judicious portion of the public will concur in the opinion of Dr. FORBES WINSLOW and his colleagues, we entertain no doubt. Had ANN BROUGH been the possessor of wealth, had the question of her sanity been at issue before a Commission in Lunacy, proofs of mental aberration far less weighty than any that transpired at the late trial would have been held sufficient to deprive her of liberty and the enjoyment of her property. A close, and we believe an impartial, observation of the decisions in our Criminal Courts, and of Commissions in Lunacy, has brought us to this conviction,—that a standard of mental soundness is employed in testing the responsibility of a person charged with the commission of a crime, different from that which serves in testing the competency of a person to manage his affairs. Insanity that so overwhelms the reason and the affections, the moral and intellectual powers, as to drive a mother to the massacre of her children, is not so easily believed in, as is that insanity which is now equivocally expressed by incapacity in the conduct of business. Life and liberty are held cheap: property is guarded with the most assiduous jealousy.

ONE good result which, we have every reason to believe, will follow from the appointment of the new Board of Health, presided over by Sir BENJAMIN HALL, is, that the medical profession will be more fairly and fully represented and considered, both in the constitution of the Board itself, and in all its relations and dealings with the profession. We feel assured that the disposition to act justly towards us prevails generally amongst the officers composing the present Board; indeed, evidence of this disposition is afforded to some extent by the instructional Minute recently issued in relation to Cholera. Nothing can exceed the propriety of the tone and spirit in which all points relating to the medical management of that disease are considered.

It is obvious that in a Board of Health the medical element should not only be represented, but it should even predominate. A Board of Health acting without the sanction and authority of the medical faculty, the members of which are, by education and knowledge, in their own right, health officers, involves an anomaly and a contradiction. Nothing probably more powerfully contributed to the downfall of the late Board than the want of consideration evinced towards the medical profession, and the absence of agreement between the Board and profession in the views entertained. A remarkable instance of this will be remembered. During the prevalence of one of the recent outbreaks of Cholera, the Board advised almost complete abstinence from fruits and vegetables; the College of Physicians, on the other hand, gave advice almost the very reverse of this, and recommended the moderate use of well-cooked vegetables and ripe fruits, as being essential to the maintenance of the body in a state of health, and there is no doubt which advice was correct.

The time and thoughts of the Board of Health will no doubt be fully occupied for the present in carrying out the various measures which are required by the presence once more amongst



us of that dread scourge, Cholera; but this visitation passed away, we trust it will lose no time in entering upon the consideration of the important subject of the adulteration of articles of food and drink. If pure water be so necessary to health, and if when impure it forms so potent an agent in the production of disease, how great must be the effect on the health of the various articles of consumption, both solids and fluids, adulterated, as they so frequently are, in a hundred different ways, and this too often with the deadliest mineral poisons, as copper, arsenic, lead, and mercury? The late Board, we know, intended shortly to have taken up the subject of the adulteration of food, and we are satisfied that the present Board, by entering upon this question, would gain the well-deserved thanks of the country at large. The adoption of this suggestion would constitute a new feature in the proceedings of our own Boards of Health, but not in those of foreign countries, in which the necessity for securing pure and unadulterated food and drink has long been fully recognised and acted upon. We confidently believe that it would not be at all difficult to prevent, to a very great extent, the practice of adulteration now so prevalent, to the detriment of the public health, and to the scandal of the nation. That the subject of the adulteration of food should not sooner have engaged the attention of our Boards of Health is perhaps not so surprising, when it is considered that, until lately, the data did not exist by which the nature of the adulterations practised, and the extent to which they prevail, were made known. This information has now been supplied to a considerable extent, through the unceasing labours of the Analytical Sanitary Commission, published in this journal during the past four years. In connexion with these labours, we consider that the time has now arrived when the name of Dr. ARTHUR HASSALL should be mentioned, on whom these inquiries have almost exclusively devolved, and to whom belongs the credit of having brought to light practices in relation to the adulteration of food of the highest importance, and of the extent and nature of which no one previously entertained any adequate conception. It is almost impossible to over-estimate the importance of these labours, either in a pecuniary or sanitary point of view, both as regards the public and the medical profession. To Dr. HASSALL, then, we would say, belongs the merit of having established in this country a new and distinct department of public hygiene.

Of the new President of the Board of Health, Sir BENJAMIN HALL, we expect great and good things. Sir BENJAMIN is possessed of known ability, and has a thorough knowledge of business; moreover, although not wanting in firmness, he is of a conciliatory disposition. The present Board of Health, although doubtless a great improvement on the Board that preceded it, is not yet complete as regards its powers. By a singular and unaccountable omission, the metropolis is not included under its operation. This defect must surely have originated in some oversight, and should be remedied as soon as possible.

THE new regulations relative to the appointment of assistant-surgeons in the East India Company's service mark an era in the administration of public affairs. Under the India Bill of last year it was provided that the Medical Department should in future be supplied, not by men whose merit consisted in having influence with a director, but by men who could show the more unequivocal qualification of absolute fitness under the test of scientific competition. It will be well for

the public service generally, as well as for the credit of the Medical Department of the East India Company, when a similar principle shall be universally adopted. The direct and indirect advantages that would flow from such a course are incalculable. In the first place, it cannot be disputed that better public servants will be secured, and that being better men, and not owing their places to public patronage, they will be animated by a more independent spirit. In the second place, the indirect influence upon general morality and the advancement of education will be of the highest importance. Who has not witnessed, with pain and indignation, the contemptuous disregard of decency of many a young man, who, in firm reliance upon family interest, has felt himself at liberty to neglect the plain duty of striving to fit himself to discharge with credit the functions to which he was destined?

The Board of Commissioners have now issued their regulations for the admission of candidates at the first examination, to be held in January next, for the appointment of assistant-surgeons. Those candidates who can comply with certain preliminary requirements as to age and education are to be admitted to competition. We understand that a Board of Examiners has been formed to test the relative efficiency of the candidates in Surgery, Medicine, Anatomy and Physiology, and Natural History. It is stated that the persons who shall be pronounced the best-qualified in all respects, shall be appointed to fill the requisite number of appointments. There can be no doubt that no plan could be devised more likely to secure a body of medical officers of the highest character and attainments; but another condition is necessary, and that is, to make the service an object of honourable ambition to the class of men whom it is especially desired to attract. We submit it as a matter deserving the most serious consideration of the Board of Commissioners, whether they can reasonably expect that the *élite* of the medical students of the metropolis, men who have tried their prowess against their fellows, and who have learned in that trial the value of superior mental capacity and acquirements, will be eager to compete for admission into a service in which the officers are treated as men belonging to an inferior grade? We have recently shown, on the evidence of Dr. BURNES, late Physician-General at Bombay, that the Medical Service labours under disadvantages as to promotion, emoluments, retirements, and honours, which attach to no other department. Is it just or politic to treat almost the only class of men who are appointed, on the special ground of approved merit, as if they had less merit than everybody besides?

SINCE writing the above, we learn with regret the recent appointments to the Medical Examining Board of the East India Company. These appointments are certainly not such as to give satisfaction, either in this country or in India. We have not a word to say against Dr. PARKES, and Messrs. PAGER, BUSK, and HOOKER, although we believe the last of these gentlemen has never before been heard of in the profession, but we do say the selection of these gentlemen to the posts they are appointed to fill is an insult to the Indian Medical Service. With such men in this country as Mr. J. R. MARTIN, Dr. JAMES BIRD, and others, who have filled the highest professional offices in the different Presidencies, it is difficult to receive the selection which has been made, as a serious matter. It is understood that the appointments have been made, not by the Court of Directors, but by the Board of Control—in fact, by the

Government; and the whole matter must be considered as a job. The arrangements, as well as the men selected, challenge criticism. Why should there be two surgical examiners, and only one medical, while midwifery is entirely omitted, unless, indeed, this department is to be entrusted to Mr. HOOKER? We ought to mention that Dr. PARKES spent a short time in India, and has written a book on Cholera; but Messrs. PAGET, BUSK, and HOOKER, are entirely in a maiden state as regards military surgery and tropical pathology.

## THE ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF  
MICROSCOPICAL AND CHEMICAL ANALYSES  
OF THE  
SOLIDS AND FLUIDS  
CONSUMED BY ALL CLASSES OF THE PUBLIC.

### PORTER, AND ITS ADULTERATIONS.

(Continued from page 110.)

HAVING given a very brief sketch of the manufacture of porter, we will next turn to the consideration of the subject of its adulteration.

Whatever may be the present practice with respect to the adulteration of beer, there is no question but that some years ago all kinds of malt liquor were extensively adulterated in a variety of ways, and this notwithstanding that Acts of Parliament have been passed for the special purpose of preventing such adulteration. Of this fact abundant evidence is to be obtained.

The author of a "Practical Treatise on Brewing," published some thirty-five years ago, and which passed through eleven editions, observes, after enumerating various ingredients employed for brewing porter, "That, however much they may surprise, however pernicious or disagreeable they may appear, he has always found them requisite in the brewing of porter, and he thinks they must invariably be used by those who wish to continue the taste, flavour, and appearance of the beer. And though several Acts of Parliament have been passed to prevent porter-brewers from using many of them, yet the author can affirm, from experience, he could never produce the present flavoured porter without them. The intoxicating qualities of porter are to be ascribed to the various drugs intermixed with it. It is evident some porter is more heady than others, and it arises from the greater or less quantity of stupifying ingredients. Malt, to produce intoxication, must be used in such large quantities as would very much diminish, if not totally exclude, the brewers' profit."

Another writer, Mr. Morris,\* describes and recommends a variety of articles to be employed in the brewing of beer and porter, as colouring, cocculus Indicus, sweet flag root, quassia, coriander seeds, capsicum, caraway seeds, grains of paradise, ginger, beans, oyster shells, and alum. "The colouring," Mr. Morris remarks, "gives a good face to the beer, and enables you to gratify the sight of your different customers." And again—"Beans tend to mellow malt liquor, and from their properties add much to its inebriating qualities; but they must not be used in too large a quantity. Oyster shells are very good to recover sour beer."

\* Child on Brewing Porter.  
† Morris on Brewing Malt Liquors.

"Alum is generally put into the vat, as it gives the beer a smack of age."

"Cocculus Indicus is used as a substitute for malt and hops, and is a great preservative of malt liquor. It prevents second fermentation in bottled beer, and consequently the bursting of the bottles in warm climates. Its effects are of an inebriating nature."

The author first quoted, Mr. Child, gives the following receipt for porter:—

1 quarter of malt.  
8 lbs. of hops.  
9 lbs. of treacle.  
8 lbs. of liquorice root.  
8 lbs. of essentia bina.  
8 lbs. of colour.  
Capsicum, half an ounce.  
Spanish liquorice, two ounces.  
Cocculus Indicus, a quarter of an ounce.  
Salt of tartar, two drachms.  
Heading.  
Ginger, three ounces.  
Lime, four ounces.  
Linseed, one ounce.  
Cinnamon, two drachms.

The essentia bina, he states, "is compounded of 8 lbs. of moist sugar, boiled in an iron vessel, for no copper one could withstand the heat sufficiently, till it comes to a thick, syrupy consistence, perfectly black and extremely bitter."

Colour "is composed of 8 lbs. of moist sugar, boiled until it obtains a middle state between bitter and sweet, and which gives to porter that mild, mellow colour usually so much admired."

The heading "is a mixture of half alum and half copperas, ground to a fine powder; and is so called from giving to porter the beautiful head of froth, which constitutes one of its peculiar properties, and which landlords are so anxious to raise to gratify their customers."

Mr. Morris gives the following receipts:—

#### Malt, 25 quarters.

	cwt.	qrs.	lbs.
Hops	1	2	0
Cocculus Indicus berry	0	0	6
Leghorn juice	0	0	30
Porter extract			

#### Malt, 20 quarters.

	cwt.	qrs.	lbs.
Hops	2	0	0
Cocculus Indicus berry	0	0	4
Sugar	0	0	28
Fabia amara (nux vomica)	0	0	6

And also the following directions:—

#### To make up a Vat of 150 Barrels.

"Use half a barrel of colouring, a quarter of a hundred-weight of cream of tartar, a quarter of a hundredweight of ground alum, one pound of salt of steel, and two barrels of strong finings. Mix these well together, and put them in a vat, rousing it thoroughly at the same time. Let the vat remain open three days, then close it and sand it over.

"In a fortnight it will be fit for use—your own good sense will inform you how to advantage."

The extensive employment of various drugs for porter-brewing led to the establishment, at about the period of the late French war, of a class of men termed "brewers' druggists." These persons issued regular price currents, and they made it their business to send travellers all over the country with lists and samples exhibiting the price and quality of the articles manufactured by them.

Mr. Accum\* states that "their trade spread far and wide, but it was amongst the country brewers chiefly that they found the most customers, and it is amongst them, up to the present day, as I am assured by some of these operators, on whose veracity I can rely, that the greatest quantities of unlawful ingredients are sold."

"It was at the same time, also," writes Mr. Accum, "that a Mr. Jackson, of notorious memory, fell upon the idea of brewing beer from various drugs without any malt and hops. This chemist did not turn brewer himself, but he struck out the more profitable trade of teaching his mystery to the brewers for a handsome fee. From that time forwards,

\* Treatise on Adulterations of Food, &c., p. 154.

written directions and receipt-books for using the chemical preparations to be substituted for malt and hops, were respectively sold; and many adepts soon afterwards appeared everywhere to instruct brewers in the nefarious practice first pointed out by Mr. Jackson."

The following remark, contained in Dr. Normandy's recent work, "Commercial Handbook of Chemical Analysis," would lead us to infer that the fraternity of brewers' druggists is not even yet extinct:—

"It is a publicly known fact, that carts may be seen bearing the inscription in staring paint, of 'C—, brewers' druggist.' Such a cart I have myself seen, a few days ago, standing in the broad daylight of midday, before a publican's shop or gin palace."

The Act of Parliament, 56 Geo. III., c. 52, prohibited chemists, grocers, and druggists from selling ingredients for adulteration to brewers under a heavy penalty. Amongst the prohibited articles specified are "any liquor called by the name of, or sold as colouring, from whatever material the same may be made; or any material or preparation other than unground brown malt for darkening the colour of worts or beer, or any liquor or preparation made use of for darkening the colour of worts or beer, or any molasses, honey, vitriol, quassia, cocculus Indicus, grains of paradise, Guinea pepper or opium, any extract or preparation of molasses, or any article or preparation to be used in worts or beer, for or as a substitute for malt and hops; and if any druggist shall offend in any of these particulars, such liquor, preparation, molasses, &c., shall be forfeited, and may be seized by any officer of Excise, and the person so offending shall for each offence forfeit £500."

By the same Act it is stipulated,—"That no brewer, or dealer, or retailer of beer shall receive or have in his possession, or make, or use, or mix with, or put into worts or beer, any liquor, extract, calx, or other material or preparation for the purpose of darkening the colour of worts or beer, or any liquor extract, calx, or other material or preparation other than brown malt, ground or unground, as commonly used in brewing; or shall receive or have in his possession, or use, or mix with, or put into any worts or beer, any molasses, honey, liquorice, vitriol, quassia, cocculus Indicus, grains of paradise, Guinea pepper or opium, or any article or preparation whatever, for or as a substitute for malt and hops, upon pain that all such articles and preparations as aforesaid, and also the said worts and beer shall be forfeited, together with the casks, vessels, and other packages, and may be seized by any officer of Excise; and such brewer of, dealer in, or retailer of beer so offending, shall for each offence forfeit £200."

In 1819, a committee of the House of Commons sat to examine into the price and quality of beer. In the evidence taken before this committee a variety of information is recorded respecting the adulteration of beer and porter as it prevailed at that time. A list is there given of twenty-nine *druggists* and *grocers* who were prosecuted and convicted, from the year 1812 to 1819, for supplying illegal ingredients to brewers for adulterating beer. Amongst the articles specified as thus supplied, are cocculus Indicus, molasses, and liquorice.

"At about the period of the late war, when the price of malt was very high, the London brewers," writes Accum, "discovered that a larger quantity of wort of a given strength could be obtained from pale than from brown malt. They therefore increased the quantity of the former, and diminished that of the latter. This produced beer of a paler colour, and of a less bitter flavour. To remedy these disadvantages they invented an artificial colouring substance, prepared by boiling brown sugar till it acquired a very dark-brown colour; a solution of this was employed to darken the colour of the beer. Some brewers made use of the infusion of malt instead of sugar colouring. To impart to the beer a bitter taste, the fraudulent brewer employed quassia-wood and wormwood as a substitute for hops.

"But as the colouring of beer by means of sugar, became in many instances a pretext for using illegal ingredients, the legislature, apprehensive of the mischief that might, and actually did result from it, passed an Act, in July, 1817, prohibiting the use of burnt sugar.

"No sooner had the beer-colouring Act been repealed, than other persons obtained a patent for effecting the purpose of imparting an artificial colour to porter, by means of brown malt, specifically prepared for that purpose only. The beer coloured by the new method is more likely to become spoiled than when coloured by the process formerly practised. The colouring malt does not contain any saccharine matter. The grain is, by mere torrefaction, converted into a gum-like substance, wholly soluble in water, which renders the beer more liable to pass into the acetous fermentation, than the common brown malt is capable of doing; because the latter, if prepared

from good barley, contains a portion of saccharine matter, of which the patent malt is destitute.

"But as brown malt is generally prepared from the worst kind of barley, and as the patent malt can only be made from good grain, it may become, on that account, an useful article to the brewer, (at least, it gives colour and body to the beer;) but it cannot materially economize the quantity of malt necessary to produce a good porter. Some brewers of eminence in this town have assured me, that the use of this mode of colouring beer is wholly unnecessary, and that porter of the requisite colour may be brewed better without it; hence this kind of malt is not used in their establishments."

The minutes of the Committee of the House of Commons already referred to, also contain a list of *publicans* prosecuted and convicted from 1815 to 1818, for adulterating beer with illegal ingredients, and for mixing table-beer with their strong beer. This list contains the names of nineteen publicans. The substances enumerated being, salt of steel, or sulphate of iron, common salt, molasses, and table-beer. The sulphate of iron, or salt of steel, is used to impart a fine frothy head to porter, considered to be one of the tests of good porter. To produce this property of frothing, the mixture called beer-heading was used, composed of green vitriol, alum, and salt. This addition, as we have seen by the previous list, was practised by the publicans. How far this mixture really possesses the property of imparting this heading to beer, is open to some question. In reference to beer-heading, Morris, in his treatise on "Malt Liquors" already referred to, makes the following observations:—

"On this part of our subject it may be necessary to observe that there are various modes of making it. Some make use of ground copperas and alum in about equal proportions; some resort to salt of steel, of which as much as will lie on a shilling is sufficient for a barrel of beer. But as the duties of a brew-house sufficiently employ every person engaged in it, I recommend it to be purchased of those who make it their business to have it ready prepared. Observe, that porter should not be sent out without it, as it causes the head so much admired in that liquor, and is agreeable to its flavour."

The committee of the House of Commons, more than once referred to, likewise published a list of *brewers* prosecuted and convicted from 1813 to 1819 for receiving and using illegal ingredients in their brewings. This list contains the names of thirty-four brewers. Amongst the ingredients enumerated are cocculus Indicus, hard multum, colouring, molasses, Spanish liquorice, honey, ginger, Guinea pepper, wormwood, coriander-seeds, hartshorn shavings, vitriol, and Guinea opium.

The following list contains the names of some of the illegal ingredients seized, from 1812 to 1818, at different breweries and brewers' druggists:—

<p><i>July, 1812—Mr. Nibbs.</i></p> <p>Multum ... 84 lbs. Cocculus Indicus ... 12 " Colouring ... 4 galls. Honey ... 180 lbs. Hartshorn shavings 14 " Spanish juice ... 46 " Orange powder ... 17 " Ginger ... 56 " Penalty, £300.</p> <p><i>June 13th, 1813—Mrs. Willis.</i></p> <p>Cocculus Indicus ... 1 lb. Spanish juice ... 12 " Hartshorn shavings 6 " Orange powder ... 1 " Penalty, £200.</p> <p><i>August 3rd—Mr. Whiffing.</i></p> <p>Grains of paradise 44 lbs. Quassia ... 10 " Liquorice ... 64 " Ginger ... 80 " Caraway seeds ... 40 " Orange powder ... 14 " Copperas ... 4 " Penalty, £200.</p> <p><i>December 14th—Mr. Abbott.</i></p> <p>Copperas, &amp;c. ... 14 lbs. Orange powder ... 2 " Penalty, £500, and Crown's costs. Proof of using drugs at various times.</p>	<p><i>February 15th, 1815.—Messrs. Mantell and Cook.</i></p> <p>Proof of mixing strong beer with table beer, and using colouring with other things. Compromised for £300.</p> <p><i>July 30th—Mr. Lyons.</i></p> <p>Capsicum ... 1 lb. Liquorice root powder 2 " Coriander seed ... 2 " Copperas ... 1 " Orange powder ... 8 " Spanish liquorice ... 4 " Beer colouring ... 24 galls.</p> <p><i>November 25th—Mrs. Hasler.</i></p> <p>Cocculus Indicus ... 12 lbs. Multum ... 26 " Grains of paradise 12 " Spanish juice ... 30 " Orange powder ... 3 " Penalty, £200.</p> <p><i>1817—From Mr. Stevenson, an old servant to Dunn and Waller, brewers' druggists.</i></p> <p>Cocculus Indicus extract ... 6 lbs. Multum ... 560 " Capsicum ... 88 "</p>
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Copperas .. ..	316 lbs.
Quassia .. ..	150 "
Colouring and drugs	84 "
Mixed drugs...	240 "
Spanish liquorice...	420 "
Hartshorn shavings	77 "
Liquorice powder...	177 "
Orange powder ..	126 "
Caraway seeds ..	100 "
Ginger .. ..	110 "
Ginger root .. ..	176 "
Condemned, not being claimed.	

August 6th—Mr. Gray.

Multum... ..	4 lbs.
Spanish liquorice...	21 "
Liquorice root	
powder .. ..	113 "
Ginger .. ..	116 "
Honey .. ..	11 "
Penalty, £300 and costs, in-	
cluding mixing strong beer	
with table, and paying table-	
beer duty for strong beer, &c.	

Other practices had recourse to were, mixing strong beer with table beer, converting mild beer into old by adding sulphuric acid or oil of vitriol; and, on the other hand, of turning old beer into mild by the addition of carbonate of soda, potash, or oyster-shell powder. Mr. Child, in his treatise "On Brewing," directs, for the conversion of mild beer into old, the use of oil of vitriol.

Of the articles enumerated as being employed in the adulteration of beer and porter, many are nearly harmless; while others, as cocculus Indicus, copperas, opium, and strychnine, are highly deleterious.

It is interesting and important to notice, that no case of adulteration has ever been proved against any of our great London brewers.

We will next describe, very briefly, the method to be pursued in the analysis of porter.

One pint of the porter, either by measure or weight, as may be determined upon, should be first taken.

The specific gravity of this should be ascertained, and then its acidity, by means of a solution of dried carbonate of soda of known strength. The porter should next be submitted to distillation, using about 5000 grains. It is necessary that the acetic acid of the porter should be neutralized previous to distillation, otherwise it will pass over with the spirit, and so affect its quantity and specific gravity. It is also advisable that fully two-thirds of the liquid be distilled off, otherwise some of the spirit will remain behind. It is easy to convince oneself that this is really the case, either by distilling three separate pints of the same porter, taking off different quantities, or by removing the product of the distillation of the same sample at three different periods, when spirit will, in most cases, be found to be present in the last as well as in the first portion of liquid which comes over, although of course in greatly diminished amount.

Another portion of the porter, say 3500 grains, should next be taken, and the gum and sugar in this determined in the following manner:—

The gum, together with other matters, should be precipitated by subacetate of lead, the sugar remaining in solution. The fluid part, after subsidence, is to be separated from the solid, the sulphuret of lead being removed by filtration. This is best effected by decantation, and the addition to the precipitate of small quantities of distilled water. After separation, the lead is to be got rid of by means of sulphureted hydrogen. We have now obtained two clear liquids, the one holding chiefly gum in solution, and the other sugar. These are next carefully evaporated—the sugar over a water-bath, until it ceases to lose weight—the gum until it becomes nearly solid, when it should be treated with a little alcohol, and dried and weighed. Finally, both the sugar and the gum should be incinerated, and the ash deducted.

Another portion of the porter, equal to the above, should be evaporated to dryness, and the weight of the extract determined; this should afterwards be burnt, the ash weighed, and, if necessary, tested for salt and iron.

The several results thus obtained are then all to be calculated to the imperial gallon of 70,000 grains.

It is scarcely necessary to observe that the detection of many organic infusions sometimes employed in the adulteration of porter and beer is, in most cases, a matter of extreme difficulty, and in others it is altogether impossible in the present state of science.

One of the most injurious of the substances thus employed is the extract prepared from the seeds or berries of cocculus Indicus. Its detection in beer, and especially in porter, is attended with very great difficulty; and in many cases, when employed in small quantities, it cannot be discovered by any known means. M. Lassaigue has recently published the results of some experiments, instituted with the view of determining the presence in beer of picrotoxin, the active and poisonous principle of cocculus Indicus. He finds that this substance is not precipitated by subacetate of lead, which throws down most of the other colouring matters of beer, as well as the bitter principle of hops, and also that it is not absorbed by common bone charcoal thoroughly purified by

acids. By means of one or other of these substances, he succeeds in obtaining a tolerably pure solution of picric acid. M. Lassaigue states that while pure beer is almost entirely decolorized by either subacetate of lead or purified bone charcoal, beer adulterated with even the one twelve-thousandth or the one eighteen-thousandth part of picric acid, remains of a yellow citron colour. Supposing the beer to contain a still more minute quantity of picric acid, it must, subsequent to the use of one or other of the above substances, be evaporated until the yellow citron colour is produced. It is possible that by the above method picric acid might be detected in poor and pale beers, but we very much doubt whether it would be successful in the case of London stout and porter, which are not entirely decolorized by either subacetate of lead or purified charcoal.

The next and concluding portion of the Report will contain numerous Analyses of London Stout and Porter.

## MR. GUTHRIE'S DIRECTIONS TO ARMY SURGEONS.

(Extracted from his Pamphlet on the Hospital Brigade.)

1. WATER being of the utmost importance to wounded men, care should be taken, when before the enemy, not only that the barrels attached to the conveyance-carts are properly filled with good water, but that skins for holding water, or such other means as are commonly used in the country for carrying it, should be procured and duly filled.
2. Bandages or rollers, applied on the field of battle, are, in general, so many things wasted, as they become dirty and stiff, and are usually cut away and destroyed, without having been really useful; they are therefore not forthcoming when required, and would be of use.
3. Simple gun-shot wounds require nothing more, for the first two or three days, than the application of a piece of wet or oiled lint or linen, fastened on with a strip of sticking-plaster, or, if possible, kept constantly wet and cold with water. When cold disagrees, warm water should be substituted.
4. Wounds made by swords, sabres, or other sharp-cutting instruments, are to be treated principally by position. Thus, a cut down to the bone, across the thick part of the arm, immediately below the shoulder, is to be treated by raising the arm to or above a right angle with the body, in which position it is to be retained, however inconvenient it may be. Ligatures may be inserted, but through the skin only. If the throat be cut across in front, any great vessels should be tied, and the oozing stopped by a sponge. After a few hours, when the oozing is arrested, the sponge should be removed, and the head brought down towards the chest, and retained in that position without ligatures; if this is done too soon, the sufferer may possibly be suffocated by the infiltration of blood into the areolar tissue of the parts adjacent.
5. If the cavity of the chest is opened into by a sword or lance, it is of the utmost importance that the wound in the skin should be effectively closed, and this can only be done by sewing it up as a tailor or a lady would sew up a seam, skin only being included; a compress of list should be applied over the stitches, fastened on by sticking-plaster. The patient is then to be placed on the wounded side, that the lung may fall down, if it can, upon, or apply itself to the wounded part, and adhere to it, by which happy and hoped-for accident life will in all probability be preserved. If the lung should be seen protruding in the wound, it should not be returned beyond the level of the ribs, but be covered over by the external parts.
6. It is advisable to encourage previously the discharge of blood from the cavity of the chest, if any have fallen into it; but if the bleeding from within should continue, so as to place the life of the sufferer in danger, the external wound should be closed, and events awaited, according to those principles which are more fully detailed in the Commentaries.\*
7. When it is doubtful whether the bleeding proceeds from the cavity of the chest, or from the intercostal artery (a surgical bugbear), an incision through the skin and the external intercostal muscle will expose the artery close to the edge of the rib having the internal intercostal muscle behind it. The vessel thus exposed may be tied, or the end pinched by the forceps, until it ceases to bleed. Tying a string round the rib is a destructive piece of cruelty, and the plugs, &c., formerly recommended, may be considered as surgical incongruities.
8. A gun-shot wound in the chest cannot close by adhesion, and must remain open. The position of the sufferer should

\* A copy of the Commentaries is placed in box No. 7, in Store-waggons A, B, C.

therefore be that which is most comfortable to him. A small hole penetrating the cavity is more dangerous than a large one. and the wound is less dangerous if the ball goes through the body. The wounds should be examined, and enlarged if necessary, in order to remove all extraneous substances, even if they should be seen to stick on the surface of the lung; the opening should be covered with soft oiled or wet lint—a bandage when agreeable. The ear of the surgeon and the stethoscope are invaluable aids, and ought always to be in use; indeed, no injury of the chest can be scientifically treated without them.

9. Incised and gun-shot wounds of the abdomen are to be treated in nearly a similar manner; the position in both being that which is most agreeable to the patient, the parts being relaxed. The Commentaries to be attentively studied with reference to these injuries, and particularly when the intestines are wounded.

11. In wounds of the bladder, an elastic catheter is generally necessary. If it cannot be passed, an opening should be made in the perineum for the evacuation of the urine, with as little delay as possible. (See Commentaries.)

12. In gun-shot fractures of the skull, the loose broken pieces of bone, and all extraneous substances, are to be removed as soon as possible, and depressed fractures of bone are to be raised. A deep cut, made by a heavy sword through the bone into the brain, generally causes a considerable depression of the inner table of the bone, whilst the outer may appear to be merely divided.

13. An arm is rarely to be amputated, except from the effects of a cannon-shot. The head of the bone is to be sawn off, if necessary. The elbow-joint is to be cut out, if destroyed, and the sufferer, in either case, may have a very useful arm.

14. In a case of gun-shot fracture of the upper arm, in which the bone is much splintered, incisions are to be made, for the removal of all the broken pieces which it is feasible to take away. The elbow is to be supported. The forearm is to be treated in a similar manner; the splints used should be solid.

15. The hand is never to be amputated, unless all or nearly all its parts are destroyed. Different bones of it and of the wrist are to be removed when irrecoverably injured, with or without the metacarpal bones and fingers or the thumb; but a thumb and one finger should always be preserved when possible.

16. The head of the thigh bone should be sawn off when broken by a musket-ball. Amputation at the hip-joint should only be done when the fracture extends some distance into the shaft, or the limb is destroyed by cannon-shot.

17. The knee-joint should be cut out when irrecoverably injured; but the limb is not to be amputated until it cannot be avoided.

18. A gun-shot fracture of the middle of the thigh, attended by great splintering, is a case for amputation. In less difficult cases, the splinters should be removed by incisions, particularly when they can be made on the upper and outer side of the thigh. The limb should be placed on a straight, firm splint. A broken thigh does not admit of much, and sometimes of no extension, without an unadvisable increase of suffering. An inch or two of shortening in the thigh does not so materially interfere with progression, as to make the sufferer regret having escaped amputation.

19. A leg injured below the knee should rarely be amputated in the first instance, unless from the effects of a cannon-shot. The splinters of bone are all to be immediately removed, by saw or forceps, after due incisions. The limb should be placed in iron splints, and hung on a permanent frame, as affording the greatest comfort, and probable chance of ultimate success.

The apparatus (Mr. Luke's) for the treatment of fractures of the leg by suspension, consists of a cradle, a leg rest or support, two splints, and a folding board. The cradle is formed of two iron arches, held together by a straight rod, the ends of which pass through their centres and fix by binding screws. Each arch is formed of two parts, for the convenience of packing.

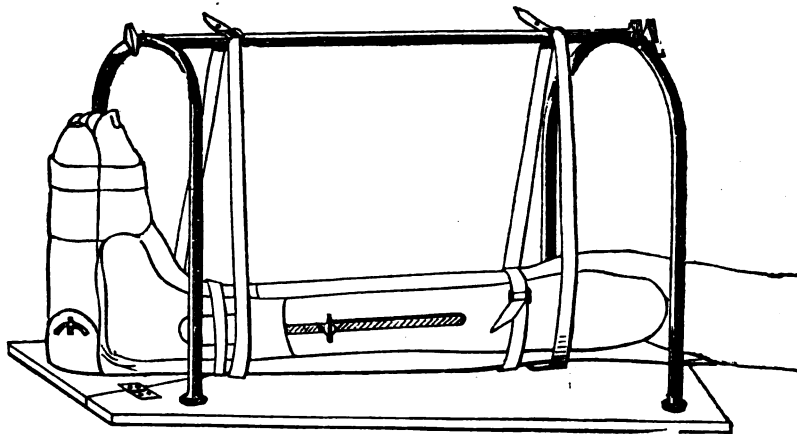
The leg rest consists of two sliding parts, and a foot-piece, allowing of movement on either side when in use, both being fixed by a binding screw.

The folding board gives the cradle a permanent support, and is absolutely necessary for the comfort as well as the safety of the sufferer.

Each splint is formed of two parts, which slide on each other, and may be fixed at the required length by a binding screw.

In using the apparatus, the back of the leg and lower end of the thigh are to be evenly supported on a pad placed on the leg rest, and a splint is to be placed on each side of the leg, and the whole secured by straps carried around near the knee and ankle. The leg is then to be suspended by two straps from the bar of the cradle placed over the leg as represented, so as to swing without touching the folding board on which the cradle is placed. The foot should be secured to the foot-piece by a bandage.

Solid splints, and a firmly fixed cradle, under which the leg may hang, may be said to be the *sine qua non* of the treatment of a gun-shot fracture of the leg. The conveyance carts carry forty-six sets, with pads and slings complete.



20. An ankle-joint is to be cut out, unless the tendons around are too much injured, and so are the tarsal and metatarsal bones and toes. Incisions have hitherto been too little employed in the early treatment of these injuries of the foot for the removal of extraneous substances.

21. A wound of the principal artery of the thigh, in addition to a gun-shot fracture, renders immediate amputation necessary. In no other part of the body is amputation to be done in the first instance for such injury. Ligatures are to be placed on the wounded artery, one above, the other below the wound, and events awaited.

22. The occurrence of mortification in any of these cases will be known by the change of colour in the skin. It will rarely occur in the upper extremity, but will frequently do so in the lower. When about to take place, the colour of the skin

of the foot changes, from the natural flesh colour to a tallowy or mottled white. Amputation should be performed immediately above the fractured part. The mortification is yet local.

23. When this discoloration has not been observed, and the part shrinks, or gangrene has set in with more marked appearances, but yet seems to have stopped at the ankle, delay is, perhaps, admissible, but if it should again spread, or its cessation be doubtful, amputation should take place forthwith, although under less favourable circumstances. The mortification is becoming, or has become, constitutional.

24. Bleeding, to the loss of life, is not a common occurrence in gun-shot wounds, although many do bleed considerably, seldom, however, requiring the application of a tourniquet as a matter of necessity, although frequently as one of precaution.



25. When the great artery of the thigh is wounded, (not torn across,) the bone being *uninjured*, the sufferer will probably bleed to death, unless aid be afforded, by making compression above, and on the bleeding part. A long, but not broad stone, tied sharply on with a handkerchief, will often suffice until assistance can be obtained, when both ends of the divided or wounded artery are to be secured by ligatures.

26. The upper end of the great artery of the thigh bleeds scarlet blood, the lower end dark venous-coloured blood; and this is not departed from in a case of accidental injury, unless there have been previous disease in the limb. A knowledge of this fact or circumstance, which continues for several days, will prevent a mistake at the moment of injury, and at a subsequent period, if secondary hæmorrhage should occur. In the *upper* extremity both ends of the principal artery bleed scarlet blood, from the free collateral circulation, and from the anastomoses in the hand.

27. From this cause, mortification rarely takes place after a wound of the principal artery of the arm, or even of the arm-pit. It frequently follows a wound of the principal artery in the upper, middle, and even lower parts of the thigh, rendering amputation necessary.

28. It is a great question, when the bone is *uninjured*, where, and at what part, the amputation should be performed. Mortification of the foot and leg, from such a wound, is disposed to stop a little below the knee, if it should not destroy the sufferer; and the operation, if done in the first instance, as soon as the tallowy or mottled appearance of the foot is observed, should be done at that part; the wound of the artery, and the operation for securing the vessel above and below the wound, being left unheeded. By this proceeding, when successful, the knee-joint is saved, whilst an amputation above the middle of the thigh is always very doubtful in its result.

29. When mortification has taken place from any cause, and has been arrested below the knee, and the dead parts show some sign of separation, it is usual to amputate above the knee. By not doing it, but by gradually separating and removing the dead parts, under the use of disinfecting medicaments and fresh air, a good stump may be ultimately made, the knee-joint and life being preserved, which latter is frequently lost after amputation under such circumstances.

30. Hospital gangrene, when it unfortunately occurs, should be considered to be contagious and infectious, and is to be treated locally by destructive remedies, such as nitric acid, which is supplied for the purpose in case No. 5, and the bivouacing or encamping of the remainder of the wounded, if it can be effected, or their removal to the open air.

31. Poultices have been very often applied in gun-shot wounds, from laziness, or to cover neglect, and should be used as seldom as possible.

32. Chloroform may be administered in all cases of amputation of the upper extremity and below the knee, and in all minor operations; which cases may also be deferred, without disadvantage, until the more serious operations are performed.

33. Amputation at the upper and middle parts of the thigh are to be done as soon as possible after the receipt of the injury. The administration of chloroform in them, when there is much prostration, is doubtful, and must be attended to, and observed with great care. The question whether it should or should not be administered in such cases being undecided.

34. If the young surgeon should not feel quite equal to the ready performance of the various operations recommended, many of them requiring great anatomical knowledge and manual dexterity, (and it is not to be expected that he should,) he should avail himself of every opportunity which may offer of perfecting his knowledge.

The surgery of the British army should be at the height of the surgery of the metropolis; and the medical officers of that service should recollect, that the elevation at which it has arrived has been off many points principally due to the labours of their predecessors, during the war in the Peninsula. It is expected, then, that they will not only correct any errors into which their predecessors may have fallen, but excel them by the additions their opportunities will permit them to make in the improvement of the great art and science of surgery.

A deputation of the Medical Society of London, consisting of Mr. Headland, President; Dr. Tyler Smith and Mr. I. B. Brown, Vice-Presidents; Mr. Hancock, Treasurer; Dr. Smiles, Chairman of Council; Mr. Stedman; Mr. A. Harrison, Librarian; and Dr. E. Smith and Mr. C. H. R. Harrison, Hon. Secretaries, had an interview with Sir William Molesworth, on Saturday last, at the Office of Works and Public Buildings in Whitehall-place.

## Correspondence.

"Audi alteram partem."

### POST-MORTEM APPEARANCES IN CHOLERA.

To the Editor of THE LANCET.

SIR,—In the year 1832, meeting Sir Astley Cooper in consultation, I inquired if he had seen any cases of cholera? No, he replied, but that he had seen several *interiors*. His description of the post-mortem appearances so exactly tallied with those recorded by Dr. Robinson, of Newcastle, in the last number of your valuable periodical, that the specific character of the disease, after an interval of twenty-two years, remains precisely the same. The two points upon which Sir Astley Cooper remarked were, the inflammatory condition of the stomach and intestines, and the distention of the gall-bladder; and these are the prominent appearances recorded by Dr. Robinson, and which have presented themselves in almost all the cases of cholera which have been examined. As the only successful practice is based upon correct pathology, I at once determined to treat the disease according to the post-mortem appearances. In each successive irruption of cholera, this rule of practice has been my guide, and the success which has attended it has encouraged me to persevere.

Of the nature of the poison which causes this morbid condition of the alimentary canal and distention of the gall-bladder, we are as ignorant as we are of the nature of certain ophidian poisons, which cause pneumonia, or destroy the coagulating quality of the blood; but the indications for the cure of cholera are clearly—

First, to empty the distended gall-bladder; and secondly, to allay the inflammatory condition of the stomach and bowels.

To fulfil the first indication, the salt emetic is the safest and most effectual. If this be followed by calomel and rhubarb, copious bilious evacuations will be procured, and with them all the dangerous symptoms of the disease will subside. To empty the gall-bladder is essential to the patient's recovery; for if reaction be established without this emptying of the gall-bladder, bilious fever sets in, and proves as fatal as the cholera itself in the stage of collapse.

The second indication—to allay the inflammatory condition of the bowels, and also to assist in evacuating the contents of the gall-bladder—is fulfilled by the saline treatment prescribed by Dr. Stevens, assisted by the calomel and rhubarb.

In this unwonted disease there are two strong instinctive desires on the part of the patient—the one is for cold water, and the other is for salt, or more properly for the saline powders. Therefore the desires of the patient may be safely gratified, and cold (iced) water allowed *ad libitum*. If the view I have taken of this dreadful disease be correct, it is obvious that all endeavours to promote reaction by means of *stimulants*, and to stop the natural efforts to unload the gall-bladder by means of *astringents*, must be worse than useless; they must inevitably tend to seal the fate of the patient, by locking up within him the *casus morbi*.

The same principle should guide us in the treatment of the premonitory diarrhoea, which is cholera undergoing a natural cure. In innumerable cases, a small dose of calomel and rhubarb, followed by castor oil, by carrying off the redundant secretion of bile, arrests the diarrhoea at once; whereas if it be stopped by astringents and sedatives, a simple disease becomes complicated, and a bilious diarrhoea exchanged for a bilious fever of a grave character.

I remain, Sir, yours, &c.,

ISAAC PIDDUCK, M.D.

August, 1854.

### EXAMINATIONS AT THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—Perhaps there is nothing of which a man is more tenacious than the reputation of his Alma Mater, and he would oftener shut his eyes to any little discrepancy in her conduct rather than bring it to light, and thus subject her to censure, however merited it might be; but if she palpably errs, methinks it is a kindness to expose her errors, in order that they may be rectified before her fame becomes sullied.

I was one of the 240 candidates who presented themselves for matriculation at the University of London, and one of the 150 who passed in the first division. On proceeding to pay my examination fee, I found the offices of the University of London consisted of a *two-pair back* in an out-building of

Marlborough House. The pass-examination was held at King's College, in five or six different rooms, each room being presided over by some unknown—certainly not the examiners, who never appeared. A few days after the pass-list was published, I presented myself at the appointed time at King's College, with the intention of "going in" for honours. On inquiring in which room the examination was held, I was informed, "No examination was held there, and I had better try Marlborough House." On reaching the *two-pair back*, I found no one in attendance but a little urchin, something between a printer's devil and an errand-boy, and half-a-dozen students in the same quondary as myself. After pacing round the courtyard for half an hour, an official conducted us to the examination-room, still more classic ground than the *two-pair back*—namely, "The Thatched House Tavern"!

It is, I believe, an almost indisputable fact, that the examinations of the University of London are of a character eminently calculated to raise the status of the profession: I, for my part, would sooner attach to my name M.D. Lond. than all the rest of the English and Scotch medical degrees put together. As the Marquis of Lansdowne well remarked in the House recently, "The University of London has now undeniably proved itself entitled to the approval of the public by the very excellent way it has educated those men who have resorted to it." But the arrangements and appointments, as they at present remain, would utterly disgrace a charity school. I would ask, Where is the University of London? It is not for me to suggest where it should be; but with such an influential body as the senate at its head, I should imagine a more dignified place might be found for the dispatch of business than a *two-pair back*, and a more appropriate spot for examination than *The Thatched House Tavern*.

I am, Sir, faithfully yours,

AN UNDERGRADUATE IN HONOURS OF THE  
UNIVERSITY OF LONDON.

August, 1854.

## THE CHOLERA.

VARIOUS, contradictory, and often violent as have been the arguments and discussions carried on relative to the mode of propagation and pathology of cholera, the battle-ground has been still more hotly contested in respect to its *therapeutics*. As the organ representing the scientific and practical progress of medicine, our pages have necessarily been the medium from time to time of expressing the particular opinions and practice of a great body of the profession of this country and of our Indian possessions, and the result has been, of course, that we have helped to make known the most opposed doctrines, each often most positively maintained, sometimes, we regret to say it, upon grounds, too, which rather should have authorised the utmost amount of diffidence. To go through the list of "advised methods of procedure," "best modes of treatment," "safest plans," &c. &c., to say nothing of the *specifics* recommended, would be to pass in review a very fair share of all the more effective agents of the Pharmacopœia. Even then many things would be left unnoticed, such as transfusion into the veins, hot-air baths, the "cold sheet," and other appliances, which are not to be found printed in the College list. Should the reader be curious, however, upon these points, if he will refer to our second volume for the year 1853, page 416, "he will find something to his advantage." Out of the many plans of treatment which have been advised, there are two which have had more extensive trials perhaps than any other; these are the "saline plan" of Dr. Stevens, and the "small doses of calomel frequently repeated" of Dr. Ayre, of Hull.\* Both these plans have been largely and extensively put in force, and, according to the evidence of the witnesses, both with the utmost benefit, and with the most complete utility. Between these contradictory verdicts, it was necessary for certain authorities on particular occasions to strike a *mean*, which should direct the current value to be allotted to the methods under consideration. In 1849, learning that the College of Physicians had appointed a "commission" on cholera, Dr. Stevens requested one or two interviews with the President, after having had a few with the "Central Board of Health," to inquire as to the opinion held of, and make some further suggestions about, the "saline plan" of treat-

ment. The result of his inquiries and suggestions, (according to his own account,) in connexion with the former, may be gleaned from the following extract from Dr. Stevens' book\* (reviewed by us in a former number, vol. ii. 1853, p. 58):—

"The learned president advanced towards me, &c. . . . 'I am very sorry,' he said, 'very sorry indeed, sir, that you have again intruded yourself on me. I am very busy, too busy indeed, to have my time—my precious time—was ed in any idle discussion about either the cholera or your saline treatment.'" (xxvii. p. *op. cit.*)

Dr. Stevens' application to the Central Board having also been "a complete failure, (xxxiii. *op. cit.*) in 1853 appeared the voluminous "Observations," contravening what had been said against the success of the "saline plan," asserting that the investigation made as to its results was a "sham inquiry," and maintaining it was "eminently successful" in practice.

Since the appearance of Dr. Stevens' reclamation, the College of Physicians have published their last Report, (reviewed in our first volume for 1854, page 250,) and in connexion the "saline plan." It is stated—"We have no evidence that they [salines] possessed any influence over the local morbid action in the mucous membrane. It was not until this surface had in part recovered its function of absorption that any good resulted from their employment."—(page 196, second part.) This same Report of the College has, however, called up another and more temperate reclamer—viz., Dr. Ayre, the great advocate of the "calomel treatment" previously alluded to. The report says—"In general no appreciable effects followed the administration of calomel, even after a large amount in small and frequently-repeated doses had been administered. For the most part it was quickly evacuated by vomiting or purging, or when retained for a longer period, was afterwards passed from the bowels unchanged. Salivation but very rarely occurred, and then only in the milder cases. We conclude that calomel was inert when administered in collapse; that the cases of recovery following its employment at this period were due to the natural course of the disease, as they did not surpass the ordinary average obtained when the treatment consisted in the use of cold water only."—(page 177, second part.)

In Dr. Ayre's tract† (the contents of which first appeared in THE LANCET) now before us, the main points sought to be inculcated, are the following:—

1st.—That the inquiry of the "College Committee" into the treatment of cholera has been badly conducted, and the character of the evidence adduced by it is defective.—(page 28.)

2nd.—That Dr. Gull represents not merely the writer of the Committee's Report, (second part,) but was himself the *committee* on the subject of the treatment, and is alone responsible for all that is contained in it.—(page 57.)

3rd.—That while "calomel is indeed *not* remedial in cholera when given in large doses, or in small ones at wide intervals, when administered in small doses, according to prescribed conditions, and without any other adjuvant than cold water *ad libitum*, it exhibits a remedial power well nigh approaching to that of a specific; so that in very truth the cases which Dr. Gull has brought forward in support of his views, tell so strongly against the conclusion which he aims to establish, that I have only to avail myself of them as arguments to prove the truth of the position, that calomel, when rightly given, is truly a remedy in this disease."

Between the College Report and Dr. Ayre we attempt no reconciliation, leaving this for the present in the hands of the reporter of the second portion of the committee's labours, Dr. Gull. From the same evidence, or rather the same sources of the evidence used by both parties, different conclusions have been arrived at. Some great error, therefore, must somewhere exist, and we cannot say that we think it beneath the dignity of the College committee to reply, through its reporter, to the reclamation of the physician of Hull. In the meantime, it may not be out of place if we indicate once more the exact method of procedure recommended by Dr. Ayre. It "consists, during the stage of collapse, in giving one or two grains of calomel every five or ten minutes, with one or two drops of laudanum with the first few doses of the drug, and in perseveringly continuing the same dose at the same intervals of time, until the symptoms of collapse become materially subdued. . . . I have never given stimulants in any form, because I found them not to be necessary, and believed they would prove pernicious when, from the long duration of the collapse, and the delay in commencing the treatment, consecutive fever might be feared;

\* Observations on the Nature and the Treatment of the Asiatic Cholera. By William Stevens, M.D., D.C.L. Oxon, &c. &c.

† A Letter to the President and Fellows of the Royal College of Physicians, in relation to the Evidence cited in their late Report on the Treatment of Epidemic Cholera. By Joseph Ayre, M.D., &c. &c. London. 1854. pp. 71.

and lastly, I fixed no other limit to the quantity of calomel which I gave than that which the duration of the collapse prescribed, having become early assured that pending its continuance no absorption of the calomel into the system takes place; that whilst it is given no salivation or other inconvenience is induced by it."—(p. 4.)

Relative to the progress of cholera in the metropolis, we have condensed the following from the last "Weekly Return" of the Registrar-General (Aug. 12th):—

Districts.	Population (1851).	Deaths from Cholera.
Western (Kensington, &c.) ...	376,427	68
Northern (Marylebone, &c.) ...	490,396	39
Central (St. Giles, &c.) .....	393,256	31
Eastern (Shoreditch, &c.) .....	485,522	60
Southern (St. Saviour's, &c.) ...	616,635	446
Lambeth, &c.)		644

Of this number, 208 were under fifteen years of age, 347 between fifteen and sixty, and 89 above sixty.

The deaths from diarrhoea numbered 195.

The progress of the present epidemic, which slightly manifested itself in the second week in July, is shown by the following numbers:—Deaths from cholera, 5, 26, 133, 399, and 644; deaths from diarrhoea and dysentery, (also in the last five weeks,) 51, 63, 87, 146, and 200. Of last week's deaths from cholera, 446, as is shown above, occurred on the south side of the river, a proportion to the total number of 69 per cent.

We select the following memoranda from the previous "Weekly Return" of the Registrar-General, as offering points of special interest:—

"In *Unit's* hospital-ship, on 26th July, a convict aged thirty years, 'cholera (six hours).' (*Inquest.*) The registrar remarks, 'It appears the deceased drank a large quantity of cold water when heated. The convicts on board the hospital-ship, I believe, drink the water of the river Thames, and this is sufficient of itself to predispose every man on board to an attack of cholera, as it is well known that the river is defiled with every kind of impurity.'—*Borough-road*: At 2, Union-street, on 27th of July, the widow of a master shoemaker, aged seventy-three years, 'diarrhoea, (seven days,) cholera Asiatica (eight hours).' It is stated on medical certificate that 'this patient had been suffering from a severe diarrhoea for seven days without receiving medical advice.'—At 23, Cambridge-terrace, Clapham-road, on 30th July, the daughter of a commercial traveller, aged twenty years, 'choleraic diarrhoea, (twenty-four hours,) debility of constitution, increased by the too active operation of a black draught.'—At 4, Queen-street, on 31st July, late a brewer's servant, aged seventy-six years, 'cholera (one day).' Dr. F. E. Jones appends the following note:—'This man was taken ill at eight o'clock in the morning, and when I saw him at seven o'clock in the evening, he was in a state of collapse. The treatment was 'fifteen drops of diluted sulphuric acid, and two grains of calomel every fifteen minutes.'—At 6, Strand, on 2nd August, a commercial-traveller, aged thirty-seven years, 'diarrhoea, (four days,) cholera, (ten hours.)' The registrar adds:—'The diarrhoea was neglected, and visits to Crystal Palace, &c., made. Brandy and water was the remedy taken, and a rapid termination was the consequence.'—At the workhouse, Islington, on 2nd August, a female domestic servant, aged thirty-three years, 'cholera, collapse.' Mr. Watts remarks:—'This is the first case of cholera which has occurred in this district this year, and the particulars and treatment are given from the physician's notes. The deceased was brought in a cab from her home, Trinity-street, Islington, to the workhouse, labouring under vomiting and diarrhoea; was seen and prescribed for by the house-physician; when on the following day at noon collapse came on, warm applications were administered, both externally and internally, and at evening the extremities obtained warmth, and the pulse was moderately good; a large turpentine embrocation was placed over the abdomen, brandy, beef-tea, and medicinal stimulants continued during the night, but as morning approached she was found to be in a helpless state of collapse, and died in the afternoon of the third day.'"

In spite of the remonstrances which have been made, no less than seventy-three interments have taken place at St. James's Church, Bermondsey, since Monday last, the greater number consisting of deaths from cholera. What notice has been taken of the representation of this nuisance by the Secretary of State? During the raging of this pestilence the rector of the

mother church, (according to a correspondent in the *Daily News*), who monopolises all the fees, has been refreshing himself at New Brighton, and the parish clerk of St. James's may be seen almost daily inhaling the breeze at Ramsgate, while the incumbent of St. James's is doing the whole of the duties. The effluvia arising from re-opened graves is now beyond endurance, and the only redress to be got from the functionaries of the church is, "There is no room, we have no alternative."

Lord Jocelyn died on Saturday last, after a few hours' illness, of the prevailing malady; and a vacancy at the Post-office has occurred through the sudden death, by cholera, of Mr. J. P. Godby, the chief clerk to Mr. Rowland Hill.

The Postmaster-General has appointed Dr. Gavin to be Medical-Superintendent of the General Post-office during the prevalence of the cholera. The health of the officers of the department is therefore closely watched, and a supply of medicines being kept at the chief office in St. Martin's-le-Grand, and at the principal branch offices, immediate relief can be given in cases of illness.

We may also record the death of Mr. A. Cooke, one of the principal performers at Astley's Theatre, and brother of the proprietor, who died of cholera on Monday morning, having been seized with the premonitory symptoms on Sunday while in a railway train midway between Margate and London.

To the above list must also be added the death of J. E. Winterbottom, M.B., (Oxon.) the scientific traveller, who was seized at Rhodes with cholera, and died after a short illness. Dr. Winterbottom was possessed of a varied and extended acquaintance with the science of zoology and botany.

A few days ago Mr. Langham held an inquest at the Westminster Hospital, on the body of Mr. G. Allen, aged 32, architect and surveyor, in extensive practice at St. Ives, Huntingdonshire, who, while passing Kennington-cross, was suddenly attacked with cramps and other symptoms of Asiatic cholera. Mr. Newcome, apothecary at the hospital, stated that the deceased was seized with a most severe attack of cholera. It was one of the worst forms, and Mr. Allen died about eleven o'clock the same night.

At some inquests lately held in Milbank Penitentiary, it was stated in the evidence of the authorities that there were 1123 prisoners in the gaol, of whom 129 were in the infirmary. There had been 35 cases of cholera, and at present there were 22 under treatment. The Government had handed over barracks at Dorchester for the reception of the prisoners, and 600 would be removed there next week. Spirits were daily served out to the prisoners. From further accounts we learn that the first division of prisoners, who are at present in good health, to the number of 300, were on Monday conveyed in a number of omnibuses to the Great Western Railway, where a special train was in readiness to convey them to Dorchester Gaol, (to be followed by other divisions as soon as they can possibly be got away.) The above measures were considerably accelerated by the fact of three more deaths having occurred on Saturday last, one on Sunday morning, and the fifth while the jury were sitting upon the bodies of the other four on Monday afternoon. At first it was thought that the Thames water, which had hitherto been used, was the principal source of the disease, but the river supply had been abandoned, and the prison was now served with water from the artesian wells which supply the fountains at Charing-cross, and yet there was no diminution whatever of the disease. It was stated during the inquest that when the wind blew from the direction of the bone factory at Lambeth and the adjoining gas works, the smell was intolerable, and the sickness was sure to increase throughout the whole prison.

In reference to the above, Mr. Penryn Aston has thus addressed the public:—I observe the mournful accounts of the cholera in the Milbank Prison, such as commenced in 1849, and it will always be so when cholera comes, unless the prison is better ventilated. The place is built in a bog, walled up itself into a well. All this could be greatly alleviated by very freely piercing the walls at their bases to let the air in. The building itself might be served in the same way, and immediately the greatest benefits would be felt by the inmates. This I proposed years ago to a minister, and expect it was considered ridiculous, as regarding the safety of the prisoners. But the thing could be done with safety to their persons, and great benefit to their health.

As precautions against cholera on the river, her Majesty's old 42 gun-frigate *Bacchante* has been sent from Chatham to the Thames, for the reception of patients, the *Dartmouth* being found unfit for that purpose.

On Saturday last two fatal cases of cholera occurred in the London Hospital. One case was that of a nurse employed in the institution, who died after a few hours. The second patient was a

female who was brought in a cab, but she died notwithstanding all that could be done by the medical staff of the establishment. The increase in the duties of the officers has been so great, that additional medical men have been supplied to wait upon the out-door cases of choleraic diarrhoea, and 300 have been prescribed for during the last three days. A ward has been fitted up in the hospital expressly for cholera, by order of the directors, and a great number of bad cases have been admitted. The principal portion of the applicants have been men employed on the river and in the docks.

More than six gallons of chalk-mixture, with catechu, &c., have been dispensed in a single day at a dispensary in Southwark.

In consequence of the disease having broken out in an overcrowded lodging-house in Shadwell, the board of guardians of the Stepney union have appointed a sanitary committee, who sit every morning at Ratcliffe workhouse, near Stepney church, and a dispensary has been opened in York-square, which is in the centre of the union, where there are two persons to dispense medicine night and day, to all applicants in the district. Cholera mixtures have also been sent by the board to the police-station in King David-lane, Shadwell, where the poor are supplied at all hours by the officers on duty, in cases of emergency.

During the past week, several fatal cases of cholera have occurred at Greenwich. The epidemic has made its appearance in those localities where it formerly prevailed, and where absence of drainage, water, and pure air, present predisposing causes of disease and death.

The *Essex Herald* says: We regret to state that this malignant scourge has visited Essex with all its untamed virulence. On Friday week it first made itself apparent in Epping union-house, and since that time no fewer than sixteen inmates have died, and five of them since Friday night. In Romford union-house, too, the disease has made its appearance, six cases having occurred there last week; and deaths have taken place at Dagenham and Ilford.

The accounts from Trimdon are not so favourable as they were a short time ago. The *Sunderland News* states that there have been eleven deaths during the past week. The pit-houses have been converted into a temporary hospital, and the assistance of an eminent practitioner from London has been secured.

Cholera has made considerable progress, both in Glasgow and neighbouring parishes. On the south side of the river, also, where the cases used to be few in number and far between, there has been a marked increase, and the disease has been extremely rapid with its victims. The Glasgow returns of cholera cases are rather irregular, but it would appear that during the first three days of this week there were at least 101 cases, and thirty-six deaths.

Somewhat strongly-marked and rapidly-fatal cases of cholera have, within the last eight days, appeared at Hamilton. The patients have in every case neglected the premonitory symptoms, and medical aid was only called in when collapse had begun.

The progress of cholera in Belfast is thus noticed in the *Belfast Mercury*:—"We are sorry to observe that the last weekly return presents a considerable increase in the number of cholera patients. There were in the dispensary districts for the week ending Tuesday last:—New cases, 53; died, 12; discharged cured, 18; sent to hospital, 21; remaining under treatment, 9. There have been since the first appearance of the disease:—Total number of cases, 310; died, 82; cured, 92; sent to hospital, 129. We are glad to learn that no further cases have occurred in the barracks since the death of private William Frazer."

## THE WAR.

### HEALTH OF OUR ARMY AT ALEDYN.

(FROM OUR SPECIAL CORRESPONDENT.)

CAMP, NEAR ALEDYN.

SINCE I last wrote we have changed our encampment, being obliged to do so on account of sickness. We have marched about four miles from Aledyn, still about ten miles from Varna, which we can now see, and are enabled to enjoy the sea breeze, as there is no hill to intercept it. I trust this will be an advantage; we are now situated on a small plain on the top of a hill, having woods on the slopes on the south side, though not so much as at Aledyn, neither is the country so pretty, but I hope it is more healthy. The reason of our sudden change was the amount of sick in the hospitals, each having a great number of cases of diarrhoea, and within this last week cholera has broken out, and carried several men off in a few hours. I think

about six cases have occurred, four of them of the last draft that came out, men who had only arrived a few days. The Guards have left a good many sick at Aledyn, who will come on when able, most of them not very urgent cases, though unable to stand the jolting of the slow ox-drawn waggons over these rocky roads. The Highlanders seem to suffer by far the least, have the fewest men here in hospital, and I have not heard of any deaths, though I believe they live hard and drink a good deal of the country wine, which is very bad; perhaps their kilts, from their coolness, may preserve them to a certain degree. I have no doubt the Highlanders are a more hardy race, and accustomed to greater work and fatigue; they all still remain at Aledyn. The cases of cholera occurred nearly together, and after two deaths the Duke determined to move if any more died. Tuesday evening, late, orders came, and on Wednesday morning, at nine, we marched. I believe this fearful scourge has broken out in the fleet, and many deaths have occurred.

For the next two months we expect a good deal of sickness, though, strange to say, as yet, except amongst the Highlanders, no cases of intermittent fever have occurred. They have had a few cases, I hear,—all have had cases, of slight fever; but there have only been, as far as I can learn, three or four of a typhoid nature amongst the Heavy Division, none as yet fatal; very likely the fevers are to come.

The temperature in the tent here now is 96°, but we have a nice breeze now and then. Both the other divisions are suffering greatly—much more than this division; they are losing fifteen a day. One day the Light Division lost sixteen; and the day before yesterday, the 2nd, so I was told by one of our officers who was over there yesterday, lost nineteen. I cannot say how true it is, as I am unable to ride over there now on account of duty. One of the regiments has lost its quartermaster, but as yet none of the officers.

The French are still worse off. Report says they have lost an immense number, and are now much broken down both in health and spirits. They who came out in such excitement to enter the field and fight immediately, now they find that very likely it will not be so this year, and that fatal disease is amongst them, are greatly disheartened. Our men are in very much better spirits than can be imagined; and a good brush with the Russians would show that John Bull can stand a great deal, and after all be victorious. Our French allies would soon be all right if they had the same treat by our sides, and would soon discomfit the foe. The French general is against going to the Crimea. I expect we shall do nothing this year, except perhaps have a fight for winter quarters; and as soon as possible in the spring, and all in good health, I hope gain additional laurels. All seem to bear this with great patience, and as soldiers, from officers to men. Of course, a grumble is heard occasionally, but rarely; and, as you may expect, we are not in a land flowing with milk and honey. Not a luxury, even butter we cannot get, except very sour, and a very little of that.

I think I have told you all, and must draw to a close, so as to catch the post.

P.S. Since I have written, the Highlanders have come up, and bring bad news from Aledyn; some of the sick left behind and the attendants are suffering from cholera, and some, it is feared, are sinking.

### CHOLERA AMONGST THE TROOPS AT DEVNA.

(FROM OUR SPECIAL CORRESPONDENT.)

ON Saturday night, cases of a very fatal character appeared amongst the regiments of the Light Division encamped at Devna. During the afternoon of the same day the wind, which had been blowing from the north and north-west, veered round to the south-east, so as to blow directly over from the Devna swamp upon the camp. Towards night the breeze stopped, and was followed by a still, oppressive atmosphere, at the same time that there was considerable electric disturbance around, as evidenced by frequent flashes of sheet-lightening. No thunder or rain accompanied this, and clouds were few and distant. Although the camp had occupied the same ground since June the 30th, and the close congregation of so many horses and men in a limited space must be of course taken into consideration, and though some were inclined to attribute the outbreak to imprudence on the part of the men in eating unripe fruit, there are many reasons to suppose that the change in the direction of the wind, and the concurrent importation of malaria from the marsh, were the first and direct causes. The regiments of the cavalry encamped on the east side of the plain were out of the line of direction of wind, being protected by the high hills in their rear; while the regiments of the line on

the west aspect of the plain, and nearest to the swamp, being exposed to its influence, alone suffered. No cases occurred amongst the cavalry. Of the seven regiments of the Light Division, two only altogether escaped, the 77th and Rifle Brigade, and these were encamped most remote of the whole line from the swamp. Beyond these again, nearer to the village of Devna, was a battery of Horse Artillery, and no cases occurred amongst the men of this corps.

At the recommendation of the medical officers, the Light Division quitted Devna early on Monday morning, and marched to Monestue, about five miles' distance on the road toward Paravadi. One brigade is now occupying a rising ground on one side of a deep dell; the other brigade has encamped at a short distance beyond, and on the opposite side. A small village is placed in the hollow between the two brigades. This appears at first sight to be a very healthy position. The land around is generally cultivated; there seems to be abundance of good water and wood, and no traces of any marsh are visible.

Between the occurrence of the first case of cholera, on Saturday night, and the time of the division quitting Devna, early on Monday morning, twenty-one deaths occurred in the five regiments attacked. Several cases from each regiment were left behind, some of which would beyond all doubt prove fatal.

It has been remarked, that in this division, and in this division only, a peculiar arrangement of the tents has been enforced, which by many has been supposed to be anything but salubrious. They are pitched in double rows, one company's tents being back to back with the next company's tents. The evil of this is, that a thorough ventilation of the air is prevented between the tents, while it requires the most constant attention to prevent the accumulation of bones, damp, and other noxious matters, amongst the cords, and in the narrow passage between the two rows. It must be remembered, that in every two tents thus placed so closely together, twenty-eight, and sometimes thirty, men have to sleep. In the division lying next to the Light Division, (General Evans's,) the advantage of single lines of tents, with a clear wide space between them, in a sanitary point of view, is at once apparent. On the first arrival of the Light Division at Devna, the tents of one of the brigades were pitched in single rows; but to the no little annoyance of the men, fatigued by their march from Aledyn, an order was given for them to be struck again, and re-pitched in a double arrangement. What military advantages are obtained by this plan of encampment, I know not; in a medical point of view, it is certainly objectionable. Another practice considered objectionable has been the general construction, by men and officers, of temporary bowers, to escape from the oppressive heat of the tents during the daytime. The interruption to the circulation of air, the decaying leaves, and the escape from sight of many objectionable matters which may be concealed amongst them, have been the alleged objections to their use. They have been found a very advantageous addition to the crowded hospital marquee in the field, due attention being paid to their cleanliness. The shade afforded by them, at the same time that the air was able to pass freely through the branches of which they were made, were obviously useful, especially to convalescents; while the relief to the marquee thus obtained was manifestly beneficial to the more active cases under treatment.

It is notoriously difficult to persuade persons who have not paid much attention to the subject of sanitary laws that, in certain conditions of the atmosphere—the choleraic for example—attention to minutest details is often of most serious importance. Unless a noxious effluvia forces attention by its effect on some of the senses, the existence of the evil is not credited by such persons. The necessity for dilution of a poison by abundance of free, pure air, where no such poison is obvious to sight or smell, cannot be perceived; neither can be duly understood the influences exerted at such a season by crowding of persons, by impediments to the normal action of the respiratory and other systems of the animal economy from peculiarities of dress, by certain qualities of diet, and other really important agencies. These difficulties are experienced in military as in civil life, and medical officers are not unfrequently neglected or considered over-officious in consequence. It is to be hoped the day may come when a general knowledge of sanitary laws will form part of the education of every commander to whom may be entrusted the lives, comfort, and management of bodies of men, for so the co-operation of the military and medical officers will be rendered much more serviceable and efficient.

July 28th.—A marked improvement in health and spirits has taken place since the arrival of the troops at this encampment. A few isolated cases of cholera have occurred, but in the majority of instances the seeds of the disease appear to

have been imbibed before leaving Devna. A large proportion of the cases which were left behind at Devna, too ill to be removed with the troops, have since proved fatal; the total number of deaths in the division being now one officer and nearly fifty men. Two women have died. Cases of cholera have also occurred amongst the troops at Aledyn and Varna. From the crowded and usually neglected state of this latter town, from the nearness of the lake with its adjoining swamp, an epidemic is not unlikely to exert considerable influence there. By timely removal of the troops to more healthy localities, by improved diet, and constant attention to sanitary arrangements, we trust to be spared much mortality should the disease continue amongst us. General Sir de Lacy Evans's division, whose camp has been most removed by its lofty and sheltered position from the influence of the Devna lake and marshes, and in all respects most favourably situated, has continued by far the most healthy of the British force in Turkey.

The following general order has been issued by Lord Raglan:—

"Bowel complaints being prevalent, as is usual at this season of the year, and the officers of the medical department being of opinion that some improvement of the ration might be beneficial, the Commander of the Forces has been pleased to authorize, as a temporary measure, that two ounces of rice or Scotch barley be issued daily to each man, without addition to the stoppage, upon the distinct understanding that the allowance shall cease at the end of September, or whenever it may be considered no longer necessary."

In consequence of the increase in the number of cases of fever and bowel complaints in the Light Division of the British force in Turkey, an order has been issued to shift the camp from Devna. Several fatal cases of cholera have occurred.

## Medical News.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

*Thursday, August 10th, 1854.*

BOND, CHARLES, Lutterworth.  
CUFF, MICHAEL HENRY PAUL, Bath.  
DYKES, GEORGE SAMUEL, Wakefield.  
GLOVER, JAMES GREY, South Shields.  
HARRIES, CHARLES ALEXANDER, Bath.  
HOPWOOD, EDWIN JAMES.  
LEFFS, THOMAS BUSBY, Oxfordshire.  
POWELL, JOSIAH TAYLOR.  
SPARKE, GEORGE WHITEFIELD.  
WATTS, GEORGE HENRY, Thatcham, Newbury.  
WICKHAM, CHARLES THOMAS, Winchester.  
WOODWARD, THOMAS HEWLETT, Port Natal.

**APOTHECARIES' HALL, DUBLIN.**—ANNUAL ELECTION OF OFFICERS.—At a meeting of the General Council of the Apothecaries' Company of Dublin, held, pursuant to Act of Parliament, upon the 1st of August, 1854, the following gentlemen were duly elected to serve as officers for the ensuing year:—Governor, George B. Owens, M.D.; Deputy-Governor, William Madden, M.D., Sen.; Court of Examiners, O. W. Barker, M.D., T.C.D.; J. Betty, M.D.; E. H. Bolland, M.D.; T. Collins, M.R.C.S.E.; C. Holmes, M.D.; W. Madden, M.D., Jun.; J. M'Munn, M.D.; W. D. Moore, A.B., T.C.D.; R. Muloch, M.D.; H. P. Nolan, M.D.; — O'Flaherty, L.R.C.S.I.; J. Shea, M.D.; Secretary, Charles Henry Leet, M.D.

**ELECTIONS.**—Dr. Alderson has been elected Treasurer of the College of Physicians.—Dr. Parkes, Mr. Pagett, Mr. Busk, and Mr. Hooker, have been elected Examiners of Medical Candidates for the East India Company's Service.—Mr. Sympton has been unanimously elected one of the Surgeons to the Lincoln County Hospital.—On July 29th, J. W. Godwin, M.D., Cantab., was elected Physician to the Norfolk and Norwich Hospital, in the room of Dr. Hull, resigned.

**A CURIOUS FACT.**—The *Englishman*, in a review of the "Annals of Medical Science," mentions the curious fact that an outbreak of the "Mahamurree," or plague of Kumaon, is invariably preceded by a mortality amongst the rats. It would seem that the filth and effluvia which are the causes of this terrible disease are too powerful even for these animals. They can live in a London sewer,—they perish in a Kumaon cottage.



DR. O'SHAUGHNESSY, we are sorry to say, talks of vacating his post of superintendent of electric telegraphs in this country. Ill health, through over exertion, is said to be the cause.—*Englishman*.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, AUGUST 12TH.**—Last week the total number of deaths registered in London was 1832, whilst the births numbered 1662, the return exhibiting the unusual result of an excess in the former over the latter. In the ten corresponding weeks of the years 1844-53, the average number of deaths was 1110, which, if raised in proportion to increase of population, becomes 1221. Hence it appears that the actual number of deaths in last week exceeds the estimated amount by 611.

This excess corresponds nearly with the number of fatal cases of cholera recorded last week, which was 644, while those of diarrhoea numbered 195. In the thirty-second week of 1849, which ended August 11th, 823 deaths occurred from cholera and 173 from diarrhoea. The progress of the present epidemic, which slightly manifested itself in the second week of July, is shown by the following weekly numbers: deaths from cholera, 5, 28, 133, 399, and 644; deaths from diarrhoea and dysentery (also in the last five weeks), 51, 63, 87, 146, and 200.

### Obituary.

In Paris, W. HILL, M.D., aged thirty-two, son of the late Thomas Hill, Esq., of Ballybagh, Limerick.

At Hatton End, Mr. JOHN GIBSON, F.R.C.S., aged forty-nine, deeply regretted by a large circle of friends.

At Westbourne-terrace, Mr. CLAUDE CAIRNE, late Physician-General at Madras.

At Morley, Yorkshire, Mr. JOHN GIBBURN, F.R.C.S., aged eighty-one.

At 26, Bedford-street, Covent-Garden, Mr. SAMUEL ROGERS, Surgeon, aged ninety-two, formerly of Hendon and Kilburn, Middlesex.

At Westgate, Bradford, Mr. JONATHAN AKROYD ILLINGWORTH, Surgeon, and Justice of the Peace for the Borough.

We regret to announce the death of Surgeon MALCOLMSON, of the 3rd Bombay Light Cavalry, which occurred at Nusseerabad, on the evening of the 16th of July, of pneumonia. Dr. Malcolmson entered the service in 1828, and was, when he died, in expectation of seeing himself nominated to succeed Dr. Collier as staff-surgeon of the Rajpootana field force. By this casualty Assistant-surgeon T. W. Ward will be promoted.

The following is a list of the number of deaths amongst the surgeons of the Bombay army during the last eighteen months:

Surgeon ELLIOT, died at Mandivi.  
Surgeon RYAN, died in England.  
Surgeon NICHOLSON, died in Scinde.  
Surgeon GREY, died in Bombay.  
Surgeon WATKINS, died in Bombay.  
Surgeon GILLANDERS, died in Guzerat.  
Surgeon BARINGTON, died in Bombay.

### The BRITISH MEDICAL DIRECTORY for 1855.

ALL duly-qualified Medical Practitioners are respectfully requested to forward, as soon as possible, their "ENTRIES" or "RETURNS" for this Annual Volume. References to the Entries in the Directory for the current year, (1854,) stating that they are correct, will be sufficient. When alterations are required, they should be distinctly specified, and in all cases the names of the writers should be written clearly, and at full length.

Address to the Editors at the "BRITISH MEDICAL DIRECTORY" Office, 423, Strand.

### TO CORRESPONDENTS.

**Hydromathy.**—We believe that, at the time of the late lamented Lord Jocelyn's death, he was under hydropathic treatment. Lord Jocelyn married the daughter of Lady Palmerston, and died at Lord Palmerston's house in Carlton-gardens. He was also a brother-in-law to Lord Shaftesbury. Both Lord Palmerston and Lord Shaftesbury have been largely concerned in measures relating to sanitary reform.

**M.D. Lond.**—The Bill for conferring on the medical graduates of the University of London equal privileges with those enjoyed by the graduates of Oxford and Cambridge, received the Royal assent on the 12th instant. The Bill, though drawn up by the graduates' committee, and carried mainly through the skill and energy of Professor Foster, was cordially supported by the Senate. Lord Montagu took charge of the Bill in the House of Lords; and the Chancellor, the Earl of Burlington, came up from Westmoreland, at great inconvenience, to vote at the division on the second reading.

**A Reader.**—THE LANCET was the first to propose a GOVERNMENT CHOLERA COMMISSIONER. Several most important leading articles appeared at the time the cholera was raging at Newcastle-upon-Tyne. We then and now assert that is utterly disgraceful on the part of the Government not to have ordered such an inquiry into the cause of this frightful pestilence. The public have not objected to subscribe an enormous sum of money to defray the expenses of the Eastern war, and we feel certain they would not hesitate to subscribe for the employment of a Cholera Commission.

**M.D.**—It is currently rumoured that it is to a medical baronet, long connected with the Court, the profession owe the job that has been perpetrated in the formation of the Medical Examining Board for India. If an independent medical press could be sufficiently bullied by its enemies, such jobs might escape with impunity.

**A Candidate.**—The regulations are printed in the form of an advertisement in this day's LANCET.

**A. B. C.** (Glasgow).—It appears to us that the charges were perfectly reasonable, and that the committee acted most unjustly to their medical officer.

**A Constant Reader** (Woolwich) must be good enough to authenticate his communication, in confidence.

**F. B.**—Application might be made to Dr. Hall, shipping agent, Minorics.

**N.**—Full information on the subject will appear in the Students' Number of THE LANCET.

Mr. Taylor's (Old Kent-road) article is in the hands of the printer.

### PRESENTATION OF DR. RADFORD.

To the Editor of THE LANCET.

SIR,—In your account of the presentation by Dr. Radford of his museum and library, in the last number of THE LANCET, there is a slight error in the name of the hospital which has been favoured, as, instead of the Birmingham one, which appears in your paper, it is the Manchester Lying-in Hospital, with which institution Dr. Radford has been connected for a great number of years. Apologizing for thus troubling you,

Believe me, yours, &c.,

MEDICUS.

Manchester, August, 1854.

**Mr. G. Southam.**—The list of scholarships, prizes, &c., will be inserted next week.

**Scrutator** has neglected to authenticate his communication. The practices to which he refers are not creditable, but we cannot notice them on anonymous authority.

**M.E.C.S.—1.** It is probable that in any Reform Bill which may be brought forward by Government the present anomaly will be removed.—**2.** Next session.

**An Old Subscriber.**—It occurred in the practice of the late Mr. Liston, and was recorded in THE LANCET, vol. II. 1837, p. 38.

**M.D.**—The possession of a diploma from a foreign university does not confer the power of practising in this country. It is true that the laws which should regulate the College of Physicians have become all but a dead letter; but M.D. would, nevertheless, be practising illegally.

**Thetis** (Birmingham).—The Bill for the better administration of the laws relating to the public health is printed. Its clauses chiefly refer to the powers granted to the Board, and the remuneration of its officers.

**Epillon.**—For many years Sir A. Cooper lectured on Surgery at St. Thomas's Hospital.

**A Young Surgeon.**—Apply at the office of the Board of Health, Richmond-terrace. The gentleman mentioned has no power.

**Enquirer.**—We believe the town named was free from the disease at the time. The authorities promote cleanliness in every possible way.

**A Reformer.**—The Act does not extend so far.

**A Student.**—Certificates of attendance on a course of Ophthalmic Surgery are required.

**Miles.**—Sir G. Ballingall, in Edinburgh, and Dr. James Bird, in London, lecture on Military Surgery.

**Mr. T. S.**—The Medical Society commences its meetings for the session on the third Saturday in October.

**Rectus.**—Dr. Alderson is the new treasurer.

**COMMUNICATIONS, LETTERS, &c.,** have been received from—Dr. Bainbridge; Mr. J. W. Wakem; Mr. Taylor; Medicus (Manchester); Mr. Symeon; Mr. Winterbottom; Mr. Wolff (Independence, Missouri); Pater Familias (Manchester); Mr. Jackson; A Military Surgeon; Argus (Paris); Mr. Emerson; Mr. Hall; Mr. R. Little (Lifford, with enclosure); Mr. J. E. Osmer; Mr. R. Milner (Salford, with enclosure); Mr. J. Lonsdale (Newchurch, with enclosure); Dr. Williams; An Undergraduate; Scrutator (Chorley); Fair Play; Mr. Jas. Burn (Manchester); Dr. J. Pidduck; Mr. Hart; Mr. James; Mr. Buxton; Mr. T. E. Clarke (East India House); Mr. W. Sedgwick; A Constant Reader; Mr. F. Bayes (Heacham); F. B.; M.D. Lond.; A Candidate; A. B. C. (Glasgow); N.; M.E.C.S.; An Old Subscriber; M.D.; Thetis (Birmingham); Epillon; A Young Surgeon; Miles; A Reader; Enquirer; A Reformer; A Student; Mr. T. S.; Rectus; Mr. Mapletin; Mr. Clark; A Reader of THE LANCET for Thirty Years; An Hospital Surgeon; &c. &c.

**Oleum Jecoris Aselli.****DR. DE JONGH'S LIGHT-BROWN  
COD-LIVER OIL.**

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES,  
NORWAY, AND PUT TO THE TEST OF CHEMICAL ANALYSIS.  
*The most effectual Remedy for Consumption, Bronchitis, Asthma, Gout,  
Chronic Rheumatism, and all Scrofulous Diseases.*

Approved of and recommended by BERZELIUS, LIEBIG,  
WOHLER, JONATHAN PEREIRA, FOUQUIER, and numerous  
other eminent medical men and scientific chemists in Europe.

Specially rewarded with Medals by the Governments of  
Belgium and the Netherlands.

Has almost entirely superseded all other kinds on the  
Continent, in consequence of its proved superior power and  
efficacy—effecting a cure much more rapidly.

Contains iodine, phosphate of chalk, volatile acid, and the  
elements of the bile—in short, all its most active and essential  
principles—in larger quantities than the pale oils made in  
England and Newfoundland, deprived mainly of these by their  
mode of preparation.

A pamphlet by DR. DE JONGH, with detailed remarks upon  
its superiority, directions for use, cases in which it has been  
prescribed with the greatest success, and testimonials, forwarded  
gratis on application.

*The following are selected from some of the leading Medical  
and Scientific Testimonials in favour of Dr. de Jongh's  
Cod-liver Oil.*

**BARON LIEBIG,**

Professor of Chemistry at the University of Giessen, &c. &c.

"SIR,—I have the honour of addressing you my warmest  
thanks for your attention in forwarding me your work on the  
chemical composition and properties, as well as on the medicinal  
effects, of various kinds of Cod-liver Oil.

"You have rendered an essential service to science by your  
researches, and your efforts to provide sufferers with this  
Medicine in its purest and most genuine state must ensure you  
the gratitude of every one who stands in need of its use.

"I have the honour of remaining, with expressions of the  
highest regard and esteem, yours sincerely,

(Signed)

"Dr. JUSTUS LIEBIG.

"Giessen, Oct. 30, 1847.

"To Dr. de Jongh at the Hague."

The late

**Dr. JONATHAN PEREIRA,**

Professor at the University of London, Author of the "Elements of Materia  
Medica and Therapeutics," &c. &c.

"MY DEAR SIR,—I was very glad to find from you, when I  
had the pleasure of seeing you in London, that you were  
interested commercially in Cod-liver Oil. It was fitting that  
the author of the best analysis and investigations into the  
properties of this Oil should himself be the Purveyor of this  
important medicine.

"I feel, however, some diffidence in venturing to fulfil your  
request by giving you my opinion of the quality of the Oil of  
which you gave me a sample, because I know that no one can  
be better, and few so well, acquainted with the physical and  
chemical properties of this medicine as yourself, whom I regard  
as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of  
responding to your application. The oil which you gave me  
was of the very finest quality, whether considered with refer-  
ence to its colour, flavour, or chemical properties; and I am  
satisfied that for medicinal purposes no finer oil can be procured.

"With my best wishes for your success, believe me, my  
dear Sir, to be very faithfully yours,

(Signed)

"JONATHAN PEREIRA.

"Finsbury-square, London, April 18, 1851.

"To Dr. de Jongh."

Sold Wholesale and Retail, in bottles, labelled with Dr.  
de Jongh's stamp and signature, by ANSAR, HARFORD,  
and Co., 77, STRAND, Sole Consignees and Agents for the  
United Kingdom and British Possessions; and by all respect-  
able Chemists and vendors of Medicine in Town and Country,  
at the following prices:—

HALF-PINTS ... 2s. 6d. | PINTS ... 4s. 9d.

**IMPERIAL MEASURE.**

**Drug Price Currents forwarded free**

of Postage, on application, by Messrs. HEWLETT and GODDARD,  
Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near  
London Bridge, removed from Hatton-garden; containing the ready Cash  
Prices for Drugs and Pharmaceutical Preparations of the purest quality,  
Messrs. H. and G. solicit the attention of the Medical Profession resident in  
the Provinces, Infirmary Committees, Dispensaries, &c. &c., to the advantage  
attendant upon the above Price Current.

**Pure Coco-Oleine, as prepared by**

PRICE'S PATENT CANDLE COMPANY, for use at the Hospital for  
Consumption, Brompton. It has no unpleasant smell or taste, and is sold at  
about half the price of Cod-liver Oil, for which it often proves an efficient  
substitute. It may now be had in sealed quart and pint bottles, from all  
retail chemists and druggists, and wholesale from the principal wholesale  
druggists, and from Price's Patent Candle Company, Belmont, Vauxhall,  
London.—Imperial Quarts, 3s. 6d.; Imperial Pints, 2s.

**W. Twinberrow begs to draw the**

attention of the Medical Profession to his EXTRACT of INDIAN  
HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties  
being so beneficial where opiates are inadmissible; also to his MEDICINAL  
EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium  
Maculatum, Atropin, Belladonna, Cytisus Umbellatus, &c.) also to his Liq.  
Taraxac, Liq. Galli Aparinis (a valuable alternative), Liq. Parietariae (diuretic),  
and Liq. Belas (prepared from the Egie Mameloe, or Indian Beal), for Dy-  
sentery and Diarrhoea.

W. T. has a large supply of INDIAN BARK on hand.

2, Edwards-street, Portman-square.

**Cotyledon Umbilicus. — Epilepsy**

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS,  
(vide THE LANCET, Feb. 4th, and March 25th, 1854.) Davenport's Preparations  
specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Insipissated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

Taraxacum (Davenport's Liquor, or Fluid Extract, prepared by Spontaneous  
Insipissation, possesses every characteristic of the Fresh Juice, and has proved  
highly efficacious where the ordinary Extracts have proved inert. Dose, a  
liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge,  
33, Great Russell-street, Bloomsbury.

**JOZEAU'S COPAHINE MEGE.**

Or SACCHARATED CAPSULES, approved of by the French College of  
Physicians, successfully administered in the Paris and London Hospitals, and  
acknowledged by them to be the best remedy for the cure of certain diseases.  
(See THE LANCET of November 6th, 1852.) Price per 100, 4s. 6d.; 50, 2s. 6d.

To be had of the Inventor, GABRIEL JOZEAU, French Chemist, 40, Hay-  
market, London, whose name is printed on the Government stamp; and all  
the principal Chemists.

**Water Filter for the Pocket, with**

DRINKING-CUP and INSTRUCTIONS, and will filter any quantity  
of Water. Size, 4 inches by 2. Price 3s. 6d.

J. SOLOMON, Wholesale Optician, and Photographie Dépôt, 23, Red Lion-  
square.

**Mineral Waters.—W. Best begs to**

inform the Nobility, Gentry, and the Faculty, that he has just received  
a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS  
of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg,  
Kissingen, Vichy, Seidlitz, Pulma, Ems, Seltzer, Fachingen, &c., at his Eau-  
de-Cologne, Arquebuzard, and Foreign Mineral Water Depot, 22, Henrietta-  
street, Cavendish-square.—N.B. Balls and evening parties supplied with  
German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

**Blake's Aerated Citrate of Potash**

WATER.—BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, have  
recently prepared an Aerated Solution of Citrate of Potash, which they beg  
to introduce to those members of the profession who may desire it for the  
use of their patients. It will be found a valuable auxiliary in the treatment  
of Gout and Rheumatic Affections, as well as the Lithic acid Diathesis and  
Dyspepsia. Their Potash Water, as usual, contains 18 grains of the Bicar-  
bonate in each bottle; Soda, 16 grains; Magnesia, 12 grains; and Ammonia,  
10 grains. Seltzer, Vichy, and other foreign waters, from the respective  
analyses.

**By Her Majesty's Royal Letters**

PATENT.—T. MAYO, WATSON, and Co., 2, BERNERS-STREET,  
OXFORD-STREET, LONDON, Manufacturers of Mineral Aerated Water,  
and Patentees of the Syphon Vase and Valvular Stopped Bottle. The ob-  
jection so generally made to the common soda-water bottle, in the inconven-  
ience attending its being opened, has induced Messrs. T. Mayo, Watson, and  
Co., in addition to the Syphon Vase to introduce the VALVULAR STOP-  
PED BOTTLE, whereby the annoyance complained of is removed, the use  
of both corks and wire being dispensed with, and the advantages arising to  
those who are in the habit of drinking aerated waters (more especially ladies  
and invalids) greatly enhanced, from the circumstance that any quantity, how-  
ever small, can be withdrawn, whilst, at the same time, the portion remaining  
in the bottle retains its gaseous properties unimpaired.—Applications having  
been made to them for agencies for the sale of the Syphon Vase and Valvular  
Stopped Bottle, Messrs. T. Mayo, Watson, and Co. have now made arrange-  
ments accordingly, and will be happy to treat with parties desirous of becom-  
ing agents.

**Allsopp's Pale Ale in Bottle, as**  
supplied to the CRYSTAL PALACE; also in casks of 18 gallons.  
Recommended by BARON LIEBIG.  
Address, HARRINGTON PARKER and CO., 5½, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**  
per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per  
dozen quarts; delivered free within four miles. Merchants supplied with  
Pale Ale and Porter for exportation at the lowest prices.

WOOD & WATSON, 18, Clement's-lane, City.

**Good Cyder, a Preventative of**  
Cholera. (See THE LANCET, 15th of July, p. 33.)

This refreshing and wholesome beverage may be obtained PURE, and in the  
highest perfection, of WRIGHT and COOKMAN, Devonshire-wharf, Bankside,  
London, whose stocks are warranted the produce of the finest orchards in the  
best cyder districts of Devon, and made only from the choicest picked fruit.

A three dozen hamper of their celebrated pale Champagne Cyder, delivered to  
any railway station in London, for 3s. shillings.

Wine Merchants and Victuallers supplied on liberal terms.

**Allsopp's Pale Ale.—Medical gentle-**  
men who recommend this ale as an article of diet to their patients are  
respectfully requested to inform them at the same time, that they may rely on  
procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or  
bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer  
merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constitu-  
tents of pure water, and not any other ingredient, organic or inorganic, as  
per analysis of Professor Thomas Graham, F.R.S., University College,  
London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal Col-  
lege of Chemistry, and of the Analytical Sanitary Commission, published in  
THE LANCET, Saturday, May 15, 1863, No. 20, Vol. 1st, upon ALLSOPP & SONS,  
EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHA-  
NIEL EASTTY, 132, Upper Thames-street, London.

**Soyer's Aromatic Mustard.—"M.**  
Soyer has just brought out a New Mustard, which possesses a most  
beautiful bouquet; and which is entirely free from adulteration."—THE  
LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

**To Invalids and those desirous of**  
PRESERVING HEALTH.—The Sanitary Commission instituted by  
THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place,  
Oxford-street, to be "entirely free from deleterious admixture," the attention  
of the public is directed to EDMONDS and CO.'S HOMEOPATHIC  
COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

**Robinson's Patent Barley, for making**  
superior Barley Water in Fifteen Minutes, has not only obtained the  
Patronage of Her Majesty and the Royal Family, but has become of general  
use to every class of the community, and is acknowledged to stand unrivalled  
as an eminently pure, nutritious, and light Food for Infants, Children, and  
Invalids; much approved for making a delicious Custard Pudding, and excel-  
lent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed  
for making a superior Gruel in Fifteen Minutes,—light for supper,—and alter-  
nately with the Patent Barley is an excellent Food for Children and Invalids,  
being particularly recommended by the Faculty as the purest and best Prepa-  
ration of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors  
to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country  
in Packets of 6d., and 1s., and in Family Cansisters at 2s., 5s., and 10s. each.

**Do you bruise your Oats yet?—New**  
Oat-crushers, £2 15s., £4 5s.; Chaff-cutters, £1 7s., £3 7s.; Mangles,  
£2 10s.; Flour-mills, £4 10s.—WEDLAKE and Co., 118, Fenchurch-street.—  
One bushel when crushed makes two.

How to Keep a Horse for 9s. a Week; or a Book on Feeding, 1s. 4d.

**Carriages.—Three good single-seated**  
Broughams, and one light double Brougham, suitable for a Medical  
Man, from 30 to 40 guineas. A new, light, and handsome Barouche,  
and double-seated Brougham, for one, or a pair of light horses, for sale or job, at  
WHITE'S COACH MANUFACTORY, Westminster-road, opposite the Asylum;  
where may be seen a variety of New and Second-hand Carriages.

BY HER MAJESTY'S ROYAL LETTERS PATENT.

**Major's Remedies for the Horse,**  
the best and most effectual ever discovered, superseding the "burning  
iron" and the torture of the "cautery."

MAJOR'S BRITISH REMEDY, for the cure of ringbone, spavins, splints  
&c. A single bottle sufficient to cure from four to six spavins, £1 15s.

MAJOR'S SYNOVITIC LOTION, (the Remedy, No. 2.) for gringness,  
weak joints, sprains of the back sinews, ruptures of the sheaths of tendons,  
suspensory ligaments, shoulder lameness, and inflammation; also for the cure  
and prevention of breaking down, &c.—In bottles, large size, £1 1s.; small,  
10s. 6d. each. The above invaluable remedies can now be forwarded to any  
part of the United Kingdom. Pre-payment by check or post-office order,  
made payable to Joseph Major, Post Office, Charing-cross.

JOSEPH MAJOR, Horse Infirmary, British-yard, Cockspur-street,  
Charing-cross.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.  
**Important Saving, by Pre-payment,**  
in the PURCHASE of

NEW WHITE MOULDED VIALS.  
APSLEY PELLATT and CO. submit the following PRICES of VIALS, for  
PRE-PAYMENT only:—  
½ oz., 1 oz., & 1½ oz. per Gross, 6s.  
2 oz. " 7s.  
3 oz. " 8s.  
4 oz. " 10s.  
6 oz. " 15s.  
8 oz. " 18s.  
4½ oz. graduated in 3 doses 12s. 6d.

In quantities of not less than  
Six Gross, assorted to suit the con-  
venience of the purchaser, deli-  
vered to carriers in London.  
No charge for Package.  
Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges  
whatever between the Manufacturer and the Consumer, no attention can be  
paid to any order not accompanied by a remittance in full, made payable in  
London.—Orders and remittances to be addressed,

APSLEY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.

**King's College, London.—Medical**  
DEPARTMENT.—The WINTER SESSION, 1864-5, will Commence  
on Monday, October 2, 1864.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman,  
F.R.S., and Lionel S. Beale, M.B.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Ferguson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building,  
will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by  
Professors Partridge and Ferguson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and  
Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with  
every convenience for the attainment of Practical Chemistry, and for the  
prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the  
prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have  
the exclusive privilege of contending for three Warneford Scholarships of £25  
per annum, for three years. The subjects for the examination, which will  
commence on September 30, are, Divinity, Classics, Mathematics, History, and  
Modern Languages, equal marks being assigned to each subject. The classical  
books fixed on by the examiners for this year are the same as those announced  
for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of  
£20 each, tenable for two years, will be filled up in April next, the subjects of  
the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or  
upon application to J. W. Cunningham, Esq., Secretary.

June, 1864.

R. W. JELF, D.D., Principal.

**St. Mary's Hospital and Medical**  
SCHOOL.—The WINTER SESSION will Commence on Monday, the  
2nd of October, with an Introductory Address by Dr. ALDERSON, F.R.S., at  
Half-past Two o'clock.

LECTURES.

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones.  
Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James  
Lane.

Pathological Anatomy—Dr. Markham.

Chemistry—Dr. Albert J. Bernays.

Medicine—Dr. Chambers and Dr. Sibson.

Surgery—Mr. Coulson and Mr. Spencer Smith.

Clinical Medicine—Dr. Alderson.

Clinical Surgery—Mr. Ure.

SUMMER SESSION, 1865, commencing May 1st.

Botany—Dr. J. S. Burdon Sanderson.

Materia Medica—Dr. Sieveking.

Practical Chemistry—Dr. Albert J. Bernays.

Midwifery, &c.—Dr. Tyler Smith and Mr. I. Baker Brown.

Medical Jurisprudence—Mr. Ancell.

Military Surgery—Dr. James Bird, F.R.C.S.E.

Ophthalmic Surgery—Mr. White Cooper.

Aural Surgery—Mr. Toynbee.

Dental Surgery—Mr. Naammyth.

Comparative Anatomy—

Natural Philosophy—

HOSPITAL PRACTICE.—The hospital contains upwards of 150 beds, 65 of  
which are devoted to Medical, and the rest to Surgical, cases. This division  
includes a ward appropriated to the Diseases of Women, and also beds for  
Ophthalmic and Aural cases. A Maternity Department is attached to the  
hospital: 218 poor married women were delivered at their own homes during  
the past year. The In-patients are visited daily by the Physicians and Surgeons,  
at one o'clock. Lectures on Clinical Medicine will be regularly delivered by  
Dr. Alderson, and on Clinical Surgery, by Mr. Ure; and occasionally by the  
other Medical Officers in their respective departments. The Out-patients are  
attended daily by the Assistant-Physicians and Assistant-Surgeons.

There are three Resident Medical Officers, who board in the hospital, and  
are appointed for eighteen months; two non-resident Medical Officers; a  
Medical and a Surgical Registrar. Clinical Clerks and Dressers will be selected  
from the best-qualified Students. All the above offices are open to competition  
amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to the Dean of the  
School, who will also furnish the names of gentlemen in practice in the  
vicinity of the hospital, willing to receive Pupils to reside with them.

St. Mary's Hospital,  
Aug. 8th, 1864.

H. SPENCER SMITH,  
Dean of the School.

## School of Anatomy and Medicine,

adjoining St. George's Hospital.—The WINTER SESSION will commence on Monday, October 2, 1854.

Anatomy and Physiology—Dr. Lankester and Mr. Blenkins, assisted by Mr. Lane.

Descriptive and Surgical Anatomy—Mr. Blenkins and Dr. Deville.

Chemistry—Mr. J. E. D. Rodgers.

Medicine—Dr. Cornack and Dr. Ballard.

Surgery—Mr. Pilcher and Mr. Spencer Wells.

Midwifery—Mr. Bloxam.

Materia Medica—Dr. Ballard.

Forensic Medicine—Dr. B. W. Richardson.

Botany—Dr. Lankester.

Practical Chemistry—Mr. J. E. D. Rodgers.

Comparative Anatomy and Zoology—Mr. R. T. Hulme.

For further particulars and prospectuses, apply to Dr. Lankester, 22, Old Burlington-street; Mr. R. W. Burford, at the School, 1, Grosvenor-place; or at the residences of the respective Lecturers.

## St. George's Hospital Medical School,

LONDON.—SESSION, 1854-55.

The WINTER COURSE OF INSTRUCTION will commence on Monday, October 2nd, when the SCHOLARSHIPS and PRIZES for the past year will be awarded.

The Hospital contains 350 beds. Attendance of the Physicians and Surgeons daily, at One o'clock. Surgical Operations on Thursday, at One o'clock.

A Maternity Department, for the delivery of married lying-in women at their own homes, is established at the Hospital, under the superintendence of the Obstetric Physician.

Gentlemen becoming Pupils of the Hospital may attend all the Lectures, and the Medical and Surgical Practice necessary for those who desire to become Members of the Royal College of Surgeons, or Licentiates of the Society of Apothecaries, on paying Forty Guineas at the commencement of the first year, Forty Guineas at the commencement of the second year, and Twelve Guineas at the commencement of the third year.

The payment for the year will admit the Pupil to all the Lectures, and to the Hospital Practice required, for that year only.

Special entries to Hospital Practice, or to any separate Course of Lectures, may be made as heretofore.

Some of the Lecturers and other gentlemen connected with the Hospital receive Students to reside with them.

Further information may be obtained from the Secretary of the Hospital, or from Mr. Hammerton, the Apothecary of the Hospital, who is authorized to enter the names of Students.

## University College, London.—

FACULTY OF MEDICINE. SESSION, 1854-55.—The Classes will commence on Monday, the 2nd of October. Introductory Lecture by Professor CARPENTER, M.D., at Three o'clock.

Classes in the order in which Lectures are delivered during the day:—

### WINTER TERM.

Anatomy—Professor Ellis.

Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.

Chemistry—Professor Graham, F.R.S.

Comparative Anatomy—Professor Grant, M.D., F.R.S.

Surgery—Professor Erichsen.

Medicine—Professor Walshe, M.D.

Dental Surgery—Hubert Shelley, M.B.

Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis and Dr. Boon Hayes, Demonstrator.

### SUMMER TERM.

Botany—Professor Lindley, Ph. D., F.R.S.

Pathological Anatomy—Professor Jenner, M.D.

Paleo-Zoology—Professor Grant, M.D.

Practical Chemistry—Professor A. W. Williamson, Ph. D.

Midwifery—Professor Murphy, M.D.

Forensic Medicine—Professor Carpenter, M.D., F.R.S.

Ophthalmic Medicine and Surgery—Professor T. W. Jones, F.R.S.

Materia Medica—Professor Garrod, M.D.

Analytical Chemistry—Professor Williamson, throughout the Session. Logic, French, and German Languages, Natural Philosophy, Geology, and Mineralogy—according to announcement for the Faculty of Arts.

### CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.

Physicians—Dr. Walshe, Dr. Parkes, and Dr. Garrod.

Obstetric Physician—Dr. Murphy.

Assistant Physicians—Dr. Jenner, Dr. Hare.

Surgeons—Mr. Quain, Mr. Erichsen.

Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.

Ophthalmic Surgeon—Mr. Wharton Jones.

Assistant Surgeons—Mr. Marshall, Mr. Statham.

Dental Surgeon—Mr. Shelley.

Medical Clinical Lectures by Dr. Walshe and Dr. Garrod; also by Dr. Parkes, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of lessons and examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, specially by Mr. Quain, and by Mr. Erichsen.

Lectures on Ophthalmic Cases, by Mr. Wharton Jones.

Practical Instruction in the Application of Bandages and other Surgical Apparatus—by Mr. Marshall.

Prospectuses may be obtained at the office of the College.

RESIDENCE OF STUDENTS.—Several of the Professors receive students to reside with them; and in the office of the College there is kept a register of parties unconnected with the College who receive boarders into their families. Amongst these are several medical gentlemen. The register will afford information as to terms and other particulars.

G. VINER ELLIS, Dean of the Faculty.

CHAS. C. ATKINSON, Secretary to the Council.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, the 17th of October.

The Junior School will open on Tuesday, the 26th of September.

## Dr. Barron's Medical and Surgical

TUITION adapted to gentlemen preparing for Professional Examinations will be resumed, after the present vacation, on September 25th.

The regular WINTER COURSE will commence on 2nd October.

15, St. Thomas'-street, Borough.

## London Hospital Medical College.—

The WINTER SESSION will commence on Monday, October 2nd, when an Inaugural Address on the opening of the New College will be delivered by Dr. LITTLE, at Three p.m.

Medicine—Dr. Little.

Surgery—Mr. Curling, F.R.S., and Mr. Critchett.

Descriptive and Surgical Anatomy—Mr. Adams.

General Anatomy and Physiology—Dr. Carpenter, F.R.S.

Practical Anatomy—Mr. N. Ward, Mr. Wordsworth, and Mr. Gowland.

Chemistry—Dr. Letheby.

Pathological Histology—Dr. Clark.

Dental Surgery—Mr. Barrett.

SUMMER SESSION, 1855, commencing May 1st.

Midwifery—Dr. Ramsbotham.

Materia Medica—Dr. Davies.

Forensic Medicine—Dr. Ramsbotham and Dr. Letheby.

Botany—Mr. Bentley.

Comparative Anatomy—Mr. Coles.

Practical Anatomy—Dr. Letheby.

General fee to the Lectures, £50; to the Hospital Practice and Lectures, eighty-four guineas, payable in two instalments of forty-two guineas each, at the commencement of the two first Winter Sessions. Applications by post to be made to the Honorary Secretary.

## Chatham Street School of Medicine,

MANCHESTER.—The SESSION for 1854-55 will commence on Monday, October 2nd, when the Introductory Address will be delivered by Dr. Whitehead, at Four p.m.

Extensive alterations have been made in the premises of this Institution during the recess. The present Lecture Theatre is considerably larger than the previous one, and is much better adapted both for hearing and for demonstration. The Museum has undergone complete review, and the various objects of interest have been so arranged and designated as to afford every facility to the Student in the prosecution of his studies.

Practical Chemistry will be taught during the present Session under the same roof, in additional premises, which have been already secured for the purpose.

The Lecturers have the pleasure of stating that Dr. Marshall Hall has kindly promised to deliver, sometime during the Session, a short Course of Lectures on "The Spinal System of Nerves and its Diseases," in the Lecture Theatre of this Institution, to which members of the Profession, in this locality, will be invited.

WINTER LECTURERS.—Mr. Southam, Mr. Dumville, Dr. Watts, Dr. Eason Wilkinson, Dr. Noble, Messrs. J. S. and J. O. Fletcher, Mr. Murphy, and Mr. Stone.

SUMMER LECTURERS.—Dr. Whitehead, Dr. Merel, Dr. Aikenhead, Mr. Somers, Dr. Jepson, Dr. Stone, Dr. Watts, and Mr. Stone.

HOSPITAL PRACTICE and Clinical Instruction at the Royal Infirmary.

SCHOLARSHIPS.—In addition to the usual Medals, Prizes, and Certificates of Merit, Three Scholarships will be offered for competition, at the termination of the Session, as follows:—

One of £20—for Third Year's Students.

One of £15—for Second Year's Students.

One of £10—for First Year's Students.

Further particulars may be obtained from the Registrar, Mr. SOUTHAM, Salford, or from any of the Lecturers.

Chatham-street, Piccadilly. August, 1854.

## Queen's College, Birmingham.—

The WINTER SESSION will commence on Tuesday, the 3rd day of October next, when an Introductory Address will be delivered at Two o'clock, by R. D. GRAINGER, Esq., F.R.S.

The system of study pursued at this College constitutes a complete course of Collegiate, Medical, and Surgical education. The Lectures qualify for Examination for appointments in the Army and Navy and the East India Company's Service, for the Degrees of M.B. and M.D. of the University of London, for the Diploma of the Royal College of Surgeons, and the License of the Society of Apothecaries, without any residence elsewhere.

A married Tutor, in Holy Orders, a Graduate of Oxford, resides within the walls of the College, to whom is committed by the Council the superintendence of all Resident Students, under Collegiate discipline, and also the surveillance of Non-Resident Students.

### THE WINTER SESSION.

Surgical Anatomy—Professor Sands Cox, F.R.S., Fellow of the Royal College of Surgeons of England; Senior Surgeon of the Queen's Hospital.

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## Guy's.—John Masterman, Esq., M.P.,

having placed at the disposal of the Treasurer a Third Appointment of ASSISTANT SURGEON in the Honourable the East India Company's Service, the same will be competed for by the Students of this School. Candidates must be Members of the Royal College of Surgeons, having their Diplomas dated since October 1st, 1853, and are requested to forward their names to James Stocker, Esq., on or before October 7th, 1854.

By order,

Guy's Hospital, 15th August, 1854.

JNO. CHAS. STEELE, Supt.

EAST INDIA HOUSE, August 9th, 1854.

## Notice is hereby given, that the

annexed CODE of REGULATIONS for the ADMISSION of CANDIDATES at the First Examination, to be held in January next, for the APPOINTMENT of ASSISTANT-SURGEONS in the service of the EAST INDIA COMPANY, has been framed by the Board of Commissioners for the Affairs of India, under the provisions of the Act 16 and 17 Vict. cap. 95, sec. 33.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE SERVICE OF THE EAST INDIA COMPANY.

All natural-born subjects of her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons; they must, however, be between twenty-two and twenty-eight years of age, and of sound bodily health.

They must subscribe and send in to Dr. Scott, the Physician to the Hon. East India Company, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration pursuant to the Act 6th and 6th William IV., cap. 62.
2. A diploma in surgery or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree.
3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing at least, on an average, 100 in-patients, or of having attended one course of lectures of six months on the practice of physic and clinical instruction for twelve months.
4. A certificate of having attended for three months the practical instruction, given at one of the public asylums for the treatment of the insane.
5. A certificate of having attended for three months one of the institutions, or wards of a hospital, especially devoted to the treatment of ophthalmic disease.
6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.
7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination, to be held in January, 1855.

The examination will include the following subjects:—

1. Surgery in all its departments.
2. Medicine, including the diseases of women and children, therapeutics, pharmacy, and hygiene.
3. Anatomy and physiology, including comparative anatomy.
4. Natural history, including botany and zoology.

The examination will be conducted:—

1. By means of written questions and answers.
2. By object examinations and experiments, when the subject admits of such tests.
3. By practical examination at the bedside of the patient, and by dissections and operations on the dead body.
4. By *visu et tactu* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as assistant-surgeons in the East India Company's service.

All assistant-surgeons are required to subscribe to the military or medical, and medical retiring funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Asylum also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information, if needed.

N.B. The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

JAMES C. MAXWELL, Secretary.

## Royal College of Surgeons of Eng-

LAND.—The Certificates of Attendance, by Candidates for the Diploma of this College, on the Medical Practice of a Hospital, commencing on or after the 1st of October, 1854, must be accompanied by Certificates of Attendance on Clinical Lectures on Medicine during such attendance; and the Certificates of Attendance, by such Candidates, on the Surgical Practice of a Hospital, commencing on or after the said 1st of October, 1854, must be accompanied by Certificates of Attendance on Clinical Lectures on Surgery during such attendance. Such Courses of Clinical Lectures shall, in England and in the Colonies, consist of not less than one Lecture on Medicine and one Lecture on Surgery in each week during the Summer and Winter sessions; and in Scotland and Ireland shall consist of such number of Lectures as may be respectively required by the Royal Colleges of Surgeons of Edinburgh and Ireland. These Lectures shall be additional to Clinical Instruction given in the wards, and shall have especial reference to cases at the time, or previously under observation in the Hospital.

August 10th, 1854.

EDMUND BELFORD, Secretary.

## Birmingham and Midland Counties

LYING-IN HOSPITAL AND DISPENSARY FOR THE DISEASES OF WOMEN AND CHILDREN.—Wanted, a RESIDENT SURGEON, whose duty will be to attend Cases. He must be either a Member of the Royal College of Surgeons, or Licentiate of the Apothecaries' Company.

For particulars, apply to Mr. DAVID COPE, Secretary, Lying-in Hospital, Broad-street, Birmingham.

## West Herts Infirmary, Hemel

HEMPSTEAD.—The Election of a HOUSE-SURGEON to the above Institution will take place on Saturday, the 26th inst., at One o'clock. Candidates for the appointment must send in their testimonials to the Infirmary before Thursday, the 24th inst., and attend in person on the day of election. The Salary is £100 per annum, with apartments and attendance, coals and candles.—Further particulars may be had on application to the Secretary.

## Loughborough Dispensary.—

Wanted, a RESIDENT HOUSE-SURGEON and APOTHECARY to the above Institution. He must be a Member of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company. The Salary is £80 per annum, with furnished apartments for a single man, coals, candles, and attendance. A Compounder of Medicines is provided at the expense of the Institution.—Testimonials, directed to Mr. Brock, Baxter-gate, Loughborough, to be sent in on or before the 2nd of September next.

RICHARD NICKLINSON, Loughborough.

## Manchester Royal Infirmary,

DISPENSARY, LUNATIC HOSPITAL, or ASYLUM.—Wanted, in consequence of the resignation of Mr. F. A. Heath, who has completed the period of his engagement, an unmarried Gentleman, as HOUSE SURGEON to these Charities. Every candidate for the office will be required to produce a Diploma from the Royal College of Surgeons in London, Edinburgh, or Dublin, and a License from the Worshipful Society of Apothecaries in London. The duties of the house surgeon are, to assist the surgeons at operations, and in dressing the patients; to visit the patients in the absence of the surgeons, under whose control he is to consider himself; and to take charge of the accidents in the absence of the surgeon of the week. He must take an engagement for one year. No salary is given; but the whole medical and surgical practice of the house will be open to him; and he will be provided with board and lodging in the Infirmary.—Letters from candidates, together with the diplomas and testimonials, are to be sent, free of postage, on or before Saturday, the 26th August next, addressed to the Secretary.

By order of the Board,

Weekly Board, July 31st, 1854.

R. THORPE RADFORD, Secretary.

## County and City of Worcester

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MARTIN CURTLER, Clerk to the Committee of Visitors.

Worcester, August 14th, 1854.

N.B. It is particularly requested that no application shall be made to any member of the Committee or their Clerk, by or on behalf of any candidate. If any such is made, it will be held a disqualification.

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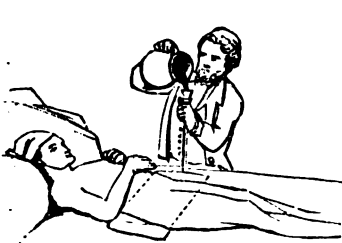
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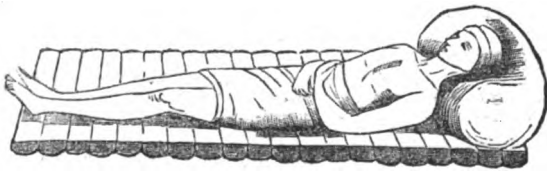
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# TREATMENT OF CHOLERA AND DIARRHŒA

IN THE

VARIOUS HOSPITALS,\* INFIRMARIES, AND DISPENSARIES IN THE METROPOLIS.

## No. II.

ANXIOUS that our readers should be put in possession of the leading facts connected with the treatment of cholera in the metropolitan hospitals, infirmaries, prisons, and dispensaries, we began last week a sketch of the principal data which, at this early period of the epidemic, we have been enabled to collect, by the liberal co-operation of the officers of those institutions. We continue in this number the rapid summary which cannot of course offer at present that degree of completeness which might be desirable; but danger is imminent, the disease is fearfully raging amongst us, and we need hardly apologize for publishing suggestions which, by their practical bearing in a moment like this, may perhaps snatch a few cholera patients from the destruction which too frequently attends this awful disease.

Though very humbling, the confession will readily be made by medical men that the treatment of cholera does not rest upon a sure basis; or, in other words, that the means employed to combat the disease are not adopted from any complete knowledge of its intimate nature or pathology. We are constrained to treat symptoms, to watch the manner in which death seizes upon its victim, and endeavour to counteract the tendency to a fatal termination. The public, aware of this, and unjust to medical science, reproach us with our ignorance; make no account of the pathological arcana which have been unravelled in other diseases by patient investigators with the happiest practical results; forget past services, and that human beings must die, and lay at our door our inability of arresting the ravages of cholera. But who has fathomed the depths and obscurity which surround fevers of various kinds? Are we not restricted in small-pox, scarlatina, &c., to simply counteract the tendency to death, and treat symptoms without being acquainted with the intimate nature of the virus which lies at the root of the pathological phenomena? Is there anything positive known of the plague or yellow fever? Not that we wish to excuse one deficiency by pointing out another, but we merely desire to make public the absurdity of taunting professional men (who are ever so ready to expose themselves to all the risks connected with the contact of the sick) with their defective knowledge of the intimate nature of the choleraic poison.

From former investigations, and from what is passing before us, there can be no doubt about the existence of a virulent choleraic principle, which, at certain periods and under certain telluric and atmospheric circumstances, becomes diffused in various localities. This poison seems to act according as it is more or less concentrated, and it is plain that the best means of lessening its effects is to dilute it with pure air as much as possible. If, by some mechanical contrivance, a strong current of air could be forced for a sufficient time through the most ill-treated districts, the result would probably be an abatement of the epidemic; especially if the artificial hurricane could be made to penetrate those sad tenements where human beings are heaped up by hundreds, and where man, by his mere presence, becomes the destroyer of man. We are aware that the disease has been known to rage cruelly in villages situated in healthy localities; but it may be surmised that the amount of virus was in such cases very large, and that many predisposed individuals existed amongst the inhabitants.

That we are at present, one and all of us, surrounded by an atmosphere charged with the virulent choleraic principle, cannot for a moment be doubted, when we see the large number of persons applying with diarrhoea to the various public institutions. Amongst these there are a great majority who shun fruit and vegetables, and who were not before subject to bowel complaints; and hence it may be permitted to infer that the looseness, now so prevalent, depends on the action of the virus largely diluted with comparatively pure air. Nor is it less probable that a great many of those who are supplied with

astringent medicines would have manifested symptoms of cholera had not the tendency to or the actual diarrhoea been stopped. The dilute sulphuric acid, in half-drachm doses, is keeping its ground as a powerful astringent, and the fashion of giving it is well supported by the favourable results which are daily obtained both in public and private practice.

Much good would be done by house-to-house visitation; for the poor, though they apply in great numbers for looseness of bowels, are known to be, in general, careless respecting the importance of seeking relief in time. It has very justly been contended by modern writers on cholera that the premonitory diarrhoea almost always exists; and it would appear that the weakness consequent on the drain renders the patient an easy prey to the disease. And yet, judging by analogy, we might look upon the premonitory diarrhoea as an effort at eliminating the poison; and those holding this view would, of course, not feel inclined to check the process. In one of the hospitals (King's College) which we have visited for the especial purpose of learning which mode of treatment was adopted, we found Dr. Johnson, who has the charge of the cholera patients, carrying out this idea by the use of repeated doses of castor oil, to aid in the elimination of the poison by the bowels. Most of the cases thus treated have done well, and we leave our readers to judge for themselves. One feature in the treatment is almost general in all public institutions, and that is the warm bath; this seems to be universally approved of, and not without reason, for we have ourselves seen patients revive in a wonderful manner after remaining in the hot bath for about half an hour. Nor is the hot air bath neglected, and though it cannot be said that these means have been invariably efficacious, they are nevertheless of great value.

We found, in the course of our inquiries, that the tendency now exists in hospitals to separate cholera patients from the rest of the inmates, this precaution pointing clearly to a certain amount of belief in the contagiousness of the disease. At all events, it seems more humane, even supposing the disease incapable of being transmitted by contagion, to spare the ordinary patients the alarm and apprehension naturally consequent on witnessing the distressing scenes too frequently connected with the progress of the disease. In almost all hospitals wards have been set aside for the reception of cholera patients; and we are glad to say that up to the present time we have not heard of the disease spreading amongst the attendants upon the sick. Both the medical men and the nurses do their duty in an exemplary manner; and here, again, we have proofs, were any wanting, of the fearlessness and devotion with which hospital officials discharge the duties which devolve upon them. The following is a rapid sketch of the points of interest connected with the treatment of cholera in some of our charitable institutions, in addition to those noticed in *THE LANCET* of last week:—

## GUY'S HOSPITAL.

## CASES OF CHOLERA.

FROM the beginning of the epidemic about thirty patients have been admitted into this institution, being mostly very aggravated cases, generally collapsed, blue, and cold. Peter-sham ward, situated at the back of the hospital, and forming a semi-detached building, has been set aside for the reception of cholera patients; and in spite of the most energetic restorative means, in the shape of hot air, stimulants, &c. &c., about twenty out of the whole number have died.

With those patients who were not in so desperate a state, the saline treatment, by the mouth, seems to have had some success, as we were able to ascertain by the kindness of Mr. Stocker, the resident medical officer, who is in constant attendance on the patients. The solution is composed of carbonate of soda and common salt, and is given in an effervescent state, by the addition of lemon-juice. In some cases in which the purging was very considerable, the usual astringent mixture of catechu and opium was given with advantage. The injection into the veins of a saline solution was tried in one case; the operation did not lead to the patient's recovery, but he revived so much from collapse as to ask for some brandy. Starch injections with opium, and external warmth, seemed also to be of use.

At the time of our visit, August 18th, there were four cases in the men's wards and four on the women's side. The only very bad case was that of a negro sailor, and it was peculiar with him that the characteristic connected with the skin was of course absent; but when he was touched, the integument felt cold and shrivelled.

The women were all doing well, though on their admission

\* We place the hospitals in each series from east to west.  
No. 1617.

they had presented the usual alarming symptoms; the saline treatment had told very favourably upon them, the number of times it was given being regulated by the amount of sickness. A vast number of cases of diarrhoea had presented themselves amongst the out-patients, and the intestinal relaxation was generally stopped by the ordinary astringent draughts of catechu, opium, and chalk mixture.

There is a tendency in all hospitals to isolate cholera patients, so that the belief in the contagiousness of the disease seems to be gaining ground. But even supposing the affection non-contagious, it is certainly wise to spare the inmates of the hospital the sight of the sufferings and rapid destruction of persons visited by the epidemic.

We need hardly say that the south side of the river is by far more obnoxious to cases than the north districts; and yet, considering the great disproportion, the Borough hospitals do not present as large a number as might have been expected. This circumstance may perhaps be attributed to the rapidity with which the disease destroys patients, scarcely any time being left for conveying the sick to the hospitals.

### ST. THOMAS'S HOSPITAL.

#### CASES OF CHOLERA.

In this hospital about thirty-six cases of cholera have been admitted since July 26th; and from the records it is found that about eleven have died. It is very probable that amongst these cases there were some severe forms of diarrhoea.

The purging has generally been combated by sulphuric acid, as was pointed out to us by Dr. Bristowe, who, together with Mr. Whitfield, the resident medical officer, has the charge of the cholera cases. The treatment consists principally in the administration of an emetic, and the application of a mustard poultice to the pit of the stomach; then follows the hot-air bath, and subsequently creasote and bismuth are used to combat the vomiting. Calomel is not much employed, but scruple doses have been given in one or two cases, in which the result was not striking either way.

A feature worth mentioning is, that some two or three cases, presenting very urgent symptoms, recovered with the use of the remedies pointed out, whilst very little hope of saving them was entertained.

With one patient, the injection of a saline solution into the veins was performed; the man never rallied by the operation, and on a post-mortem examination, Dr. Bristowe discovered the supposed cause of failure, in the shape of a fibrinous clot, extending from the heart to a great distance along the aorta.

The cases were mostly instances of undoubted cholera Asiatica, with a few instances of diarrhoea, as mentioned above; and we have here also to note that the patients were placed in separate wards.

We must also observe that, in this hospital, as well as in King's College and St. George's, patients who had been admitted for other diseases, were attacked with cholera whilst inmates of the hospital. At the very outset of the epidemic, (July 26th), a man, about forty years of age, who had been subject to diarrhoea for several years, was admitted with articular rheumatism, under the care of Dr. Risdon Bennett. He was ordered to take a powder composed of mercury with chalk and rhubarb, and afterwards he was to use lemon-juice. The patient was attacked with diarrhoea, which was at first thought to be the effect of the purgative; when, however, the looseness became especially marked, Mr. Whitfield was sent for; but in spite of the most powerful astringent remedies the man sank in a few hours, with all the symptoms of cholera.

Another striking case is that of a woman, about fifty years of age, who was found by the police on Tower-hill, suffering from diarrhoea. She had just, upon the advice of a gentleman, been drinking sour milk. The patient was conveyed to this hospital, and had one grain doses of calomel every half-hour; but she died about twenty hours after admission.

### ST. BARTHOLOMEW'S HOSPITAL.

#### CASES OF CHOLERA.

From the 28th of July to the 14th of August, there have been admitted about forty cases of cholera, and of these patients about fourteen have died. The treatment has consisted, as was stated to us by Mr. Wood, the resident medical officer, of the warm bath, calomel and opium, (five grains to one,) ice, frictions, &c. But of these forty cases, about half were simple cases of diarrhoea, which latter complaint yielded to the usual astringent medicines. Mr. Wood has tried the inhalations of chloroform, but with little success. The wards called Bentley

and Lucas are situated in a detached building, with the operating-theatre, &c.; the back of each of these, with some wards below stairs, generally set apart for cases of delirium or erysipelas, have been given up for the use of the cholera patients.

In Lucas' (a female) ward, there have been altogether thirteen patients, of whom six have died. The calomel was generally pushed according as the vomiting continued, regard being had to the effects of the mercury. At the beginning of the epidemic, nearly all the cases of true cholera brought in died; and it may be reckoned that, up to the 14th of August, nearly two patients were lost out of every three.

That the locality has much influence on the development of the disease is well known. We saw an example of this fact on the 14th of August, when we observed two children, who came from Saffron-hill, lying in a desperate state in Lucas' ward, whilst the father was dying of cholera in Bentley. The utmost regularity exists here as to the administration of remedies, baths, frictions, &c., everything being kept ready in the wards. We are glad to say that none of the nurses and attendants have hitherto been attacked. We made the inquiry with the more solicitude as one of the sisters had, in the last epidemic, been rapidly carried off.

### KING'S COLLEGE HOSPITAL.

#### CASES OF CHOLERA.

The disease broke out in this hospital in the same manner which had been observed in the last epidemic—viz., it spread amongst the patients already in the house, after a cholera patient had been brought in. The contagious nature of the epidemic was perhaps never made so likely as by the facts connected with this institution, as the attacks were principally confined to such wards as were most exposed to morbid influences.

At a very early period of the present epidemic, three cases occurred in the surgical wards upon patients who had undergone operations, and for whose recovery the best hopes were entertained. All these persons died; and it may be observed that in most cholera epidemics the first blows are always the most deadly. Indeed, so impressed were the medical officers with the perils connected with the ward in which these deaths had taken place, that measures were at once taken for the complete clearing of the same. These early patients had been treated on the saline and emetic plan.

The number of cases brought into the hospital after this first outbreak, as stated to us by Mr. Holderton, physician's assistant to the hospital, was not very considerable, these not amounting to twelve altogether. On the 16th of August there were five cases under treatment, the patients lying in wards especially set aside for them. They were all in a pretty satisfactory state, and likely to do well under a plan of treatment which will startle some of our readers.

Dr. George Johnson, who has the charge of the cholera wards, considers that the purging in cholera is mainly an effort of the organism to throw off the virulent principle which is at the root of the disease; he therefore in his treatment does his best to aid this eliminating process by gentle means, and gives ounce doses of castor oil every half-hour. Some of the patients thus treated were admitted either with severe purging and vomiting, or in the cold and blue stage. A mustard poultice was usually placed on the pit of the stomach, and the castor-oil given every half-hour until the action of the bowels was well established. Ammonia was tried with the oil, but it increased the sickness, which symptom was more effectually allayed by the oil alone. In every case considerable relief was obtained upon the bowels being freely moved, and the congestive fever, which sometimes carries off patients who have struggled through the original choleraic attack, was noticed, in Dr. Johnson's patients, to be very slight. External heat, by means of warm bottles, frictions, &c. &c., was also used, but we did not perceive that either brandy or opium were employed.

All the cases had presented the premonitory diarrhoea, and the more the epidemic is studied the more conspicuous it is becoming that diarrhoea always precedes an attack of cholera; hence the care that should be taken of preventing such attacks by arresting looseness of the bowels. A considerable number of applicants suffering from diarrhoea have been relieved in the out-patients' department of this hospital.

Is the increase of this latter complaint owing to the choleraic state of the atmosphere? Or do we see so many cases because more people apply at this period for slight looseness of bowels than in ordinary times? Both causes are perhaps concerned in the circumstance to which we are alluding.

## CHARING-CROSS HOSPITAL.

## CASES OF CHOLERA.

It will appear rather strange, to those who know the crowded state of the localities lying between the Strand and Holborn, that only one solitary case of Asiatic cholera was admitted into this hospital up to August 14th. The patient, a man about forty years of age, was brought in July 24th, at one o'clock in the afternoon, and died at seven in the evening.

Before his admission, as we were informed by Mr. Diamond, house-surgeon to the hospital, the man had had about twenty-five evacuations, looking like yeast; but he had none in the hospital. On the day before the attack, the patient had partaken of a meal of bread and cheese and cabbage; he had formerly been very intemperate, but had given up drinking some time, and was living near the banks of the river by the side of Scotland-yard.

At five in the morning the poor man had been taken ill, and when admitted into the hospital, eight hours afterwards, he was already blue, collapsed, and without pulse. Dr. Golding could of course not do much for him; but great exertions were made with external warmth, frictions, brandy, &c. &c., though to no purpose.

If the cases of cholera have been almost absent from this hospital, diarrhoea has, on the other hand, been extremely common, the applicants to the dispensary having been very numerous. The looseness of bowels was mostly treated by nitro-muriatic acid, in doses of one drachm and a half of the acid to two ounces and a half of water: a teaspoonful to be taken according to the symptoms. Sulphuric acid and opium have also been successful in checking diarrhoea.

## WESTMINSTER HOSPITAL.

## CASES OF CHOLERA.

This hospital has received, from the 1st of August to the 17th, a rather large number of cholera patients, there having been about thirty-two altogether. Of these, about twelve have died, and Mr. Wilson, the physician's assistant, stated to us that the cases admitted were mostly *bona fide* cases of Asiatic cholera.

Here again we find that the patients attacked by the epidemic have been placed in separate wards. On August 17th, there were seven cholera patients in the house, all in a very precarious condition, and who probably have since succumbed to the attack. The cases have been very severe, and many patients were brought in a hopeless condition. In examining the patients in the house, on August 17th, we could not help remarking the ever-constant type of this fearful disease; the sunken feature, the half-closed eye, the shrivelled and cold extremities, the icy breath, the peculiar listlessness so characteristic of cholera, cannot indeed for a moment be mistaken.

The line of treatment followed in this institution consists of drachm doses of dilute sulphuric acid, and also calomel and opium, in doses of five grains of the first, and one of the second. Restorative means are resorted to at the same time, but brandy is not so largely given as in some other hospitals.

The cases of diarrhoea amongst the out-patients have been extremely numerous, and the treatment by dilute sulphuric acid particularly successful. Mr. Wilson mentioned to us that on Sunday, August 13th, he had had to prescribe for almost one hundred cases of diarrhoea, Sunday being, besides, an unusual day for out-patients presenting themselves.

## SURREY DISPENSARY,

## BOROUGH OF SOUTHWARK.

We are informed by Dr. Willshire that, "from the institution being situated close to those districts of the metropolis where cholera has most abounded, the demands which have been made for drugs to allay gastro-intestinal irritation and discharges have been in truth excessive. A combination of the chalk mixture with the tincture of catechu and the tincture of ginger, has been the medicine usually administered in the ordinary cases of diarrhoea. Of the mixture in question no less than six gallons have been dispensed in a single day. To the above combination are added the tincture of opium and aromatic confection in more obstinate cases; while, in still more severe forms of choleraic diarrhoea, solid opium, either alone or in union with the acetate of lead and capsicum, is administered. Camphor and henbane, in pills, are also given

where there is much tormina. The dilute sulphuric acid has been tried, but although frequently appearing to hold for some time the intestinal discharges in restraint, has not impressed those of the medical officers who have used it with a very high opinion of its merits. The infusion of cinchona, combined with kino and camphor, have been administered apparently with much benefit to the younger patients."

At the Royal Infirmary for Children, hematoxylon and the nitrate of silver are employed in addition to the above agents, according to Dr. Willshire.

## STOKE-NEWINGTON DISPENSARY.

MR. JAMES reports that up to Thursday, the 17th inst., the medical officers had not been called upon to attend any case of genuine malignant cholera, although they have had to treat much simple cholera and a few cases of choleraic diarrhoea. The treatment of the latter consists in first administering the following draught:—Powdered rhubarb, a scruple; carbonate of magnesia, half a drachm; carbonate of ammonia, ten grains; tincture of opium, fifteen minims; peppermint-water, an ounce and a half; followed in two hours, if necessary, by the dilute sulphuric acid treatment, or the following mixture:—Carbonate of soda, aromatic spirit of ammonia, of each two drachms; tincture of opium, one drachm; cinnamon-water, eight ounces; of which an ounce is given every four hours. From this treatment the medical officers consider the most beneficial results have been derived during the present epidemic, they having in many cases been obliged to have recourse to it when the acid treatment has failed. In some cases, where the vomiting has been severe, they have resorted to the following pill, given every half-hour for the first three doses, and afterwards, if necessary, every four hours, but usually the first three doses have proved all that are requisite:—Calomel, one grain; opium, one-third of a grain; powdered capsicum, one grain. Mix.

## ISLINGTON DISPENSARY.

*Treatment for simple Diarrhoea.*—Chalk mixture, with small doses of tincture of opium, and with or without catechu; perhaps a pill of calomel and opium.

*Diarrhoea, with vomiting or cramps, serous purging, &c.*—Chiefly calomel and opium, with chalk mixture, ammonia, &c.

*Developed Cholera.*—Calomel, small doses, frequently repeated; no opium in any form, (Dr. Ayre's treatment.)

HOLLOWAY AND NORTH ISLINGTON DISPENSARY,  
2, LOWTHER COTTAGES, HOLLOWAY.

THE resident medical officer states that for young children the chalk mixture of the London Pharmacopœia, with the addition of bicarbonate of potash, or sesquicarbonate of soda, a scruple to a drachm and a half, and occasionally tincture of catechu, a drachm, has been found very advantageous, in doses of a teaspoonful every two, three, or four hours, preceded by a dose of mercury with chalk and compound ipecacuanha powder, of each a grain. In the case of some few aged people, the compound chalk mixture, made with compound chalk powder with opium, two scruples, cinnamon-water, eight ounces, and given in ounce doses, with the addition of compound spirit of ammonia, half a drachm; also, in obstinate cases, tincture of catechu, half a drachm, has answered well.

One of the honorary surgeons employs, frequently with success, the solution of acetate of ammonia, and aromatic spirit of ammonia. The others, and he himself, as he has stated, use the dilute sulphuric acid, from twenty to thirty minims, alone, or with small doses of opium. During the week ending August 16th, there had been treated seventy casual applicants suffering from diarrhoea of a more or less severe character, besides those that had obtained out-patients' letters. Not more than six of these have found it necessary to apply a second time; usually the second or third dose (sometimes the first) produces a marked improvement. There has been but one case of decided cholera.

## NORTHERN DISPENSARY,

## SOMERS-PLACE WEST, EUSTON-SQUARE.

DR. DOLTON informs us that there have been no cases of malignant cholera at the Northern Dispensary, but diarrhoea has been unusually prevalent. The majority of cases have yielded to the ordinary treatment of chalk mixture with opium, and others have been treated with gallic acid, or dilute sulphuric acid, and opium, assisted in most of the cases by alterative doses of mercury.

ST. PAUL AND ST. BARNABAS DISPENSARY,  
UPPER EBURY-STREET, PIMLICO.

MR. MOREY, the resident medical officer, informs us:—"We usually treat diarrhoea (of which we have had a great number of cases, and all recovered,) as follows:—A pill, containing one grain of calomel, and a quarter of a grain of opium, or two grains of calomel and half a grain of opium, to be taken directly; a mustard poultice to the abdomen; and, an hour after the pill, a draught, containing a scruple of aromatic confection in an ounce of cinnamon-water, to be repeated after each relaxation. Sometimes we give the chalk mixture instead.

"In six cases of choleraic diarrhoea the following treatment has been adopted, (four cases have recovered, and two are doing well.) The pill before named to be taken directly, and a mixture containing two drachms of dilute sulphuric acid to eight ounces of water, of which an ounce is given every two hours.

"Three cases of Asiatic cholera have occurred, all of which were preceded by diarrhoea, (neglected,) and not seen until in a state of collapse. Two of these were in children, one eight, the other five years old. During collapse small doses of calomel frequently repeated, and the acid mixture every half-hour during the consecutive fever, were given. The former had a mixture containing nitrate of potass and solution of acetate of ammonia, with an excess of ammonia. The patient died. The latter, during the consecutive fever, took five grains of chlorate of potass in half an ounce of water, every half-hour, and recovered. The former, during the collapse, had small quantities of port-wine occasionally. The latter had no stimulant whatever. A woman, aged fifty-seven, during collapse, took a pill containing one grain of calomel and a quarter grain of opium, every second hour; and the acid mixture, with the addition of compound spirit of sulphuric ether twenty minims every half hour. She recovered from the collapse, but died of the consecutive fever three days afterwards."

EASTERN DISPENSARY,  
GREAT ALIE-STREET, WHITECHAPEL.

MR. JOHN C. BARRY, resident medical officer, writes:—"Up to this date (August 18th) I have had no real case of Asiatic cholera presenting itself to my notice. However, obstinate and severe diarrhoea, frequently accompanied with cramps, coldness of extremities, and vomiting, (in fact the ordinary disease usually termed English cholera,) has been very prevalent in our district, the number of cases relieved since the 1st of August being 254.

"I have tried a great many formulae, but find none answer so well in arresting pain and relaxation as the mixture prescribed by Dr. Munk, physician to our institution, composed according to the printed instructions I have subjoined.

"Some few cases have come under my notice (the diarrhoea having been checked by this treatment) of coldness of extremities and pains of the stomach and bowels, in which I have been in the habit of prescribing the following—viz.: Sesquicarbonate of ammonia, five grains; tincture of opium, ten minims; camphor mixture, an ounce: mix for a draught, to be taken every four hours. I have also ordered a mustard cataplasm to the stomach and bowels, with bottles of hot water to the feet; and if the patient has felt inclined for any nourishment, I have ordered brandy and arrowroot at intervals.

"Should any cases of real Asiatic cholera come under my notice, I shall have great pleasure in forwarding an account of the symptoms, treatment, &c., for publication in THE LANCET.

"I beg to enclose the printed instructions directed by Dr. Munk to be issued with his mixture.

"*Medicine for Relaxation or Looseness of the Bowels.*—Dose for persons above fourteen years of age, three tablespoonfuls; dose for persons above seven and under fourteen years of age, two tablespoonfuls; dose for children above two and under seven years of age, one tablespoonful; dose for children under two years of age, two teaspoonfuls. A dose to be taken immediately, and repeated every two or three hours—until medical advice can be obtained.

"N.B.—For the information of such medical practitioners as may subsequently have to treat the case, it is here stated that the proportions and ingredients of the mixture are as follow:—

"Compound chalk mixture, eleven drachms; compound cinnamon powder, six grains; tincture of catechu, forty-five minims; tincture of opium, five minims. Mix."

(To be continued.)

ON THE  
MODUS OPERANDI OF MERCURY IN THE  
CURE OF ASIATIC CHOLERA.

By J. TAYLOR, Esq., L.S.A.

AFTER so many ephemeral productions have issued from the press on the nature and treatment of the epidemic cholera, it would seem almost superfluous in me to attempt anything further on the subject, more especially as the disease and its treatment have been investigated by such able minds in every part of the British dominions—in fact, in every part of the world where the dire pestilence has prevailed.

Nevertheless, having witnessed the two last epidemics in this metropolis on an extensive scale, I may be permitted to offer my mite, in addition to the observations of other writers; and having done this, if I shall have succeeded in bringing forth any new pathological fact which may tend hereafter to elucidate a point in the treatment of this disease, and enable us to handle our remedies with more confidence than we have hitherto done, and thus to reduce the heavy mortality by the preservation of only a few valuable lives, I shall indeed be gratified and amply rewarded.

It will be unnecessary here to investigate, with any degree of minuteness, the history and progress of cholera; its onward march in a northerly direction, from the shores of India along the great channels of human intercourse; its invasion of any country almost always at a seaport, attacking few people at first, and spreading thence in various directions; the comparative immunity from the disease of those places where the least communication is held with infected districts; and the remarkable fact, that wherever military cordons have been established in any country where cholera has prevailed, the disease has invariably made its way through every human barrier—military cordons being, in reality, the connecting links between one frontier and another. These facts, in my opinion, afford the strongest evidence that the disease, whatever may be its epidemic origin, is propagated by human intercourse, although the exact manner in which the *materies morbi* may be supposed to enter the system must, for the present, remain an open question. Nevertheless, there are strong grounds for believing that it is from the living, and not from the dead body, that the source of propagation is derived, and that the alimentary canal affords the materials. In support of this theory, numerous cases might be cited. One or two will suffice for the present occasion.

An intelligent and well-educated neighbour, an undertaker, informed me, during the prevalence of the epidemic cholera of 1832, that a number of men in his establishment, who were extensively employed from morning till night in burying the dead, were frequently compelled to carry without coffins the bodies of those who had died of cholera from an upper to a lower apartment, in consequence of the narrowness of the staircase not permitting a coffin to be carried up; yet, notwithstanding this daily exposure in the worst infected districts, not a man so employed was sick from cholera during the whole season.

Again, during the last epidemic of 1849, whilst the terror-stricken inhabitants of this district were witnessing with dismay the fearful ravages of the disease, a melancholy instance occurred, a few doors from my residence, which greatly tends to corroborate the plain and simple theory of Dr. Snow—viz., "That it is from the excretions of the alimentary canal being swallowed, or by some subtle process conveyed into the stomach and bowels," that the disease is propagated; but whether these *materies morbi* are to be regarded as inorganic or organic, in the shape of a nucleated cell or vesicle, is a question which is probably left for the microscopist to solve. I will relate the circumstance as it occurred.

A family consisted of husband, wife, son, and daughter: the first, for a few days during the early part of July, had suffered from diarrhoea, of which he, like many others, took but little notice; on the night of the fourth day he was seized with cholera of the worst kind, and died on the following day. At the same time the wife was seized, and on the following day she died also. Simultaneously the son and daughter were attacked; the son shared the same fate as his parents; the daughter, a little girl about ten years of age, was removed to another district, and recovered. The servant alone escaped, although she officiated as nurse to the whole of the family. The house in which this calamity occurred became deserted for about two years afterwards, and on the drains being examined, it was found that the privy had overflowed into the drain; from the drain the rats had made a communication into the well from which the water was supplied to the family for domestic



purposes. The frightful mortality which befel the inhabitants of Albion-terrace, Wandsworth-road, occurred shortly after this period, where the water became contaminated from a similar source, and above twenty of the inmates perished. I need say no more; those who think with me will no doubt conclude that this short history will in itself preclude the necessity for any further comment.

Having endeavoured to establish at least plausible reasons for belief in the communicability of cholera by means of human intercourse, and the source from which, for want of better evidence, such communicability may be supposed to emanate, I shall now proceed to consider the disease pathologically.

A writer\* on cholera, in 1832, says: "Reviewing the symptoms during life, and the appearance after death, it will be apparent that the stomach and small intestines form the primary seat of the disease."† This is manifestly true, and this local affection of the alimentary canal affords a sufficient explanation for all the consequent general symptoms. The precursory diarrhoea—frequently the harbinger of an attack of cholera—is attended with little or no disturbance of the general health. The daily meals are taken with the usual relish; the ordinary business duties are performed with the usual alacrity; the individual imagines, nay, often insists, that a moderate purging is doing him good. He is thus taken off his guard, and after partaking of a hearty supper, retires to rest, little thinking, perhaps, that he will be disturbed between twelve and two o'clock in the morning by that overwhelming deluge from the stomach and bowels, so truly characteristic of the malignant cholera.

The serum of the blood being thus drained off by the copious and frequent liquid and colourless evacuations from the bowels, by constant vomiting, and by transudation through the skin, the blood becomes thick and viscid, and can no longer circulate with its usual velocity; severe cramps attack the muscles of the abdomen and extremities, collapse ensues, the hands, feet, and lips assume a mahogany colour, and soon become blue or purple, the secretion of urine is suspended, the pulse ceases at the wrist, the patient becomes asphyxiated, and ultimately comatose; and if, by the aid of either remedial means or constitutional strength, he should survive this condition, and reaction take place, the case will frequently emerge into what has been properly termed consecutive fever; and at this stage of the disease, and at this stage only, shall we find evidence of a morbid poison having entered the system. The effete matters which it was the office of the kidneys to eliminate from the system have been retained and absorbed, the blood is poisoned thereby, and fever, coma, and death are the consequences.

This detail of the symptoms as they follow in succession, from the invasion of the disease in the stomach and bowels, to the final close in death, will naturally lead to the consideration of post-mortem appearances, which, in fact, are precisely such as might have been anticipated. The three great cavities of the body show what might, *a priori*, be considered as unequivocal marks of extreme venous congestion; and the mucous membrane of the intestines is found to be pulpy, soft, and thin, and in many instances as if it had been partly washed away.

The next and most important consideration will be the treatment. To those who draw hasty conclusions from appearances found on dissection, bloodletting would appear to be the appropriate remedy, although it is difficult to conceive how the abstraction of blood should enable that already thick and viscid fluid to circulate with greater facility. Yet Annesley, (p. 170,) states, in rather a serio-comic phrase, "That in nine cases out of ten it will prove successful, especially if the colour of the blood changes from black to red, if the pulse gets up, and the spasms be relieved." Jameson (p. 190) candidly says,—"In every case it was difficult to get any blood to flow, and when any was obtained, it had a thick, jet-black, oily appearance, and would scarcely flow to the extent of a spoonful in half-an-hour; and would entirely cease as the patient fell into a state of collapse."

This exactly agrees with my own experience, although I am ready to admit that bloodletting may have been of service in many cases of cholera, not indeed as a remedy for the actual cholera symptoms, but as a means of relieving actual congestion of some organ which had existed previously to the invasion of the disease, and this relief to chronic inflammation or congestion would certainly place the patient in a more favourable condition for recovery, and thus enhance the value of a remedy which at one time obtained a wide-spread reputation.

\* Pettigrew.

† Also Dr. Snow.

‡ It is necessary here to avoid confounding the "post hoc" with the "propter hoc." These post-mortem phenomena are probably owing to the abstraction of the serum of the blood, whereby the red particles subside in the vessels, and thus the appearance of congestion is produced.

Of medicines, the whole materia medica has been ransacked; earth, air, and water have been called in to our aid; the animal, vegetable, and mineral kingdoms have also done their part; every means that science and humanity could dictate, from the do-nothing method of a few grains of charcoal, to the heroic practice of scruple doses of calomel, (and even transfusion,) have been tried, and each in its turn has been stated to have been successful. Not forgetting our old departed auxiliaries, musk, phosphorus, and cajuput oil, and the saline treatment; hot and cold water, *cum multis aliis*; I have tried them all, and with variable success. I may here remark that, in the epidemic of 1832, phosphorus was vaunted as a most potent and valuable remedy; in two cases where it was administered the patients became furiously maniacal, and they both died. It is, however, to Dr. Ayre, of Hull, that the medical profession is indebted for the scientific administration of mercury in Asiatic cholera, and my experience enables me to confirm its superiority far above any other remedy which has hitherto been recommended, my principal object in writing this paper being to point out the manner in which mercury produces its curative effects in this intractable disease. These opinions, it is true, may require the test of time to prove their truth or fallacy; but whatever may be the result, I can faithfully assert that they are reasonings from facts collected at the bedside, and are not the result of mere arm-chair lucubrations.

About the end of July and beginning of August, 1849, one or two circumstances occurred under my notice, beautifully illustrative of the proposition advanced by Sydenham, viz., "Whatever disease a person may be labouring under, during the prevalence of any epidemic, that disease will in some measure partake of the nature of the said epidemic."

I had encountered about this time a few cases of dysentery, but in so modified a form that the mucus discharge from the bowels, instead of exhibiting the usual colour, had the appearance and consistence of cream or blanc-mange. These cases all recovered. Other cases followed; and notwithstanding that they all occurred in cholera districts, not a single case passed into this disease. I was not long in observing that this modified dysentery was the salvation of my patients; that it was, in fact, antagonistic to the cholera. From this I was led to infer that if a remedy could be found capable of producing a dysenteric condition of the alimentary canal, we should so far have established a principle in the treatment of a disease which had hitherto been little better than empirical. (I beg it to be understood here that what is meant by a dysenteric condition is a *bona fide* subacute muco-enteritis.) The well-known effect of mercury on the bowels, its remarkable success in the hands of those who had administered it with undeviating perseverance, coupled with what I had observed in my own practice, served but to enhance its established superiority, and to afford a ready explanation of its *modus operandi*—viz., that by artificially inducing a subacute form of muco-enteritis, the superabundant discharge of serum is arrested, and an antagonizing barrier established to the further progress of the disease. It is highly probable that the reputation which tartarized antimony and iodine at one time enjoyed was due to a similarity of effect on mucous surfaces.

The mineral acids, of which the celebrated Austrian remedy is composed, probably produce their beneficial effects in the same manner. The method which I have pursued in administering mercury has not been dissimilar to that recommended by Dr. Ayre—viz., a grain of calomel\* every ten minutes, washed down with a little fresh cold spring water, drawn from a pure source. The bichloride has also been used in the form of injection; one grain, dissolved in eight ounces of distilled water, thrown up twice or thrice in the twenty-four hours. And as a substitute for the loss which the system had sustained, the following mixture was invariably prescribed in collapsed cases, to be taken with the mercury:—Chlorate of soda, phosphate of soda, of each half a drachm; spirit of nitric ether, one drachm; spring water, eight ounces: half a wineglassful to be taken every hour. These measures, assiduously applied by a good nurse, have certainly rescued many from impending death; and in almost all the successful cases recovery has been preceded by a mucus evacuation, frequently tinged with green, and this I have denominated the "mercurial stool," which, when once established, was generally indicative of a favourable termination.† The mercurial stool, then, having

\* The quantity of calomel administered in recovered cases varied from two to six drachms; the latter quantity was certainly the maximum, and only occurred in one instance, where the patient persisted in taking the pills without my knowledge until the second day after reaction had taken place. This was the only case of severe pyramism that occurred.

† The only fatal drawback to this or any other plan of treatment being, that the patient will frequently succumb to the disease before the best directed remedies can produce their beneficial effects.

fairly made its appearance, the mercury may be gradually withdrawn; and should consecutive fever follow, it must be combated by ordinary principles, according to the circumstances of the case. I have never found it of the least avail to torment the patient by friction with anodyne or stimulating liniments, for the relief of those severe cramps of the extremities, being fully satisfied they only interfere with that bodily tranquillity so essential to the patient's recovery.

I shall now conclude by recording my observations on opium, concerning which so much has been said and written. Its use appears to me to be limited to the precursory diarrhoea, and to the primary symptoms of cholera during the early stage of vomiting and purging, with excessive cramps, when the fingers have become shrunk and shrivelled, like those of a washerwoman, and before the hands and feet have assumed the mahogany, or blue colour; in short, before extreme collapse has set in, opium may be administered freely, and with the happiest effects. From one to two grains, with the same of mercurial pill, for the first dose, and half the quantity of each every hour, for three successive doses, together with the before-mentioned saline mixture, and in some cases with the common chalk mixture, without any adjunct, (as this in many instances seemed to nauseate the stomach,) assisted by a large sinapism to the epigastrium and abdomen, have frequently acted severally most beneficially, and restored the patient to comparative convalescence in the course of a few hours.

Whilst finishing this paper, I have been put completely *hors de combat* by the observation of my respected anatomical teacher, R. D. Grainger, Esq., who, on his late visit to the Wolverhampton Union, gave it as his opinion, "That there was no remedy for developed cholera." My opinion, however, is at variance with Mr. Grainger's assertion; but quite in accordance with the observation of Dr. Ayre, that mercury approaches as nearly to the character of a specific in cholera as quinine in intermittents. And the prevalence of the disease at present, as an epidemic, has again afforded me an opportunity of further testing its efficacy. The result of the treatment in nine cases (two deaths) of algid cholera, six of them quite collapsed and pulseless, has been such as greatly to increase my confidence in the mercurial treatment, and, at the same time, to surmount some of the difficulties in the way of its administration. The objections of children to the frequent repetition of powders, and the irksome task to Madam Nurse of mixing them and keeping to time, have been superseded by the following formula:—Mercurial pill, half a drachm; purified sugar, half a drachm; sesquicarbonate of soda, two scruples; powdered gum Arabic, two drachms and a half; tincture of opium, ten drops; pure water sufficient to make three ounces: take half a teaspoonful every quarter of an hour, or every twenty minutes. This medicine, like everything else, will be rejected by the stomach for several doses, but my motto has been, "*Spero et persevero*," and I have not often been disappointed.

Having now thrown my mite into the scale in the cause of suffering humanity, those who have laboured with me in the same field will be best able to appreciate my exertions. "*Etenim omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum et quasi cognatione quâdam inter se continentur.*"—*Ciceronis Oratio pro Archia Poeta*, p. 193.

Surrey-place, Old Kent-road, 1864.

## NOTE ON THE PROVISIONING OF ARMIES,

IN RELATION TO THE

PRESENT STATE OF OUR ARMY IN THE EAST.

By R. M. GLOVER, M.D., F.R.S.E.

GREAT complaints have been made of the insufficient supply of food to our army in the East, caused, it is said, in great part, by the want of transport. I am surprised that the attention of our military authorities has not been called to the great value of extract of meat, in such cases, both from its portability and its nutritive powers. There is no difficulty in preparing and preserving this substance, which affords, in very small comparative bulk, all the properties of the meat whence it is derived. Two or three ounces of it will make a pint and a half of excellent soup, which, with a ration of bread and some condiments, would make no bad meal for a soldier, when beef or mutton was not to be got; and for the sick its use would be invaluable. It must be altogether distinguished from the more bulky preserved meats, being, in fact, a watery extract, containing the quintessence of the nutritive powers of the meat. But the great value of this substance is its portability, containing as it does, or at least as there is every

reason to think, the alimentary power of at least five or six times as much meat. Expense in such case should be no object, as the extract should be kept in reserve for emergencies.

I called attention to this subject in an article of mine in a literary review some time ago. Liebig, I believe, originally made a proposition of the kind. On the plains of Buenos Ayres, where vast herds of cattle are slaughtered merely for the hides and tallow, might not a manufactory of this valuable substance be established? while the refuse of the animals could be turned into artificial guano and numerous chemical products.

I hope some of the medical officers who have interest with the Horse Guards may see this, and consider the proposition, for I cannot but think the matter of importance to the public service at the present time. If a large quantity of extract of meat had been sent out with the army of the East, much misery might have been prevented; perhaps events of national moment might ere this have been achieved. I may add that it may be questioned whether the expense of the article might not be, to a great extent, made up by the facility of transport.

August, 1865.

## CLINICAL AND CRITICAL CONTRIBUTIONS TO OBSTETRIC SCIENCE AND PRACTICE.

By ROBERT BARNES, M.D. Lond.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN-ACCOCHEUR TO THE WESTERN GENERAL DISPENSARY, PHYSICIAN TO THE METROPOLITAN FREE HOSPITAL, LECTURER ON MIDWIFERY, ETC.

### APPENDIX TO A MEMOIR ON UTERINE POLYPUS: ITS NATURE, EARLY DETECTION, AND TREATMENT.

A CASE OF INTRA-UTERINE POLYPUS, UNDISCOVERED DURING LIFE, CAUSING HÆMORRHAGE AND DEATH.

CASE 9.—Since my memoir "*On Uterine Polypus*" has been published, a case has occurred, offering a striking demonstration of the value of the rule in practice I ventured to enforce. I think it will be impossible to peruse the following facts without being struck with the conclusion, that a timely diagnosis of the nature of the case, and surgical intervention, might have rescued the patient.

In the night of the 3rd of August, my colleague, Dr. Ramskill, was called to see a young woman who was suffering from uterine hæmorrhage. The history of the case is briefly this: the patient was twenty-six years of age; she began to menstruate at the age of fourteen, and this function was performed very regularly until her marriage, eight months ago. From that time she has suffered almost perpetual hæmorrhage. A month ago, the flooding was so profuse that it was thought she had miscarried. Since then there have been slight occasional intermissions, but her health was deeply impaired. When Dr. Ramskill was called the hæmorrhage had returned. He observed strong bearing-down, expulsive efforts. The patient died the same night in convulsions, evidently from loss of blood.

The body was examined by Dr. Ramskill on the following day. The organs were all healthy. There was no abdominal inflammation. The os uteri was healthy, but flaccid; it was filled with a fresh clot. There was also blood in the cavity of the uterus. The larger portion of the uterus, with a body adhering to the inner wall, was forwarded to me by Dr. Ramskill.

I subjected the parts to a careful examination. The walls of the uterus were dense, pale, somewhat thicker than natural, and the whole size of the organ somewhat larger than the normal unimpregnated womb. There was no tumour or other abnormal condition of the muscular wall, but attached to the inner surface near the fundus, and altogether enclosed within the cavity of the uterus, was a tumour of the size of a small walnut. The tumour did not reach to the uterine neck. The mucous membrane of the cavity was stretched over it. It was connected by a broad basis to the uterus, but would have admitted of isolation by ligature. The apex, or most projecting part, had undergone partial disintegration; it was a little broken up, softened, and had evidently quite recently been the source of hæmorrhage. Examined by the aid of the microscope, the substance was found to consist of nucleated fibres, the nuclei being large and distinct. Portions, especially those taken from near the apex, exhibited abundance of oily globules and numerous blood-globules. The structure of the tumour differed from that of the uterine wall in this respect only, that

the fibres in the latter were longer, narrower, and more densely interwoven, and the nuclei less distinct. There was no evidence of fatty degeneration in the fibres of the uterine wall. There was no doubt greater developmental activity in the tumour than in the uterus.

The practical deductions from this case are of the highest interest and importance:

1. The condition of the uterine muscular walls leads me to conclude that the conjecture that the patient had aborted a month before her death was erroneous.

2. The comparative indolence of the tumour, and the absence of any remarkable amount of hæmorrhage up to the period of marriage, and the constant floodings following immediately upon that event and continuing until the death of the patient eight months afterwards, forcibly illustrate the influence of ovarian and uterine stimulation in developing the growth of uterine polypi.

3. The case is peculiarly one of that class to which I have pointed as strongly indicating the necessity of exploration beyond the os uteri. In this instance the os uteri was found healthy; there was no obvious sign of local disease to explain the hæmorrhage; the bulk and weight of the uterus were rather above the normal standard; the figure of the organ was regular. Everything pointed to the uterine cavity as the seat of the cause of the hæmorrhage. It is, in short, the type of the class of cases in which the dilatation of the uterine neck is indicated.

4. The operative proceeding which in my opinion would have been the means of rescuing this poor woman from bleeding to death, is the following: repeated doses of ergot of rye, and the application of galvanism to aid the natural efforts of the uterus to effect the scission and expulsion of the tumour; and the dilatation of the uterine neck by sponge tents. By these means combined, no long period would have elapsed before the tumour would have been brought into view. If it had been then found difficult to encircle the neck of the tumour with a ligature, the operation might have been facilitated by bringing the tumour lower down by the aid of a tenaculum. In the present case, I believe the tumour admitted of being so removed. But we may imagine a case where ablation would not have been expedient or possible. In such a case, the local application of the acid nitrate of mercury, *potaassa fusa*, or the actual cautery might have been justifiably resorted to in order to arrest a hæmorrhage that was fast hurrying the patient to the grave. Such an application might also cause the destruction of the tumour by disintegration or degeneration.

5. The softening and partial breaking up of the tumour observed after death suggests to me that the microscopical examination of the discharges might have detected some of the constituent nucleated fibres of the tumour, and have aided the diagnosis.

6. I would finally remark, in answer to those who deprecate any operative interference with polypi that have not yet made themselves visible at or below the os uteri, that the intervention of surgical aid is not indicated by the mere position of the polypus, which is altogether unimportant, but by the terrible attendant hæmorrhage, no matter where the polypus may be. If this be so, and surely the proposition cannot be disputed, then it follows that the removal of an intra-uterine polypus may be as urgently called for as the removal of one that has descended into the vagina.

In the case of an abortion, or of the retention of a portion of placenta, no obstetric practitioner is ever satisfied as to his patient's safety until the offending substance is removed from the uterus. Why should the patient be abandoned when the offending substance is a polypus?

Devonshire-square, August, 1854.

## MEMORANDA RELATIVE TO SOME CEREBRAL AFFECTIONS OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. Edin.,

PHYSICIAN TO THE ROYAL INFIRMARY FOR CHILDREN, &c.

(Continued from p. 95, vol. i. 1854.)

### No. VI.

*Meningeal Tuberculosis and Rachitis.*—E. G.—, a little girl, one year and eleven months old, was brought to the infirmary in March, 1854. "Her parents live in a street running off from the Waterloo-road, and inhabit the kitchens below the level of the ground, adjacent to a narrow, damp, dark area. In other respects, the child is well cared for, but is of a fair

strumous look, and has rachitis of the lower extremities." The symptoms presented by the patient for twenty days were those of "simple remittent fever." In the third week, a little torpor was observed, when suddenly shrill screaming came on, and was followed by severe and prolonged convulsions. The child died within twenty-four hours after the superintention of the screaming. It was believed that "water-stroke" (vide *THE LANCET*, vol. ii., 1853, p. 349) had occurred, but it was not so. At the post-mortem examination, scarcely any effusion was found in the ventricles, nor exudation at the base; but abundance of opaque, whitish effusion on the hemispheric convexities, and also marked granular exudation. On examining the lungs, both grey and yellow tubercular deposits existed, concrete masses of the latter, as large as a nut, being found. The point upon which stress may be laid is the sequence of bad hygiene, rickets, tuberculosis, pyrexia, and the fatal granular meningitis.

H. C.—, a little boy, aged one year and six months, whose parents lived in a confined, sunken, damp place in Broadwall, was brought to the Infirmary in the month of May. The child had slight rachitis of the lower extremities and of the wrist-joints, and consumption was said "to be in the family." There was no difficulty, from the symptoms, in at once diagnosing *granular meningitis*, which ran a course of sixteen days, during which no particular symptom was very marked, but all the ordinary ones existed in a modified or moderate degree. On a post-mortem examination with Mr. Beasley, the surface of the arachnoid was found very dry—drier than I had ever observed it before in this disorder. Beneath, on the hemispheric convexities, distinct granular exudation existed, and the ventricles were full of fluid, distended the length of the brain, which was very soft, as was likewise the cerebellum. At the base, some greenish-coloured, sero-albuminous-looking exudation was present, but not in the concrete form. On examining the chest, tuberculous deposit was found in the bronchial glands, and some few yellow, cheesy masses in the pulmonary parenchyma; but the point of chief interest was the very marked illustration of intra-serous grey granulation of the pleura which was presented to our notice. It may be observed that the child seemed to rally for a few hours under the stimulus of the effects of a blister to the vertex, and the after-application of the savine ointment.

The above cases of cerebral disease are recorded chiefly to show the complication of tuberculosis with rachitis, an union deemed by some to be exceedingly rare. Had the tuberculosis been confined to the meninges, exception might have been taken to the value of the cases, as illustrative of the complication in question; but since in both instances tubercular deposit was present in the thoracic organs, the cases must be allowed to stand. The following extract from the late edition of M. Bouchut's work ("*Des Maladies des Nouveaux-nés*," &c.) will indicate the light in which the point before us is regarded by some:—

"If rachitism has no affinity with the greater number of the more frequent diseases of children, it has, on the other hand, a sort of repulsion for several of them. Thus, between rachitis and pulmonary or mesenteric tuberculosis may be established the same law of antagonism that M. Boudin has sought to uphold as existing between intermittent fever and these same affections. A similar observation has been made by M. Guersant, in his article on 'Rachitism,' and its exactitude has been proved by the researches of M. Ruzf, who met with, at the hospital, but a very small number of tuberculous subjects amongst the children affected with rachitic degeneration of the bones; while, on the other hand, the tuberculous affection existed in two-thirds of the children dying from other causes."

These opinions are not participated in by others, or in but a modified degree. Thus Bednär remarks, (*Krankheiten d. Neugebren. &c.*, th. iv. p. 255,) that whilst he has never observed rachitis in tuberculous children in the first year of life, he has not rarely met with the union in the second; and Hauner (*Journal of Kinderkrankheiten*, b. xviii.) states, that although rachitis does not exclude (as some eminent practitioners maintain) pulmonary tuberculosis, yet it is worthy of remembrance, that whilst in very warm countries the rickets is a disease scarcely known by name, tuberculosis is there indigenous. According to Dr. A. Vogel, (*Journal of Kinderkrankheiten*, b. xx.) there is neither connexion nor antagonism between the diathetic maladies *sub judice*, but perfect indifference. In full opposition, however, to the views of Ruzf, Bouchut, and Guersant, stands M. Hervieux, who has so often (one in three) verified the coincidence of rachitism and tuberculosis in the youngest children, as to cause him to look upon the presence of the former as an important symptom of tubercularization before three years of age. In the concluding volume

(just published) of the classical work of MM. Rilliet and Barthez, (*Traité Clinique et Pratique des Maladies des Enfants*), the following remarks, amongst others relative to the point before us, occur:—

"We do not regard rachitism as one of the symptoms of tuberculization, but we may here observe, that we have already noted the not unfrequent coincidence of tubercles and rachitism in the youngest children."....."If the opinion of M. Hervieux were exact, there would be no great advantage in distinguishing between the two diseases; but we are not so persuaded, as is this physician, that rachitis is a sign of tuberculization in early infancy. Our observations, indeed, made in *private* practice, completely contradict such an opinion, and we maintain the importance of separating these two affections, whose prognosis is entirely different, at the same time endeavouring to recognise that which appertains to the one or the other in the complex morbid conditions which may result from their association."

As to the antagonism between rachitis and tuberculosis, the writer is not the least inclined to believe in it; nor is he of opinion that the former is even a probable sign of the latter. The opinion of Dr. Vogel, before alluded to, seems to be nearer the mark.

In connexion with the case of E. G.—, an interesting question is opened on inquiry as to the import and cause of the pyrexial disturbance which, for twenty days, attracted chief attention. It is freely admitted that the little patient was assumed to be suffering idiopathic fever, and it was known that rachitis was present. It falls, however, it may be remarked, to the lot of some *always* to be able to distinguish between idiopathic or other fever, and the pyrexial prodromata of "acute hydrocephalus." I wish I could do so.\* Was the fever here present that attendant on exacerbation of the rachitism, in other words, the fever of rachitis, in whose course sudden cerebral mischief of a secondary character arose? or was it that coinciding with general acute tuberculosis, in the course of which meningial deposit suddenly ensued? or was it really not immediately associated either with the rachitis or with the general tubercular deposit, but rather to be viewed as the essential prodromata of the gradual meningial lesion? It may be thought such analysis is inadmissible; but, as say MM. Rilliet and Barthez, "In the course of the first and second years of life the diagnosis offers the most serious difficulties, and that for many reasons. In the first place, the comparative rarity of the malady misleads the attention of the observer from suspecting meningitis; and further, the prodromata are far less distinct, and may be simulated by several affections, and in particular by rachitism, or even by the results of a simple fault in hygiene;" and again, "If a meningitis is developed in a tuberculous subject who has been ill for a year or more, we do not dream of saying that the symptoms of the tuberculization are the result of chronic inflammation of the meninges; why then, when the phthisis has a shorter duration, and is represented by prodromata, of one, two, and three months, admit that the morbid phenomena are due to chronic meningitis?" Upon further points in relation to the present subject, the third volume of the important work I have quoted from may be referred to, (p. 477, *et seq.*) In connexion with the second case, it may be observed that the deposit of grey granulations within the cavity of the pleura is a circumstance of rare occurrence. The last-mentioned authors are of this opinion, and Bednár, (*op. cit.*, t. iii., p. 107,) though he has met with it as early as five months, remarks, relative to the pleura, that "here it is much rarer than in other organs."

## GENERAL OBSERVATIONS ON EMPHYSEMA.

By CHAS. EDWARDS, M.D., F.R.C.S., Cheltenham.

Cases of emphysema occur, though very rarely, which may be designated, true, general, idiopathic.

1st. *True*, as opposed to artificial inflations of the cellular tissue, sometimes practised; and to the pulmonary species, the "vesicular" misnamed "true," and which consists merely in over-distension of the pulmonary vesicles—the term emphysema being pathologically inapplicable to tissues always normally *εμφυσήματα*.

2ndly. *General*, as extending over all the body, and so differing from all partial emphysemata—e. g., those of typhoid fevers—the gangrenous, scorbutic, spontaneous, &c.

3rdly. *Idiopathic*, as the antithetical class, the traumatic necessarily implies a *ρραυμα*; and therefore I would hesitate to

refer to this class, as Dr. Townsend (see "Encyclopædia of Practical Medicine") seems to have done, any cases devoid of that essential difference.

A class more properly allied to the traumatic may be represented by cases such as that of Louis, from a foreign body in the windpipe; also those possibly arising from the bursting of a vomica: the diagnosis being easily derivable from the history of the cases, and in the latter also from the starting point of the emphysema; the air in the case of vomica, in consequence of adhesion of its edges to the inner surface of the chest, having escaped into the cellular membrane outside the chest at the site of mischief. Similar observations may be made of abdominal cutaneous emphysema, originating in inflation from the intestinal canal. (See O'Ferrall, in *Dublin Hospital Gazette*, on Perforated Intestine, &c.)

Of cases, then, excluding *all violence ab externo*, and such as I have named true, general, and idiopathic, the only assignable commencement is rupture of the pulmonary air-cells, the investing pleura remaining uninjured; the extravasated air passes from one interlobular partition to another till it reaches the root of the lungs, mediastinum, and neck; and, to take up at this point my case of illustration, it appears over the clavicle a light, colourless, elastic, crepitant tumour, thence spreading through all the cellular tissues of the face and trunk—in fact, an extension of the emphysema, named "interlobular."

And here it may be opportune to examine briefly a few objections made to this theory of causation, viz.:—

1st. That in these interlobular aërial infiltrations no rupture of the air-cells has ever been detected.

2ndly. That such ruptures of several continually take place without the air finding its way into the above partitions.

3rdly. That these may even be lacerated without producing the emphysema of the cellular partitions. (See "Encyclopædia of Practical Medicine.")

Still I would reply, that the first objection may be answered by the difficulties of the dissection; and the remaining two barely establish it as a rare result, which is less than it truly is—namely, a rare affection. Now, a rare affection, possibly derivable from several causes, must, *a fortiori*, be truly a rare result of any one "continually taking place." Thus the rarity merely, not the sequence itself, is affected by the objection.

A word farther back in the theory of causation, and as to the state of the vesicles prior to their rupture,—one at first sight would imagine this a state of extreme dilatation; yet it has been said that interlobular emphysema is seldom combined with the vesicular, (the true (?) pulmonary of Laennec.)

If this be a fact, I would possibly explain it by supposing a general dilatation ("the vesicular") to bear off extreme aërial pressure from any one point, and so prevent rupture; and, *vice versa*, cases of partial aërial effusion from ruptured air-cells might obviate a more aggressive distension of the neighbouring pulmonary vesicular structure, the accidental occurrence of either species thus tending to counteract the other.

But if disposed to dispute the position, and to reckon Laennec's vesicular an antecedent of the interlobular, I would argue,—

Firstly.—That, despite the contrast of the former being common, the latter rare, the former slow and the latter sudden, still a sudden rupture may, notwithstanding its rarity, be yet a true sequence of a slow and common distension.

Secondly.—The latter perhaps existing, the case, by lack of opportunity, or omission, may not have been examined prior to such rupture, and the extreme rarity of such a consequent will further effect rarity of opportunity of redeemingly examining its antecedent, once unhappily overlooked.

Thirdly.—There are cases of the vesicular, where several air-cells are, by rupture, thrown into one large bulla. Here the crepitant râles, a *grosses bulles*, and the friction of ascent and descent, are common also to the interlobular, in other words, what we may conceive to be the transition state has auscultatory physical signs in common. Add to the difficulties of diagnosis that belonging to the auscultatory signs themselves; some, as Dr. Watson, doubting the existence of *dry* large crepitation; others, with Dr. Marshall Hall, considering the inconstant crepitus to "differ from that of pneumonia by communicating the idea of *dryness*." *En passant*, surely a crepitus may possibly be *dry*; although under different circumstances, listen to that of external emphysema itself—is it moist?

Fourthly.—The subject of the case subjoined, about twelve months prior to the attack of emphysema, suffered most severely from pertussis, and so most probably, although I had not an opportunity of examining, was left with overstretched air-cells. What more likely?

I now very cursorily append a sketch of a case, which it is the less necessary to describe minutely, as I furnish a photographic portrait of the same, obligingly taken, as the child lay

\* "Il y a des cas tellement simples que l'élève le moins instruit peut les reconnaître à première vue; il y en a d'autres tellement compliqués qu'ils mettent en défaut toute la sagacité du maître le plus habile." (MM. Rilliet et Barthez, *Op. cit.* t. iii., p. 592.)

in bed, by Mr. Ruck, of this town. I regret not having been able to obtain this prior to reducing a more enormous aërial distension by numerous lancet-punctures.



The case is that of Clara E—, aged three years, who had, as before stated, some twelve months ago, suffered most severely with pertussis, and in the present illness was first seen by me, March 15th, with the ordinary symptoms of subacute bronchitis.

March 19th.—A swelling first appeared over the right clavicle, whence it extended principally over the right side of the neck and chin, thence upwards to the left cheek and eye, which latter was quite closed on the evening of the 20th; then to the forehead and right eye.

21st.—Both eyes closed; partial ectropium; enormous distension of the whole trunk, especially the abdomen, which bulges out laterally, and the lumbar region. Respiration now extremely difficult, with interrupting catches, and thus difficult to reckon; pulse about 160; the face generally cold, but occasionally flushed in parts, or patches, which at first I attributed to irritation from contact of an embrocation with the lancet-punctures, till I discovered the alternation of flush and pallor. Stethoscopically, large crepitus, certainly conveying the idea of dryness; friction sounds, especially of descent; and compensating respiration in the left lung. The little patient is perfectly sensible; grasps an orange in each hand, as she was found by the artist, and is depicted in the portrait.

By means directed to calm the violent respiratory efforts, cough, &c., aided externally by a blister on the chest, (which is seen in the portrait much puffed out with air,) by numerous and repeated lancet-punctures, and a stimulant embrocation over the whole trunk, the cough and emphysema began to decline at about the fifth day of the latter, (as in Traumatic Cases, see Vincent.) Next the child began to take nourishment better, could be carried about the room, and in a day or two was so far convalescent as to be taken down stairs to meals; finally, the parents thought my further attendance unnecessary.

April 10th.—When I had just thought of calling to obtain a portrait of health to place in contrast with that of emphysema, and after nearly a fortnight's convalescence from the latter, I was summoned to revisit the little patient: acute bronchitis had unhappily returned, and, despite of every effort, the child sank on the 14th of April.

Grosvenor-street, Cheltenham, 1854.

## Reviews and Notices of Books.

*On Some of the Diseases of Women admitting of Surgical Treatment.* By ISAAC BAKER BROWN, F.R.C.S., Surgeon-Accoucheur to St. Mary's Hospital. Churchill. 1854.

There are three qualities which, in addition to accurate and extensive anatomical and pathological knowledge, are, in our opinion, essential elements in the constitution of a surgeon, in order to fit him to carry the practice of his art beyond the boundary of routine. These are: the spirit of enterprise; mechanical dexterity and ingenuity; and perseverance. An attentive perusal of the work before us, aided by a personal knowledge of some of the facts referred to, enables us to say, that the author has proved that he possesses the qualities we have named to a meritorious degree. Most of the subjects treated of in this work have already been brought under the notice of the profession by the author. We need not therefore enter

upon a detailed analysis upon this occasion. By far the most valuable chapter in the book is that on Ruptured Perineum. It is in the treatment of this distressing accident, which has long held a prominent place amongst the opprobria of surgery, that Mr. Brown has, in our opinion, shown the greatest amount of originality, and in which his efforts have been rewarded with the greatest success. The great feature of Mr. Brown's proceeding for the restoration of the ruptured perineum is the preliminary division of the sphincter muscle, on either side, so as to secure perfect freedom from muscular tension upon the wound. Although the principle of removing the disturbing influence of the sphincter has long been recognised as one necessary to be followed in those operations upon the rectum in which quiescence is indicated, it appears to us that Mr. Brown is entitled to the merit of originality in applying it as he has done to the operation for restoring the perineum. We say this, notwithstanding that Mr. Hilton, in conjunction with Dr. Lever, divided the sphincter for the relief of two cases of ruptured perineum, in 1848—that is, at a date anterior to the first operation of Mr. Brown. These cases have only been published recently, and there is no reason to suppose that Mr. Brown derived his idea from them. It does not, indeed, seem unreasonable to conjecture that the real importance of these cases was not fully appreciated by Dr. Lever until after the successful experience of Mr. Brown was made public.

The value of Dr. Lever's cases we consider to be great. They demonstrate, in a manner which Mr. Brown's operations do not, the essential and absolute importance of the division of the sphincter, apart from any other proceeding. Mr. Hilton's operation consisted simply in dividing the coccygeal attachments of both the sphincter and levatores ani from the sides and end of the coccyx by a subcutaneous incision. The effect of this operation was to permit the approximation of the divided parts of the perineum, and their retraction forwards and upwards into the pelvis, so as to support the pelvic organs. That the mere division of the sphincter, as described, without any attempt at restoring the floor of the pelvis, should be attended with such relief as is reported to have been obtained in the two cases of Dr. Lever, we regard as the most conclusive proof of the essential value of the proceeding. Mr. Brown, however, makes the division of the sphincter a subsidiary measure. He carries his operation further, and aims at the complete restoration of the perineum to its original integrity, the division of the sphincter being performed in order to promote the fulfilment of that end. In this we think he does wisely. We would, however, draw attention to what we consider a defect in his mode of dividing the sphincter. His proceeding is unnecessarily severe. It consists in introducing a blunt-pointed, straight bistoury within the margin of the anus, and dividing all the structures, including the skin, by two incisions, one on either side. We think the method of Mr. Hilton preferable, and, on referring to the discussion on Mr. Brown's paper at the London Medical Society, in January, 1853, we observe that Dr. Barnes then advocated the subcutaneous incision, stating that he had seen it practised with great success by the late Professor Blandin, in 1843. We are also of opinion that Mr. Brown's operation might be still further improved by substituting Mr. Brooke's bead-suture for the quills. According to our experience, the beads effect and maintain a far more accurate and secure apposition of the two sides of the perineum.

We cannot assent unreservedly to another proposition upon which Mr. Brown lays great stress—namely, the propriety of securing absolute constipation of the bowels for many days after the operation, by means of large doses of opium often repeated. We think he carries this notion too far. Indeed, we find, as we expected to find—for his cases are related with the most praiseworthy candour—evidence in Mr. Brown's own book to show that this plan is sometimes followed by injurious effects. At page 82, a case is related in which it is evident that the patient's cough was aggravated, and fever induced, by the too free use of opium. We are sure that a severe cough,



independently of other considerations, is more likely to mar the reparative process in the perineum than moderate action of the bowels. At page 84 is another case in which the administration of opium was followed by great irritability of the stomach, repeated vomiting, and prostration. Vomiting, like coughing, is especially to be averted. Sometimes, too, opium will produce diarrhoea instead of constipation. To say the least, Mr. Brown, in his great anxiety to secure inaction of the rectum, runs some risk, while escaping Scylla, of falling into Charybdis. Mr. Brown may, it is true, appeal to the great success which has attended his mode of operating and subsequent treatment. We are not insensible to the force of this ultimate reason, but we think it not the less important that every means that can be reasonably expected to add to the security and increase the prospect of success in future operations should be adopted.

In the remaining chapters we find less matter for discussion. Prolapse of the vagina and of the uterus are treated by Mr. Brown on principles similar to those recommended for ruptured perinaeum. Upon vesico-vaginal and recto-vaginal fistula the author does not advance much that is new. The same may be said of the chapter on polypus of the uterus, which we consider an imperfect one. Stone in the bladder, vascular tumours of the meatus urinarius, imperforate hymen, and encysted tumour of the labia, each form the subject of a distinct chapter. A chapter on diseases of the rectum resulting from certain conditions of the uterus, may be read with profit. The concluding chapter on ovarian dropsy is the most elaborate in the book. It deserves especial notice as containing a careful and instructive history of the disease. The author advocates the operation of Le Dran. But this disease, and the various methods of treating it, have been so frequently discussed of late years, that we do not feel warranted in dwelling upon the subject. Before closing the book, we feel bound to express our opinion that the author has produced a work evincing considerable surgical merit. We recommend it earnestly as well worthy the perusal of those who are more especially engaged in the treatment of the diseases of women.

## Contemporary Medical Literature.

### UREA AND URINE.

ACCORDING to M. Bischoff, the quantity of urea excreted under certain circumstances, and within a certain time, cannot be taken as the direct measure of metamorphosis and the tissues, even when the urine does not contain any other nitrogenized constituent. Still, it will always be the most important element for ascertaining its amount, and it will only be necessary to study more closely the influences exerted upon its formation and excretion, towards the elimination of which the author hopes to have furnished some contribution. Bayard states, that when coal-tar naphtha is added to urine, in the proportion of six drops for each pound, or a larger quantity of coal-tar, the urine may be evaporated to dryness in the sun without decomposing.—*Pharmaceutical Journal*.

### HOW FAMILIES ARE POISONED—SCHEEL'S GREEN IN BAKERS' SHOPS.

When about to cut the loaf on my table for breakfast, I observed some green patches and streaks over the partially burnt undercrust. The appearance was something like that caused by green mould, but, on examining the slices of toast in the toast-rack, I found similar green spots in the depressed portions of the crust of the toast. I then examined the green spots with a lens, and subsequently a portion was scraped off and examined under a microscope of low power. The coloured particles then resolved themselves into a mineral powder having all the appearances of Scheele's green, or arsenite of copper (a pigment which contains about fifty per cent. of white arsenic). Thinking that some accident might occur in other families, I immediately went to the baker, and showed him the Scheele's green and metallic arsenic extracted from it. On entering his shop I at once saw the cause of the poisoning of the bread. He had had his shop newly decorated, and

there were eight long shelves (holding some hundreds of loaves) painted of a bright grass-green colour—top-part and sides. They had been evidently very substantially coated with the green paint. The warm loaves placed on the recently painted shelves had imbibed a quantity of the poisonous pigment, which had dried on the undercrust. He took down five or six loaves in succession, and all were found stained with the arsenite of copper. There was enough on the crust of one of the loaves to have killed an infant; and I can suppose a case in which a nursemaid, about to quit a service for misconduct, might be seriously implicated by such an occurrence as this, unless the cause were at once traced.—Dr. ALFRED TAYLOR, in *Pharmaceutical Journal*.

## THE LANCET, THE LATE MR. BRANSBY COOPER, AND MR. JAMES LAMBERT.

To the Editor of THE LANCET.

SIR,—I see by THE LANCET of August 19th, of which I have been a reader and subscriber to ever since the first number was published up to the present time, that it is stated that poor Lambert wrote the report of Bransby Cooper's lamentable stone case. Now the fact is, that at that time I was a dresser at St. Thomas's Hospital, and was a personal friend of Lambert's, dining with him almost every Sunday at his house in the Waltham-road. I admired his principles, and liked him very much for his kindness of heart and good fellowship, &c., and when he was excluded from the wards of the hospital, he asked me to supply him (*sub rosa*) with a weekly report of all the principal surgical cases that occurred at St. Thomas's, which (as I was at that time taking notes of every surgical case that I saw, for the surgical prize, which I was awarded in 1826) I most willingly furnished him for some six months or more, so that I can truly say that I supplied Lambert with a true, fair, and just report of the operation, at which Lambert and myself were both present, he leaning the whole time of its performance on my shoulders, but which he pleased to cook up into the dress of a tragedy, and send as his own report to THE LANCET. After this, as I thought there was malice in the way in which he had altered my report, we became rather cool and distant. I shortly after went abroad for three years, during which time poor Lambert died, and so ended our acquaintance. I had many applications from Lambert to come and be a witness on the trial, but causes prevented it, for which I have been glad ever since. I entirely agree in every word you have said about Lambert. A nobler fellow never lived, and a greater enemy to the then, and sometimes now, hospital abuses could not exist. At that time it was a battle between justice and injustice, and I enlisted myself unknown under Lambert's banner and the former. I could fill sheets of paper of the occurrences of that time, as they are all vivid to my recollection; but having had to work my own way for the last twenty-one years here into general practice, other occupations have absorbed my time and thoughts than hospital reform.

I am, dear Sir, your humble servant,

Balham-hill, Surrey, August, 1854.

FRANCIS WARD.

## IMPROMPTU TRACHEOTOMY.

To the Editor of THE LANCET.

SIR,—It occurs occasionally to the medical practitioner to be called on, unprepared and unfurnished with the proper instruments, to perform the operation of tracheotomy. It may not, therefore, be amiss to state what may be done on such an emergency. A pair of pointed scissors exists in every case of instruments, and in every house. With these, the integuments over the trachea may be divided, and, the points being brought together, the trachea pierced; the points being then duly separated, a horizontal, longitudinal opening is made. If the case be extremely urgent, the handle of a teaspoon may now be inserted, and turned one quarter round; the opening is then patent, and the patient, if previously struggling for breath, is relieved, perhaps saved.

To render the tracheal orifice permanently patent, a portion of all the tissues surrounding and composing the orifice may be included in a loop of cotton, at four opposite points, and the cotton may be drawn tight, and fastened to a ring of wire, tin, whalebone, cane, or even card. If all these are absent, the pieces of cotton may be readily tightened by the operator and an assistant.

In this manner, life may be saved in the case of choking, and in other cases of laryngismus.

London, August, 1854.

DELTA.

## THE LANCET.

LONDON: SATURDAY, AUGUST 26, 1854.

DURING a lucid interval one of our contemporaries caught a partial glimpse of truth, and a fit of unwonted candour happening to coincide, he made his discovery known to his readers. Dr. CORMACK, after many years' scribbling, *insidè Afincrod*, has come to doubt whether "medical journalism has effected much good for the profession." We are unwilling to assent, without some qualification, to any dictum of Dr. CORMACK. We are not therefore prepared to admit that the profound remark we have quoted is absolute and incontrovertible wisdom. But still—a circumstance somewhat unusual in the homilies of this leonine writer—there is something in it, and the question raised is important enough to warrant a little discussion. In deciding upon a question of this kind, in which the *amour-propre* of journalists must, to a certain extent, influence their judgment, it is not to be expected, after a prosperous career of a third of a century, after witnessing the many reforms in the constitution of the medical body, and the almost sudden advances of Medical Science which have been effected since our labours began—it is not to be expected that we should, with such a retrospect, now begin—even though the sapient CORMACK doubts—to doubt the usefulness or value of the achievements of THE LANCET. So far then as we ourselves are concerned we demur, with all becoming respect, to the application of the CORMACKIAN theory. Beyond that we are not disposed to call it in question. That Dr. CORMACK should, after labouring for so many years under the delusion that he could write anything worth reading, have at length become conscious of his error, however mortifying to his vanity, is at least an unexpected testimony to his sagacity and candour. Dr. CORMACK's proposition then must be read as follows:—"Dr. CORMACK doubts whether CORMACKIAN journalism has effected any good for the profession." Far be it from us to dispute so self-evident a truism. We shall decide that his mental recovery is complete when the *cacothès scribendi* shall have finally left him. Until that event, it is clear, according to the principles of psychological medicine, that he must still be under the influence of his old delusion.

We have no objection, if it affords any solace to the wounded mind of the doubting Editor, to include in his proposition the journals owned by commercial speculators. It would not be difficult to show that publications, the chief end of which is to promote the trading interests of booksellers, and to defend the College monopolists who have always resisted the political emancipation and scientific enlightenment of the masses of the profession, can be of small benefit to the Medical Commonwealth. But there is a wide difference between journals conducted on CORMACKIAN and bibliopolist principles, and a free and independent press. There is a wide difference between journals devoted to the sordid labour of upholding the close and rotten bowwings of the medical political fabric, and a journal consecrated to the cause of reform and the obliteration of every mark of inferiority from the general practitioner. There is a wide difference between club and booksellers' journals, the organs of the few, and a journal whose sole end is the general good. The journals which Dr. CORMACK, in his lucid interval,

condemns, and which the great majority of the profession emphatically repudiate; the wretched instruments of a bigoted faction; the chosen allies of the GAYS, WEBBERS, and COURTENAYS; the *Paul Pry*s, *Ages*, and *Satirists* of Medical Literature, whose dull and venal pages are at the service—for a consideration—of any conspirators against the sanctity of private reputation;—truly may it be said that such journals can little advance the welfare or promote the "honour and dignity" of our profession.

At a time when a Medical Journal has become not merely a luxury but a necessity to the busy practitioner, it may seem idle to descant upon the uses of a Medical Press. In what other way can valuable knowledge be so readily and extensively diffused? Through what other machinery can an honourable *esprit de corps* be so well maintained? Through what other channel can the feelings and opinions of the profession be urged upon other classes of the community? Through what other means can the scattered many hope to expose and to check the interested designs of the few? Is the constitution of the medical body perfect? Have the general practitioners no wrongs to redress, no reforms to achieve? Those who would rightly appreciate the actual position of Medicine in this country must be at the pains to trace back its history to former times. By the light thus acquired, it will be understood that Medicine, like all other sciences and institutions, has been waging a painful and difficult struggle against oppression, bigotry, and monopoly. It will be seen that even now its enfranchisement is but partial; that the hostile elements of monopoly and bigotry are still at work; that the contest for freedom is not at an end. Medicine in its most unpropitious days was the abject drudge of the priesthood. Priests were often the most approved practitioners of medicine; Bishops licensed men for the double function of administering consolation to the soul and ease to the body. The physician, like the priest, was invested with the orthodox knowledge and authority to comfort the sick in right of the apostolical succession. An heretic doctor in those days was something far more monstrous than the veriest charlatan was or is now. Traces, and those not equivocal, of this subserviency of Medicine to Religion still remain.

In the time of the TUDORS and STUARTS, the subjection of Medicine to Religion was partially exchanged for that of Trade. Medicine, like many branches of Industry and Commerce, was made the subject of a profitable and closely-circumscribed monopoly. The trading and manufacturing monopoly-charters granted by the STUARTS scarcely differed in spirit from the charters conferred upon the College of Physicians. No one who has observed the conduct of the College, even during the last thirty years, can fail to discern evidence enough to show that that venerable body has defended its vested rights in a spirit worthy of the most grasping and unscrupulous of trading companies. The professed object in granting the College charters was the suppression of quackery and the encouragement of duly-educated practitioners. When did the College ever exercise its powers to protect the public from quacks? How many physicians of proved attainments and merit has it not persecuted to ruin? What has it ever done to promote the spread of medical knowledge, and to improve the qualifications of medical practitioners? Has it ever sought to promote any liberal measure of medical reform that promised to elevate the position of the general practitioner? What has been its constant guiding policy? What but the resolution to preserve

its exclusive privileges—to limit to the narrowest degree, the number of elects? Acting in this spirit, the College for a long time has drawn strength from the united bigotries of Religion and of Trade. The present Home-Secretary, Lord PALMERSTON, may remember—and probably, judging from the contempt with which he has recently treated the representations of the College, he does remember—that, when Secretary-at-War, he was strenuously pressed by Sir LUCAS PEPPS, then President of the College, to confine all the appointments of Physicians to the Forces to Fellows of the College! And this was at a time when no one could be a Fellow who was not a Graduate of Oxford or Cambridge, and therefore an orthodox member of the Church of England!

The College of Surgeons, which has an intimate relation with a large portion of the general practitioners, cannot be said to be influenced by a more liberal spirit. The same narrow desire to concentrate all governing power and professional advantages in the hands of a few; the same determination to keep the education of the mass of the profession at the lowest point; the same desire to degrade the general practitioner in the estimation of the public, and to foster the belief that its own Fellows constitute a higher order in the professional scale; the same desire to depreciate the provincial surgeon. According to the expressed declarations of the College of Surgeons, the members whom the College itself has recognised as surgeons are only qualified for the “ordinary emergencies” of practice. The provincial schools, and the eminent men who constitute the body of provincial teachers, are only qualified to prepare candidates for the inferior order of members. The right, the emolument, and the *prestige* of preparing candidates for the Fellowship is preserved for the London hospitals. Both the Colleges have constantly sought to extend and consolidate their monopoly by keeping virtual possession of the hospitals. The leading hospital surgeons and physicians have, as a rule, been also College magnates. One unjust monopoly has been made to prop up another, to the exclusion of all independence. The hospitals have been organized and conducted with no other view than that of keeping up the political supremacy and the professional *prestige* of the College cliques. The appointments were theirs; the right of drawing instruction from the poor was theirs; the right of selling instruction wholesale and retail, as a patentee dispenses licences, was theirs. No student or practitioner was so much as at liberty to publish what he saw or heard. Is it to be wondered at that, under such a system, aided by Collegiate examinations disgraceful for their laxity, the mass of the profession was kept in comparative ignorance or under the imputation of ignorance? that the public should believe in hospital surgeons and physicians as if they were the supreme oracles of Medical Science? Could any system be more ingeniously contrived to draw fees from every corner of the kingdom into the pockets of those in high professional power in the metropolis? Could any system be devised more certain to secure the degradation of the general practitioner?

In pursuance of this policy, the College and Hospital monopolists have always united their strength in opposition to every independent and liberal measure calculated to raise the standard of Medical Education and to elevate the position of the general practitioner. That they should oppose a free Medical Press, that they should lose no seeming opportunity of weakening the power of *THE LANCET*, is the most natural thing in the world. Their efforts in this direction are at once the most

convincing proof of the utility of this journal, and the most solid security of our continued prosperity. A free press is a mightier and more lasting power than any charter granted by TUDORS and STUARTS. In pursuance of the great principle which has ever animated *THE LANCET*, that of diffusing the practical and scientific knowledge gathered in our hospitals and public schools throughout the profession as common property, we have done more to break up the class monopoly of the metropolis than any other proceeding could possibly have effected. With our “Hospital Mirror” as his guide, the remotest practitioner may now be said to “walk the hospitals.” Every improvement in practice is at once circulated abroad, and submitted to the judgment and the experience of the scientific world. Thus the resources of the most distant practitioner are enlarged. It is no longer an axiom with the public—however fondly the delusion may be hugged at the Colleges—that the provincial practitioner is only equal to the “ordinary emergencies” of the profession.

Acting in another way, another formidable engine for the advancement of Medical Education and the elevation of the standard of the general practitioner, the University of London, has in like manner encountered the most determined hostility of the Colleges. We will not now recount the perils it met with from this source, and overcame, at the period of its foundation. We will point for a moment to its recent successful struggle in Parliament for equal rights with Oxford and Cambridge. In this struggle, the chief opposition came, as might be expected, from the College of Physicians. The veteran GUTHRIE, we are happy to say, as President of the College of Surgeons, exerted himself in favour of the Bill. Throughout its early perils, as well as in its recent struggles, we have given the Metropolitan University our hearty and consistent support. We believe it is also the best and natural policy of the Provincial Association to support the University. Probably they would have done so, but the *Journal*, which by a fiction is supposed to advocate their interests, is virtually the property of its editor. It advocates—if dulness and stupidity can be said to advocate—his northern prejudices; and when it suited him, he sold it outright to purchasers of slander. The University of London, which now enjoys the power of qualifying physicians to practise in the provinces, is emphatically and *par excellence* the Medical University of the country and of the general practitioner. And yet this institution has been opposed in its clearest rights by the *Association Journal* and the *Medical Gazette*. In like manner, the *Medical Gazette* is doing what little it can to advocate the scheme of Sir JOHN FORBES—a scheme in which the object of strengthening the hands of the College monopolists is hardly disguised.

Well might the brilliant CORMACK doubt whether CORMACKIAN and bibliopolist journalism can effect much good for the profession!

It is with much regret that we have to announce to our readers the recent occurrence of another act of great injustice which has been perpetrated by the authorities of St. Bartholomew's Hospital. It appears that for several months there has been a “lurking suspicion” amongst many evil-disposed persons who are the intriguing partisans of Dr. HUX, the superannuated senior physician of the Hospital, that Mr. CHALMERS MILES—a gentleman who has been educated at St. Bartholomew's, and whose name a brief period since was announced in this journal as one of those gentlemen that had

acquired the membership of the College of Surgeons of England—is no other than the accomplished author of the letters of the "Third Year's Student" upon the abuses of St. Bartholomew's, which were published in our columns about eighteen months ago. It would be a concession to personal rancour to admit this suspicion to be well or ill founded; but it is upon good authority that we are enabled to assert that Mr. CHALMERS MILES has for many months been subjected to the most violent persecution, and has been assailed, calumniated, and bitterly vituperated by the most conspicuous partisans of Dr. HUE's clique, ever since this suspicion has been prevalent at the great City Hospital.

Nothing can be more natural than that the senior physician and his jaundiced adherents should entertain a feeling of extreme prejudice—nay, of inextinguishable hostility—against any critic who has assailed them, and exposed the very evident shortcomings and backslidings of Dr. HUE with such candour and felicitous truth. But that the Treasurer of such an institution as St. Bartholomew's should descend from the exalted position which he occupies, and not blush to appear publicly, and in his official capacity, as the energetic protector and staunch adherent of an officer who has been successfully impeached of dereliction of duty and an utter disregard of the responsibilities of his position, is more than either ourselves or the profession would have ventured to prophesy. The facts, however, to which we are desirous of directing attention are simply these:—In the recent elections that have taken place at St. Bartholomew's, the Senior Physician and his too powerful friend, the Treasurer, although they have put forward the entire strength which they possess, have somehow or other been signally defeated in the candidate they supported. That candidate, as the public are aware, was Dr. HUE's son, a young man who had no sort of claim, beyond that of family influence, to support his canvas. When Dr. BALY, after a prolonged and arduous struggle, defeated his young rival for the post of assistant-physician, another vacancy, through the manoeuvres of the Senior Physician, was created by the Treasurer, with the ill-concealed intention of placing the defeated and unsuccessful rival of Dr. BALY, Dr. JOHN HUE, in the coveted appointment. In this scheme, however, the two plotters were again signally foiled, for Dr. KIRKES contrived, with great perseverance, notwithstanding that the most unscrupulous measures were directed against him by hostile and determined persons, to gain the very post which would not have been created if it had not been too confidently conceived that there was a certainty of the Senior Physician's son stepping into the appointment.

Such have been the defeats which the Treasurer's party have suffered within the last few months, and their method of retaliation we are about to narrate. There can be little doubt that most, if not all, the alterations which have been made at St. Bartholomew's within the last year are entirely due to the effectual advocacy which we rendered to the appeals of the "Third Year's Student," and to the ample correspondence which we published upon the subject. There can be as small doubt that our own corroborative remarks and the appeals of our correspondent have caused great offence, and led to the removal of many abuses. But defeated adversaries can never forgive the success of their opponents. Hence the injustice with which, on mere suspicion, as far as we can learn, Mr. CHALMERS MILES is treated.

Now, this gentleman, who, we are informed, has passed through a most exemplary and estimable career, was engaged,

about a year or more ago, to be Mr. LAWRENCE's house-surgeon at St. Bartholomew's; but, in consequence of the appointment of Mr. SKEY to the office of surgeon, Mr. MILES gave the preference, as we understand, to private friendship, and, with Mr. LAWRENCE's consent, entered into an agreement with Mr. SKEY to undertake the duties of his house-surgeon at the commencement of the usual winter session in October next. As a consequence of this step, the name of Mr. CHALMERS MILES was submitted to the consideration of the authorities, and to our great astonishment we learn that the Treasurer desires to stultify his nomination upon the sole ground, *not*—will it be believed?—of professional incapacity, *not* because there is a word breathed against this gentleman's reputation, but simply because Mr. MILES is supposed to have submitted to the public, in the columns of THE LANCET, some observations concerning the inefficient manner in which the Senior Physician of St. Bartholomew's Hospital had discharged his duties as an officer in a public institution.

But although there does not exist the person who can impeach the veracity of a single assertion which has been made with reference to the physician in question—although even Dr. HUE's own colleagues acknowledge the strict justice with which he was criticised, and the still greater neglect of duty which he now exhibits compared with the time when the "Third Year's Student" addressed us—still this is actually, at the present day, publicly made the ground upon which Mr. CHALMERS MILES is most contemptuously and insultingly refused his nomination to the office of house-surgeon. That the public or the profession will suffer him to be assailed with such atrocious injustice and arrogant insolence, we will not believe. There is much more involved in this matter than the rights of a single individual: a principle of extreme importance, and one which deeply affects the welfare and good working of every hospital throughout the empire, is about to be attacked.

Can the authorities at an hospital exert all the influence that their position enables them to command against every pupil who, in the course of his studies, discovers many abuses which require remedy, and feels persuaded by experience that unless public attention is directed to the subject no redress is attainable—can they, we say, be permitted to abuse the influence they may possess in order to crush and traduce every such pupil? If malicious misrepresentations were made, if masked lies were published, if unblushing effrontery or open untruth were paraded before the profession, we can then conceive that, if such an author was recognised, it would be quite competent for the authorities—supposing the person in question were still in the pursuit of his medical studies under the guidance of the very teachers he had so maliciously traduced—to require him to desist under pain of expulsion, or offer an implicit avowal of the grievous wrong of which he must feel himself to have been guilty. But the authorities of St. Bartholomew's have no such case before them. The individual whom they are so unworthily endeavouring to ruin is no longer a mere student; he is a qualified member of our profession; and even the remarks which he is suspected to have offered were published a year and a half ago; and it argues much for the foresight of the writer that every assertion he has made, even to minute particulars, has been amply verified; and that the charge of nepotism, which had been proffered by that writer against one of the officers, has not only turned out within the last few months to be perfectly just and strictly true, but it is at this moment a subject of annoyance to the Treasurer and his plotting

coadjutor that their attempted nepotism was thoroughly exposed and overthrown.

Now the charge, we beg our readers to remember, which is directed against Mr. CHALMERS MILES, is not that he has unjustly criticised the conduct of the *hospital authorities*, for that allegation was made, and subsequently withdrawn because it could not be maintained; but that he is supposed to have made some remarks against Dr. HUR, which remarks are actually true. The most Jesuitical proceedings are therefore instituted against him, and we believe Mr. MILES will be the victim of the insufferable and ferocious hostility, misrepresentation, and calumny, with which the Senior Physician's adherents are assailing him, unless he is rescued from their resentful clutches. Other persons would be betrayed if any avowals were made, and it is with regret we learn that the lips of Mr. MILES are sealed on this subject.

We cannot, however, believe that the Governors at large, now that their attention is directed to it, will suffer this great injustice to be perpetrated against one who, if he be the individual assumed, has done more good to St. Bartholomew's than any other person who ever entered within its walls. The Governors recently defeated the Treasurer's wily schemes in favour of Dr. HUR's son, and upon two distinct occasions disaster has befallen him. Will they now permit him to use all his authority, upon mere suspicion, to blast the professional prospects of a gentleman who in such a struggle has only his own abilities to rely upon, together with the sense of justice on his side, to aid and sustain him in the arduous encounter?

Should the Governors, however, remain apathetic, we cannot but suppose that Mr. CHALMERS MILES will take such measures in his own behalf as will cover his opponents with the dishonour they deserve. It is probable that proceedings may be instituted against the Treasurer, because it is most questionable whether the authorities have the legal power to prevent Mr. MILES, if he so desires it, from acquiring the house-surgeoncy in express opposition to the Treasurer's authority. But we will not dwell longer upon this painful subject. In due time every circumstance connected with it will in all probability be submitted to the impartial opinion of the profession, who, we have not a doubt, will, in their righteous judgment, record a verdict in favour of Mr. CHALMERS MILES against the disingenuous hostility of the Treasurer and his unscrupulous coadjutors.

SHORTLY after the outbreak of Cholera in Newcastle, last year, we adverted to the subject in more than one article, and attributed the great virulence of the epidemic there to the existence of removable causes of disease, whose permitted existence was a disgrace to the local authorities. After the epidemic had left that town, a Government Commission was prayed for, to investigate the causes of the terrible mortality which had prevailed, chiefly, we believe, at the instance of some public-spirited medical men, who were willing to risk some unpopularity from interested or benighted parties in promoting the sacred cause of humanity. The Commission was composed of JOSEPH BURNLEY HUME, Esq., JOHN SIMON, Esq., and JOHN FREDERICK BATEMAN, Esq.; and a Blue Book has just appeared, containing the results of their investigation. It appears from this Report, that the general sanitary condition of the town is very bad, although, as we pointed out, probably

no town in the kingdom, from its situation, should be more healthy. According to the Commissioners, in the fifteen years from 1839 to 1853, both inclusive, "the town of Newcastle has been visited by various epidemics, some of which have been unusually extensive and malignant." In the last attack of Cholera, above 1500 out of a population of 90,000 perished. During the fifteen years already referred to, the average rate of mortality was 28·6 per annum! In allusion to the local authorities, they (the Commissioners) "cannot but feel shocked at the spectacle before us—a spectacle which is rendered only the more deplorable by the consideration that the Corporation of Newcastle is not only ancient, wealthy, and influential, but has for at least seven years possessed, under its own local Acts, (in addition to those conferred on it by public Statutes,) unusually extensive sanitary powers, the exercise of which could not have failed signally to mitigate and reduce this excess of disease and mortality." They call attention to the fact, that the mischief likely to result from the existing state of things has been for years pointed out to the authorities by the same public-spirited medical men to whom we have alluded; and that the conduct of these authorities was the more censurable, inasmuch as nearly all the tenemented property of the town was in their hands as private individuals, or under their management as belonging to the Corporation. The evidence of the injurious effects produced by the supply of water being principally derived from the Tyne is also fully confirmed in this Report. Thus in 1831 and in 1853, the two years in which the epidemic raged most violently in Newcastle, the water supply was derived almost entirely from the Tyne, and the epidemic was most virulent. In 1848-49, when the town was better supplied, the outbreak was mild; and in 1853, in a few days after the Water Company ceased to draw its supply from the Tyne, the disease began to abate. The cost of the epidemic of 1853 to the town of Newcastle, in public money expended, a subscription raised for the victims, and the calculated value of the additional rates for the support of the widows and orphans, may be estimated at £35,000! But who can estimate the injury to commerce at the time, and still more, another misery which is not to be reckoned in current coin of the realm?

Whether this Report will open the eyes of those concerned is another question; it certainly ought to justify the promoters of the inquiry in the eyes of their fellow townsmen. But this, although very well in its way, is not the kind of Commission advocated by THE LANCET. We would have had a Board of Health which, the moment the Cholera was announced last year, instead of merely sending down its medical and other inspectors, should have sent meteorologists to study the atmosphere, chemists to analyze the water, pathological microscopists and chemists to apply their sciences to the study of the disease. When these views of ours are carried out, then, and not till then, will there be some hope of our vanquishing Cholera.

QUEEN'S COLLEGE, BIRMINGHAM.—At a special meeting of the Council, held on the 12th instant, the Vice-Principal in the chair, the following alterations in the Professorships and additional appointments were made to meet the requirements of the Army, Navy, and India Boards:—*Materia Medica and Therapeutics*: Dr. Fife.—*Surgical Anatomy*: Mr. Sands Cox.—*Descriptive Anatomy*: Mr. Langston Parker.—*General Anatomy and Physiology*: Dr. Heslop.—*Comparative Anatomy and Zoology*: Dr. Jordan.—*Assistant Demonstrator of Anatomy*: Mr. Walter Careless Freer. Richard Grainger, Esq., has accepted the invitation of the Council to open the Winter Session.



## THE LATE INQUEST ON ALFRED RICHARDSON.

*To the Governors and Friends of the Royal Free Hospital.*

The Committee of Management of the Royal Free Hospital consider it to be their duty to place before the Governors the following brief statement relative to the inquest on the body of Alfred Richardson. As the Governors are aware, the verdict affected the professional conduct of two of the surgeons attached to the institution.

With respect to one of those gentlemen, the Committee have merely to remark, that he was in nowise responsible for the operation which furnished the ground of the inquest; and that the attempt to implicate him by the verdict of the jury simply proves the amount of prejudice which existed in the case, and to which the Committee will presently more particularly refer.

The other gentleman noticed in the verdict (Mr. Cooke) was the actual operator. The operation was lithotomy. The patient was a boy, three years of age. The operation was unsuccessful. The verdict imputed its failure to a want of skill. Mr. Cooke, with a high feeling which the Committee are convinced will be appreciated by every governor, placed his resignation in their hands. But the Committee, remembering Mr. Cooke's testimonials, and his long and tried services in the hospital; considering that for more than ten years he had been actively engaged under their constant observation; that during the whole of that time, not only had no want of care or of ability ever been laid to his charge, but that, on the contrary, he had uniformly proved himself a most humane and efficient officer; considering further, that, according to professional testimony of the greatest weight, the misadventure which in this instance befel Mr. Cooke has happened many times in the hands of surgeons of the highest standing in the profession,—have deemed it to be their solemn and bounden duty, as well towards the Hospital as towards the medical profession and the public, to request Mr. Cooke to withdraw his resignation, and continue one of your surgeons. And in so doing the Committee feel confident of securing the hearty approval of the Governors of the Charity.

Charges were made at the inquest, which, if true, would implicate the general management of the Hospital; and to which, although they were entirely refuted, the Committee would request your particular attention.

It was stated by counsel that the patient was under the operation for an hour and forty minutes; whereas it was distinctly proved by evidence on oath that not more than fifty minutes elapsed from the child being taken to the surgeons until it was returned and placed in bed, and that at least fifteen minutes of that time were occupied in administering chloroform and restoring the patient, so that the actual operation did not exceed thirty-five minutes, (not a very unusual period in difficult cases;) and that during that time the patient was under the influence of chloroform.

It was said, that after the operation the unfortunate child was neglected by the medical officers, and treated by the nurse with revolting brutality.

It was asserted that a post-mortem examination had been made without the consent of the parents.

It was alleged that the Coroner for Middlesex, being, as you know, a member of the Committee, endeavoured to prevent an inquest from being held on the deceased.

It was insinuated that when the inquest was, in fact, about to be held, a sum of money was paid, at the instance of the Committee, in order to procure its suppression.

It was pretended that the operating table was, by order of the Committee, used also for dissections.

And it was declared that the Committee had invited Mr. Gay to return to the Hospital.

A few words will show how completely and absolutely every one of these charges was proved to be unfounded.

The alleged neglect and ill-treatment of the patient had no other foundation than the assertions of a female unconnected with the Hospital, but who was permitted to attend upon him at his parent's request, and of another person who had been for a short time employed in the Hospital. Their testimony was contradicted, on oath, point by point, by every one of the parties implicated. The contradiction was further sustained by the evidence, on oath, of several patients of respectable character, present in the ward with the child, all of whom also distinctly swore that the alleged ill-treatment could not have occurred without their cognizance. Moreover, the chief accusing witness was proved, on the oath of the summoning officer of the court, to have confessed the falsehood of her charges with bitter contrition; and subsequently, when she

herself was again placed before the Coroner, she repeated this confession with respect to the most important points.

Evidence on oath was given that the father of the child sanctioned a post-mortem examination.

The Coroners for Middlesex entirely disposed of the charge that they had thrown obstacles in the way of an inquest. Mr. Wakley, having felt that his connexion with the Hospital rendered it undesirable that he should himself preside over the inquiry, requested his colleague, Mr. Baker, who was entirely unconnected with the Hospital, to act in his place; and that gentleman, in the exercise of his discretion, after the father of the child had withdrawn his application, declined the first inquest.

The accusation that a sum of money was paid at the instance of the Committee, or of some person acting under their influence, to procure the suppression of the inquiry, is one of those scandalous fabrications which unfortunately find too ready an acceptance in certain minds. It is a pure invention. It arose from the fact, much lamented by the Committee, that a solicitor, retained by Mr. Cooke to watch the case on his behalf, paid the attorney representing the parents of the deceased child a sum of money to withdraw the application. Both these gentlemen have narrated on oath the whole transaction. Mr. Cooke's solicitor declared he made the payment in question of his own mere motion, without any authority to do so, either from his own client or from the Committee; and the latter body, from their very first knowledge of it, deplored and repudiated the whole affair.

The allegation respecting the identity of the operating and dissecting tables came, the Committee regret to say, from the mouth of Mr. Gay, late surgeon to the Institution. A visit to the Hospital, which is always open to public inspection, will satisfy any one of the groundlessness of the accusation. The tables in question are not only distinct, but are, and always have been, placed in separate apartments. In October last, the following resolution passed by the Committee was sent to Mr. Gay and the other surgeons of the Hospital:—

Resolved,—“That a commodious theatre having been erected in the Hospital, the chief operations in surgery be henceforth performed therein, except in cases where the removal of patients would be attended with danger.”

In the theatre referred to is a lecture table and the operating table. The latter was in the possession of the Hospital, and had been many times used by Mr. Gay, long previous to the existence of the theatre. This table, from its peculiar construction, is totally inapplicable for dissections, and has never been so used. If therefore Mr. Gay ever performed surgical operations on a dissecting table, he must have so operated by his own choice and not from necessity.

The Committee most unequivocally deny that any overtures were ever made to Mr. Gay by them, or with their knowledge or sanction, to induce him to resume his position at the Hospital.

Such were the only tangible charges made against the Managing Committee at the late inquiry, and complete and ample was their refutation. In point of fact, there was originally no reason for holding an inquest in the case at all, more than in any other instance where an operation has terminated fatally. The manner in which it was “got up” may be briefly noticed—the facts were established on oath.

The operation took place on the 13th of April, and the child died on the 16th. Three weeks after the death, and not till then, the Coroner was first applied to.

On the 22nd of April, Mr. Gay, already mentioned, who had repeatedly declared “*he would ruin the hospital*,” consulted an attorney. He had heard, he said, in general terms, that some operation at the Royal Free Hospital had terminated fatally. He instructed the solicitor to “*furrag out*,” as he expressed it, the circumstances of the case. This gentleman fulfilled his client's desire, and applied to the parents of the child. An inquest was demanded, and appointed to take place. Mr. Gay desired his attorney to retain counsel, advanced him the fees for that purpose, and instructed him also to reject all terms of compromise.

But as the inquest approached, and it became probable that the secrecy which had so far shrouded Mr. Gay's interference would be at an end, that gentleman appears to have become alarmed, and expressed a wish that the proceedings should cease. His attorney replied, it is too late; “*the parents expect to make some money by the case*.” However, the attorney took the money of Mr. Cooke's solicitor; from that sum he reimbursed Mr. Gay, and divided the remainder between himself and the parents. The latter thereupon signed a declaration that they were satisfied, withdrew their application to the coroner, and the matter was considered to be at an end.

The Committee conceive it needless to trace the subsequent intrigues which led to its revival.

Such are the facts which first came to the knowledge of the Committee from the evidence on oath of Mr. Gay and the two solicitors at the inquest. Comment is superfluous. It is only too evident, that for the purpose of damaging the management of the Hospital, a discarded officer (Mr. Gay) has deliberately attacked the professional character of his successor; and that with this view a casualty, such as might have occurred to the most experienced operator, has been attempted to be exaggerated into a grave default of skill, reflecting upon all concerned in the appointment of the surgeon whose competence was thus maliciously and unworthily assailed.

The Committee have already marked their sense of the injustice of the imputation by requesting Mr. Cooke to withdraw his letter of resignation. In so acting, the Committee hope and consider that they have done no more than their duty to the Hospital, to the medical profession, and to the public at large. To the Hospital, because the efficiency of the medical staff must depend in no slight degree on the support afforded to it against unjust attacks. To the profession, because the Committee refuse to acknowledge a single failure in an operation as a proof of general incompetency. To the public, and especially to the poor, by protesting against a verdict which must tend to unnerve the hands of all operators, their colleagues and assistants, and to deprive hospital patients of one great security, the confidence of their medical officers that a casualty will not be treated as a crime.

In conclusion, your Committee would state that there is nothing which they so much desire in all that relates to the management of the institution as publicity. The Royal Free Hospital, at all seasonable hours, is open to public inspection, and the meetings of the Weekly Board are open to all Governors.

Having to the best of their ability endeavoured to uphold and extend the usefulness of the institution, your Committee with much confidence make this appeal to the public. As for the charity itself, and its claims to undiminished public patronage for the future, it is only necessary to refer to the past—to its twenty-six years' career of public beneficence—to the number of suffering human beings whose sorrows have been alleviated (upwards of 460,000 since the foundation of the hospital)—to the hundreds and thousands of diseased and destitute strangers and wanderers who are annually relieved by its aid—to the large numbers who daily and weekly are partaking of its benefits—and to the fact that, amongst the medical officers and governors of the Royal Free Hospital, gentlemen are to be found who for social standing, intelligence, and philanthropy, are not surpassed in any other charitable institution throughout the country.

By order of the Committee,  
Board-room, Aug. 7th, 1854. T. BEALE BROWNE, Chairman.

## Correspondence.

"Andi alteram partem."

### PRACTICAL OBSERVATIONS ON CHOLERA.

To the Editor of THE LANCET.

SIR,—Present circumstances favour the belief that the following remarks may be considered worthy the columns of THE LANCET:—

It may be confidently asserted that speculative writing on cholera has proved a failure, and that with respect to its nature and essence we are now in the same position as at the period of its first irruption. However desirable, in a scientific point of view, a knowledge of its abstract nature may be, it is no less desirable that we should acquire every certainty respecting its treatment. The latter desideratum is to be anticipated from the collation of individual experience. Personally I have to answer for a considerable share of opportunities for observing the onset and development of this formidable malady; and my present purpose is to submit the results of that experience to the consideration of my professional brethren.

We judge of causes by their apparent effects, but we cannot on all occasions associate them. Successful practice is not always founded upon established theory; neither can it be denied that more importance attaches to the consideration of the former than the latter, however specious.

To the congregation of certain symptoms we give the name typhus; to others, measles; to others, small-pox, &c.; but we know nothing concerning the agent producing them. Just the same may be said of cholera. We believe that the poison which occasions this fearful disease emanates from certain con-

ditions of matter, but beyond this we are totally ignorant. The opinion which I formed of the nature of cholera in 1832, all subsequent experience has tended to establish—that it is a febrile disease, occurs sporadically as well as epidemically, and is essentially contagious. The rationale of treatment then adopted I have had no reason to relinquish. Experience has induced variety in the means; but the purpose—the expulsion or counteraction of the poison—constitutes the main object of my endeavours to this day. The present alarming outbreak of the disease in this town has supplied the opportunity for so testing the practice as to warrant its recommendation to the profession.

It is a serious question for the medical profession to determine whether the premonitory diarrhoea of cholera should be indiscriminately arrested; and it becomes no less an important public inquiry, seeing the universal administration of what are called "astringents," from the comfortable *ad libitum* brandy and water to the most popular quack specifics. In the belief that the vomiting and purging, so characteristic of cholera, do not constitute the disease, but are simply an effort of nature to throw off the poison, I should as soon think of trying to arrest these indiscriminately by astringents as to suppress the skin eruption in measles, small-pox, &c. In all cases of bowel irritation, during the prevalence or apprehension of cholera, I prescribe castor oil, combined with any of the preparations of ammonia. In every stage of real cholera, from the first onset of diarrhoea to the very verge of collapse, I give either castor oil and oil of turpentine, or the latter with yeast. I never saw an instance where immediate relief to the symptoms did not follow, and scarcely one where the stage of collapse supervened—may, even the last fatal prostration has in some remarkable instances during the present epidemic been changed into reaction and recovery by the turpentine and yeast. But from a knowledge of the potent effects of yeast in malignant typhus, small-pox, &c., I was first induced to try it in cholera, combined with the turpentine; and certainly, if fresh brewer's yeast could always be obtained, I should use no other remedy than the following combination:—Yeast, a tablespoonful; oil of turpentine, a teaspoonful; cold water or barley-water, two tablespoonfuls: the dose to be repeated every second, third, or fourth hour, according to circumstances.

Pressing engagements render these observations desultory and imperfect; but under more favourable circumstances I may, ere long, be enabled to bring further evidence in support of the above plan of treatment.

I am, Sir, yours very faithfully,

Middlesbro'-on-Tees, Aug. 1854.

L. F. CRUMMEY.

### A SHADOW OF A RATIONAL TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Nothing is more striking, in the history of malignant cholera and its treatment (?), than the great number of powerful medicines, of entirely opposite actions, which have been employed with asserted benefit. Very large and very small doses of calomel, common salt, tartar emetic, phosphorus, creasote, iced water, sulphuric acid, opium, soda and salines, transfusion, sulphur, nitrate of silver, acetate of lead, sulphate of copper, purgative doses of castor oil, are some of the most vaunted methods of opposing the dread pestilence which has now, for the third time, invaded us. To my mind the incongruity of the medicines administered, and the similar results said to be derived from all of them, show conclusively that no treatment hitherto proposed has more than the slightest influence in checking real Asiatic cholera. As regards simple diarrhoea, relief may be obtained by very different, and apparently opposite, plans of treatment; but, as regards genuine cholera, our chaotic therapeutics show but very poor results.

The profuse serous loss from the bowels is evidently the thing which kills. The collapse is not much, if it is anything, more than the exhaustion following upon what may be called a profuse and continued serous hemorrhage. The pouring out of the serum *sanguinis* by the stomach and intestines, is just as though the great arterial trunks of the coeliac axis and the superior and inferior mesenterics, were wounded so as to allow the escape of the serum of the blood to that point of exhaustion beyond which restoration is impossible.

During the profuse serous intestinal flow of cholera, after it has fairly set in, no medicines are of any avail. The bowel is as if dead! Some preposterously give castor-oil to "clear out" the bowel already flooding forth, not only its own contents, but the serum of the blood. Others give dilute sulphuric acid as an astringent. It seems in the one case like

trying to stop, and in the other to arrest, a railway-train at full speed with an infant's finger! Probably elaterium or croton-oil would not *increase* the purging, nor all the astringents of the *materia medica* arrest it. The remedies cannot get at, or into, the system while it is suffering from this scourge. The thing most comparable to the collapse of cholera is the collapse which occurs after uterine hæmorrhage.

This brings me to the suggestion which is the main object of the present letter. Why not try mechanical pressure to the flooding bowel, on the same principle that we apply it to the flooding uterus? The cœliac axis and the mesenteric vessels might be compressed as effectually as the uterine. I would propose that, during the serous stage of cholera, a broad band should be placed round the abdomen, with a solid pad extending over it in front, similar to the apparatus recently applied to the arrest of flooding after delivery. To this a screw should be affixed in the same way as in the ordinary tourniquet; and with such a power the abdominal pad might, I believe, be pressed upon the bowel to such an extent as to render the rapid loss through the vascular system of the intestines impossible! An abdominal tourniquet, in the absence of anything like the above, might be arranged almost extemporaneously by any person of ordinary ingenuity. There is, it must be remembered, no pain nor increased sensibility of the bowels, such as would contra-indicate the use of abdominal pressure.

Trusting that you will approve of this suggestion, and that some of your readers will carry it into effect,

I am, Sir, your obedient servant,

M.D.

August, 1854.

## TREATMENT OF CHOLERA BY TURPENTINE.

To the Editor of THE LANCET.

SIR,—Knowing the value of giving, in some conditions of the mucous membrane of the intestinal tube, the rectified oil of turpentine, it occurs to me to be a remedy worth a trial, either alone or in combination with calomel and opium. Turpentine will restore healthy secretion, and give more tone to the whole membrane than any remedy I know of, as also a stimulus to the secretion of urine. Admitting it to be a nauseous dose, in conjunction with a grain pill of solid opium it might be retained on the stomach. It must be considered that the whole tube is empty after several dejections, and turpentine might be brought in contact with it by the mouth, as also by injection per rectum. Again, its antispasmodic effect is great, and, if of use externally, it should be well rubbed over the whole surface of the abdomen, when it would be quickly absorbed. Cholera has not shown itself around me, or I would very soon prove its effects. I quite think it deserves a trial, in twenty or thirty drop doses, in conjunction with pills of calomel and opium.

Yours obediently,

A COUNTRY SURGEON.

August, 1854.

## THE MEDICAL EXAMINERS OF THE EAST INDIA COMPANY.

To the Editor of THE LANCET.

SIR,—Your strictures respecting the recent appointments of Medical Examiners to the East India Company are exceedingly just, and have given much satisfaction to the profession. To pass over experienced practitioners like Mr. Martin, Dr. James Bird, Dr. Jackson, Dr. Goodeve, and a host of other eminent gentlemen who have creditably served the Company during many years, is very poor encouragement to any future medical officer, and constitutes a severe censure upon such proceedings of the ruling authorities. I do not mean to allude personally to the fortunate individuals said to have been nominated; but I do think no person filling the responsible appointments under discussion should be connected with, or have an interest in, any medical pupil manufacturing establishment, whether school or university. The examiners to the Indian Government should be altogether independent of local influences, practically experienced in the maladies incident to India, and also well acquainted with the duties medical officers will be called upon to perform in that country. Besides these important qualifications, the above officials ought to know something of ophthalmology, midwifery, and the diseases of women and children, not forgetting insanity, which now very properly forms one of the acquirements demanded in all candidates. Such essentials are far more useful, and will prove of much greater real value to Indian medical officers, than botany, zoology, microscopy,

theoretical animal chemistry, minute, but often imaginary anatomy, and even of delightful physiology—however transcendental. Considering it highly important that the new system of competition for Indian medical appointments should work satisfactorily, and be devoid of all suspicion, the Directors and Board of Control ought to have placed the office of medical examiner either to be filled up by an open “concours,” or adopted the plan followed at the London University, of first advertising for candidates, and then selecting—by the senate—from those who sent an application, the person considered best qualified. This method would have been far better than that recently pursued; which, it is rumoured, has already produced well-founded dissatisfaction in various quarters. When Parliament meets next session, perhaps some independent member may ask the Indian Minister, as happened to one of his colleagues, in reference to the cases of Stonor, Lawley, and O’Flaherty—On what grounds were these nominations made? Or, to use the words of another medical journal, whilst alluding last week to the subject:—*Were these situations given as “the rewards of merit, and not the results of intrigue and favouritism?”*

I am, Sir, yours &c.,

MEDICUS.

August, 1854.

## ELECTION OF MEDICAL OFFICER TO THE CHARTER HOUSE.

To the Editor of THE LANCET.

SIR,—I was one of the twenty candidates for resident medical officer of the Charter House, and was requested to send in my testimonials, accompanied with a guinea; but having had early intimation from within the Charter House walls, how, and in what manner the office would be filled up, I declined to part with the glittering coin. You are probably aware that the office was given to the usual medical attendant to the master.

I am, Sir, your obedient servant,

WM. WALKER, F.R.C.S. & L.A.C.

St. John-street-road, Clerkenwell, Aug., 1854.

P.S.—My attention was directed to the Charter House, from reading a letter from “M.R.C.S. & L.A.C.,” in THE LANCET of July 29th.

## THE CHOLERA.

It is related of an eminent musical composer, (Haydn,) that he never could write without being *en grand tenue*, and that he invariably dressed himself as if for a party ere he sat down to court “the tuneful Nine.” It is the same with many around us as respects the miseries and unhappiness about them: unless they can meet the sufferings of their fellow-beings in connexion with fashion, wealth, or respectability, they endeavour to shut their eyes to their slightest recognition, and consider them as quite excluded from their own privileged acquaintance. A railroad accident may occur, and a few “stokers and pokers” or third-class passengers be killed, and comparatively little is thought of it; but let a noble lord or equestrian bishop tumble off his horse in the “ring,” and break his collar-bone or head, and sad and doleful indeed is the lamentation. Such is the peculiarity, in fact, of some of our conventional rules, that half the time of the inhabitants of Belgravia and Mayfair is taken up with making *kind inquiries*, and going through other analogous absurd and heartless formalities, on the one hand, and *returning thanks* for their performance by their friends on the other. And yet these same condolers, in the least untoward contingencies of “births, deaths, and marriages” of patrician character, are blind, deaf, and senseless to plebeian misery and disaster of the most forlorn and desperate description. A touch of the enchanter’s wand, however, will often convert the most apathetic looker-on a scene or hearer of a story of misery, into the most melancholy of sympathizers; but that enchanter must be—*respectability*. There is no less a difference in this point than between the character of the places where *respectability* and *commonality* have their birth. The one we have no necessity to delineate, as few feel repugnance in making acquaintance with its locality; the other we may give a slight sketch of as lately described by a correspondent to a daily paper, (*Daily*

*News*, Aug. 16th,) who, in alluding to the low parts of St. Clements Dances as a "London fever hole," thus draws the abode of many Christian men and women of "Merric England":—

"A track through the heart of the Black Forest, or a pass through the bowels of a mountain in Arabia Petrea, could not be more close and gloomy. You might walk here in a good stiff hurricane, and hardly know it; a summer shower might pass, and leave you dry. You are in the region of perpetual shadow; and the women and children who sit or sprawl upon the door-steps are scarcely less in doors than when languishing in their dark and fetid rooms. And no wonder; for, according to actual measurement, the courts vary in breadth from six to twelve feet. .... Here are the holes in which our human fellow-creatures swarm like vermin. According to a report published in the *Daily News* of May 1st, no less than fifty inmates were found to reside in one of the houses in Middle Serle's-place, (formerly Little Shire-lane;) and in Ship-yard many of the houses are built back to back, entirely preventing thorough ventilation. The gentlemen who made the examination state that water-butts are kept in underground cellars, the walls and flooring of which are continually damp to the touch, and where the water, imbibing the filthy exhalations of the place, acquires a dreadful odour; that the ceilings of some of these cellars are actually below the level of the roadways, so that the inhabitants are obliged to burn candles through the whole day, with the exception of a few hours, and that terrier dogs are kept in many of the houses as a protection against the rats. Yet out of these hideous tenements considerable sums of money are drawn every year by letting and sub-letting. .... Hideous women, foul and slatternly, loll out of windows or lean against door-posts, overcome with the terrible lassitude and indolence which cannot fail to arise from the influences by which they are surrounded; not impudent and brazen, but oppressed with the hopeless burden of their lives. The children, sullen, dirty, and fierce,—young tigers without their beauty or their health,—play or fight in the roadways, amidst cabbage-stalks, potato-peelings, oyster-shells, and standing puddles. Men are very seldom seen. And over the young and the old tower the melancholy house fronts, shutting out the sky and the breeze, and black and saturated with the pestilent vapours which, rising unseen around them,

Hang their poison  
In the sick air."

We have been led to these remarks from observation of the sympathy which the no doubt lamentable enough demise of the late Lord Jocelyn, from cholera, has excited amongst the inhabitants of the "far West," and, indeed, of less fashionable quarters. But alas! should it be that deep-felt, or at least strongly-expressed, sorrow at the devastation of a pestilence is only to be perceived as it affects those of "purple and fine linen" in the land? Is it only when our gardens and our squares, our terraces and crescents, feel the sword of the avenging angel, that lamentation will arise? May our courts be hot-beds of pestilence, and our alleys sinks of plague—may our working men die by hundreds of cholera, and our poor sink by thousands into an unhonoured grave, and yet scarcely a sense of sympathetic feeling make known its existence, save what may express the fear of "catching the disease"? How long, may it be asked, will the reports of the Registrar-General be permitted to record such testimony as the following:—

"At 4, Church-crescent, Kennington, on the 5th of August, the son of a carman, aged one year, 'cholera, (twelve hours.)' Mr. Rugg, the medical attendant of this case, says:—'An open ditch is at the back of the premises, into which nearly all the privies of the neighbourhood are drained, and into which for the last few days the rain has been constantly pouring and stirring up its contents. Several children have lost their lives by falling into this open ditch; but nobody can tell how many deaths from cholera, fever, &c., owe their origin to this abominable nuisance.'—At 9, Patriot-street, on the 8th of August, a painter, aged twenty-five years, 'diarrhoea, (one week,) cholera, (eleven hours.)' Informant and other neighbours stated that this house is in a shameful condition. The soil from the closet has saturated the ground all over the yard. One family lives in the kitchen, another on the ground floor, where a man lies ill with fever; a third did live on the floor above, where this case occurred, and whence the wife of the deceased has been removed, also ill with cholera. Diarrhoea had been neglected. Some hours after being attacked, a vender of Dr. Coffin's medicines was called in, and administered his preparations. —At 2, Somerset-cottages, on the 8th of August, the daughter of a potman, aged eighteen years, 'cholera, (sixteen hours.)' This house is one of a nest of cottages built at the edge of the common sewer; the house

consists of one room, eight-feet-square and seven feet high. In most of these cottages six or seven people sleep.—At 2, Slater's-court, Blue-anchor-yard, on the 8th of August, a coal-whipper, aged forty-six years, 'Asiatic cholera, (fourteen hours.)' The informant says the deceased was a coal-whipper, and was a sober, strong, healthy man; he had not a day's illness before for eighteen years. He was at work till half-past one o'clock, and died in twelve hours after. Taken with diarrhoea, and had medical attendance directly. Left a wife and five children, the eldest only thirteen years of age. *He died on Monday, the 7th, and was not buried till Sunday, the 13th instant. Why kept so long?* I think in the two last visitations of cholera I registered more deaths in this court than in any other of my district. Slater's small court has only ten houses, (no yards and no back windows,) three rooms in each house, every room filled with a poor family, and each house has a cellar, and eight of these let to the poor to sleep in, on straw, at 6d. and 8d. each a week. Plenty of water in the court, which is in a dreadfully filthy state with fish, cabbage leaves, &c.; the scavenger only comes once a week to remove it."

The death of the noble lord alluded to above has given rise, as might be expected, to numerous letters in the newspapers upon various points relative to the event. From amongst them we select the following paragraph from the letter of a correspondent in the *Daily News* of August 16th:—

"Permit me to say, that the case of Lord Jocelyn is no exception to the rule laid down—that no individual in perfect health, and free from diarrhoea, is ever at once struck down by cramps, vomiting, &c.,—by cholera, in fact; but that every individual has, for a few hours, a few days, or a few weeks, a diarrhoea which warns him that he is about to be attacked with spasms, vomiting, &c.,—with all the urgent symptoms of cholera."

As a pendant to the above, we add the following memoranda from the "Weekly Returns" of the Registrar-General for the weeks ending August 5th and 12th.

"At John-street, Cambridge-heath, on the 2nd of August, the wife of a labourer, aged thirty-two years, 'cholera Asiatica, (thirteen hours.)' The medical attendant states:—'The patient was well at eight o'clock in the evening; was attacked at nine.'—At 45, Whittlebury-street, on the 3rd of August, the wife of a painter, aged thirty-eight years, 'cholera, (thirty hours.)' Mr. Matthews, the registrar, writes:—'No premonitory symptoms.'—At 2, Nelson-street, on the 5th of August, the wife of a shipwright, aged twenty-eight years, 'mania, (two hours,) cholera, (two days;)' which came on suddenly, (Dr. Richardson states,) without any previous warning.—At 4, Staple-street, Long-lane, on the 6th of August, the son of a journeyman hatter, aged three years, 'Asiatic cholera, (twelve hours,) not any previous diarrhoea.' The medical attendant adds upon his certificate:—'The premises at No. 4 are in a bad state; a cesspool immediately in front of the back-door; water-closet without pan, and a constant smell from it; the cesspool not in connexion with the common sewer. The adjacent houses in a similar condition.'—At 58, Lucas-street, on the 6th of August, the widow of a coachman, aged fifty-seven years, 'cholera (thirty-six hours.)' The certificate further adds, that there was no previous diarrhoea; the deceased had been to attend a friend at Stratford that had died of cholera on the 2nd instant.—At 26, Peter-street, on the 7th of August, the daughter of a workman in a foundry, aged two years, 'Asiatic cholera, (twenty-four hours,) no premonitory diarrhoea.' Second death in this house in two days. Child healthy, and ate heartily up to the time of the first death.—At 3, St. John's-terrace, on the 8th of August, a servant, aged seventeen years, 'Asiatic cholera (eleven hours.)' The medical attendant in this case states that 'the deceased, a servant, was taken ill in Guildford-street, Russell-square, and was removed to St. John's-terrace; that he had lived well, and had no premonitory diarrhoea.'—At 22, Everard-street, on the 9th of August, son of a mariner, aged four years, 'cholera, (five days,) no premonitory diarrhoea, secondary fever, (three days.)' Privies for two rows of houses run into a small drain, which is very frequently overcharged, when the yards are flooded with the contents. A second child ill, and the father recovering from an attack of cholera.—At 30, Mint-street, on the 9th of August, widow, age unknown, 'cholera, (twelve hours.)' Came from France a few days before, had walked fourteen miles on Tuesday, returned to her lodgings at four o'clock in the afternoon much exhausted, was immediately seized with cholera, and died between three and four o'clock next morning.—At 15, Smith's-arms-place, on the 11th of August, wife of a gunstocker, aged forty-eight years, 'cholera, (eleven hours,) no premonitory diarrhoea. No medical

attendant. As in the case of the painter, at the request of the deceased, no medical attendance was applied for, and she was subjected to similar nostrums. Her husband was in the country at the time."

In 1849, some 570 cases passed under the review of Dr. Hearn. He divides them into five classes, and remarks—"A fourth class of cases, about ten in number, was met with, in which there was no vomiting or purging, but cramps, great prostration, &c. In a fifth class of cases, numbering about the same as the last, the patients were seized suddenly, as if shot."—(p. 11.) Dr. Wilson, of Haslar,† thus writes—"Soon after eating a hearty meal, in perfect health, the subject has been obliged to be relieved from duty in the ranks or on deck, becoming in an instant faint and giddy, with a rush of fluid from the stomach and bowels, the features being collapsed, the pulse fluttering, and the surface, tongue, and breath cold. These cases," he adds, "were invariably more fatal than where there had been precursory diarrhoea." Bell‡ writes—"A man, in high health and spirits, accompanies his companions to bathe; he is seized while in the water with vomiting and purging or with spasm; is brought immediately to a surgeon, and is found in what I have called the second stage of the disease. Or a man goes to bed perfectly well, and is roused at three o'clock with a call to stool; animal heat has already failed, and in three hours he is dying." Mr. Lawson states that in 1849 he "attended upwards of 3000 cases of the severest species of diarrhoea without one becoming cholera," and that out of "upwards of 100 cases of genuine Asiatic cholera," not one had been preceded by diarrhoea.

Further evidence like the above might be here brought forward; sufficient, however, has been adduced to negative the apodictic law before laid down in the previous quotation respective of the diarrhoeal prodromata of cholera. That in this country the general rule is that such premonitions shall exist, is freely admitted. It appears also to be more universally so the case here than in India, particularly with the dark races. The reader, nevertheless, may be referred for a different view than we have taken, to Dr. Macdouglin's "Inquiry."§

Relative to the progress of cholera in the metropolis, we condense the following from the last "Weekly Return" of the Registrar-General (August 19th):—

Districts.	Elevation above water mark.	Population (1861).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	38
Central (St. Giles, &c.).....	49 "	393,256	32
Western (Kensington, &c.)	28 "	376,427	184
Eastern (Shoreditch, &c.)...	26 "	485,522	105
Southern (St. Saviour's, Lambeth, &c.) }	6 "	616,635	379.
			729

Of which number 214 were under 15 years of age.

426 " between 15 and 60.

86 " above 60.

The deaths from diarrhoea last week were 192.

The "Report" observes that the "cholera has prevailed with great irregularity over London, and that in several sub-districts the ravages of the epidemic are considerable. Imperfect drainage, proximity to the dirtiest parts of the Thames, bad water, and poverty are still, as they were in 1849, the chief circumstances that make cholera fatal. It is on the banks of the polluted Thames in the lower parts of the London basin that the people die in large numbers; for on ground not on an average 10 feet above the Trinity high-water mark, 1212 of the deaths from cholera have happened out of 595,119 people; while on the next terrace of 10 feet and under 40 feet of elevation, 493 in 648,619 have died; and on the higher grounds above St. James's-square and the Strand only 213 have died of cholera out of 1,070,372 inhabitants. The mortality at the three elevations, commencing at the lowest, has been at the rate of 204 and 76 and 20 to every 100,000 inhabitants. The people on the low grounds have suffered ten times as much as the people living on the grounds of a moderate elevation."

We have to announce with regret the death of Captain R.

F. Rowley, (1830,) which event lately took place at Woodlands, of cholera. The gallant officer was the fourth son of the late Admiral Sir Charles Rowley, Bart., G.C.B., G.C.H., and was a well-known and warm supporter of the different professional charities. We may also remark that, on Sunday morning a feeling of gloom prevailed in the congregation of St. John's Church, Notting-hill, in consequence of an announcement made by the senior curate, that the cholera had taken off the Rev. Edwin Proctor Dennis, B.C.L., the incumbent minister of the district. Notting-hill does not appear to have been visited with many severe cases of cholera; but, notwithstanding its reputed healthfulness, it is very liable to severe attacks, being situated immediately above the filthy Kensington potteries, so frequently made the subject of complaint in sanitary reports. Mr. Bryant, the proprietor of the well-known Horns Tavern, Kennington, has likewise been a victim to the disease.

The master of the ship *Lima*, of Dundee, which put into Falmouth with several cases of cholera on board, has published a letter, in which he states: "It appears to be my duty to strongly urge on the Government to adopt some immediate measures to provide for a similar case, (or cases,) should such again occur at this port, to arm the magistrates with sufficient authority (should they not already have it) to compel a proper location to be provided on shore; or the Admiralty should have here, and appropriate, a hulk for the reception of individuals who may from similar circumstances be driven into this port, and not that in such a benevolent country as England crews and passengers are to be left to their own fate, unassisted, to meet with and encounter so dire a foe as cholera."

At the Lambeth police-court, the magistrate has been informed that at all the station-houses of the L, or Lambeth division of police, an abundance of medicine is provided, and could be had there by all persons seized with premonitory symptoms of the disease.

Notwithstanding the remonstrances made in the public prints and in this journal, the doings at St. James's, Bermondsey, are as bad as ever. A correspondent writes,—“On Sunday morning last, a scene presented itself as the congregation came to church, unparalleled, I believe, in the annals of intramural interments. Although during the week as many as sixty-two burials had taken place in this ground, 10, thirty-eight open graves appeared yawning before us. In the afternoon, as the hour drew near for the funerals to be taken, no pen can describe the spectacle this churchyard presented. If a battle had been fought in our streets, and the slain inhabitants consigned to burial in the churchyards of their respective parishes, the slaughter must have been fearful indeed if the numbers to be brought here could have exceeded the aggregate burials of that eventful day.”

Accounts from Belfast of Saturday's date state, that since Tuesday last no fewer than thirteen cases of cholera, five of which proved fatal, have occurred in the small town of Antrim. Every exertion is being made by the inhabitants to stay the progress of the malady. There has been only one case of cholera reported in Lisburn during the week. The number of cases in the town since the first appearance of the epidemic has been 120, of which 50 proved fatal. It is also stated that the pestilence has shown itself in the town of Larne, and that during the last week four cases have appeared there.

The *Northern Whig* has the following on the progress of cholera in Belfast:—"We regret to state that this dreadful disease is not manifesting any evidence of cessation, but rather the reverse. Since Wednesday last, when 53 cases were reported as having occurred in Belfast during the preceding week, 47 new cases had taken place up to last evening. The type of the disease is very aggravated, death supervening in the proportion of 60 per cent. of those attacked, after periods varying from six hours to three days."

Mr. French (surgeon to the Infirmary of St. James', Westminster) has addressed the following observations to *The Times*:—"Twenty-two years since I pointed out the fact that cold water was useful in the treatment of cholera; at that time a general opinion existed that it was positively injurious. That prejudice has entirely disappeared, and there is now but one opinion—namely, that it is beneficial. I believe, however, that all the other prejudices to which I so long since directed attention are still entertained with all their original force. For example, it is still a prejudice to suppose that the use of astringents of any kind exert an influence on the cessation of epidemic diarrhoea; the fact being that their omission from any prescription will in no degree lessen its efficacy. It is still a prejudice to suppose that vomiting is an unfavourable symptom in the case of a patient with an imperceptible pulse; the fact being that vomiting directly tends to restore the circulation. It is still a prejudice to suppose that the stomach and bowels

\* Thoughts on Cholera. London, 1863.

† Report of College of Physicians, second part, page 127. London, 1854.

‡ The Nature of Cholera Investigated. By John George French, F.R.C.S. London, 1864. Other authorities for the same are also given in this work.

§ Result of an Inquiry into the Invariable Existence of a Premonitory Diarrhoea in Cholera, in a series of Communications to the Registrar-General. London, 1864.



are suffering from irritation during cholera; the fact being that they are performing a serviceable eliminative function, for these organs are engaged in the office of throwing off a poison from the system, instead of supplying fresh material to the blood. Although ice is a very useful remedy in cholera for certain definite objects, I venture to predict that the opinion advanced as to the advantage of freezing the stomach and bowels of cholera patients will be of short duration; but I think it is much to be feared that the prejudices which I have named will continue to exist for at least another quarter of a century."

The *Dublin Evening Packet*, writing upon the "potato disease," has the following trite remarks, which another journal believes apply with equal force to the empiricism which prevails with regard to a more fearful visitation of Providence:—"As to remedies, all that is written on this subject is absolute nonsense, and founded upon notions of the disease purely empirical. The amount of information which has been acquired is just sufficient to show us that the causes of, and remedies against, this wonderful disease are alike inexplicable; and when applying supposed remedies we are, in fact, often doing a certain and defined amount of injury for the sake of a purely speculative advantage."

## THE WAR.

(FROM OUR SPECIAL CORRESPONDENT.)

VARNA, AUG. 8TH, 1854.

REPORT says that we march from this place in two or three days, in order to embark—for where I fancy but few know, though many persons, who say their information is correct, state it is to Sebastopol; but I believe it is quite certain we go to sea, and most probably do a little work this autumn—perhaps take Odessa or Anapa, and winter there; but I can give you no authentic information, as it is naturally kept very quiet. I hardly think Sebastopol, as we have talked so much about it of late, and though it has been said that it was quite determined upon, it may be a blind for the Russians, who seem to have heard of it, as some of our ships have arrived at Varna, and reported that about 10,000 men were seen throwing up entrenchments on the plains of Sebastopol. This is to-day's news, (8th.) Now I come to the health of the men, which I am sorry to say is bad. The Heavy Brigade have about 100 sick in each regiment—that is, counting convalescents who still attend hospital. Many deaths have occurred from cholera. The Grenadier Guards seem to have suffered the most; they have had about twenty-five deaths; Fusiliers about ten or twelve; Coldstreams about the same; and now the Highlanders are coming in for their share. Calomel, opium, mustard emetics and sinapisms, are the remedies chiefly used; but some of the cases are very rapid and sudden; others last for twenty-four hours and upwards, and baffle all the remedies. Some of the cases recover from their state of collapse, and give you great hope; but soon fever of a typhoid character seizes and carries them off. There have been many cases of fever, both simple and typhoid, in camp, and a few deaths, but intermittent is rare as yet.

Captain Levinge, H. Artillery, is dead—it is said from an overdose of laudanum. He was very ill, and requested his servant to pour some out for him, which he did, and it proved fatal; some say it was in the dark. Assist.-Surg. Blenkins, Grenadier Guards, returns home ill, having had intermittent fever—a great loss on account of his anatomical knowledge, and in the hospital he would have been of great service as an operator. The other divisions, the 2nd and the Light, have and are still suffering a good deal more than the Heavy Brigade, cholera being the enemy. Report says that the 50th Regiment have 300 in hospital, but I cannot vouch for the correctness of the statement. These last two or three days, there is an apparent improvement in the men, both in their spirits and health. All seemed at one time to be very low on account of sickness, but now they have heard there is a chance of a movement against the Russians, all have put on a bright face, except, of course, the poor fellows in hospital, who are very ill.

They do say, before now the cholera was not known here, but in 1828 the Russians lost in the valley close to Varna some thousands from fever and plague; hence it is called the Valley of the Plague. We are on the top of a hill, looking down upon this valley, having a lake running up for about fifteen miles along it. The loss of the French has been most frightful from the same disease. The expedition of about 7000 men that went up to Vrus-badji they say lost 1700 men. When they got there, they found the water poisoned with

animal matter, no doubt placed there by the Russians. Coming from there, they say 400 died on board one steamer, from cholera. I tell you this as I have just heard it from Varna. Some of the ships have returned with the bad news. These reports cannot be believed, but there is no doubt there has been great loss amongst them. The surgeons here have a good deal to do now, both day and night work, but I have not heard of a very great many being laid up. Dr. Mackenzie, of Edinburgh, is here, seeing what is to be seen. He went up to see the wounded at Silistria, but gained no information, and found the poor Turks much neglected, and their medical men very ignorant. Many patients died where an operation would have saved them, in all human probability. The second time he went up he sprained his ankle, and returned, as he could not proceed.

It is very hot now. They say this is the warmest month. Thermometer in tent averages from 91° to 96°. The nights vary—sometimes very hot, at other times very cold, and generally a very heavy dew. We must expect a good deal of sickness now the unhealthy months have set in, and it must be recollected how long the men have been in tent, and since they have left England have not laid on a bed—merely have had their cloaks and blankets. For the sick, palliasses have been obtained.

DISEASE AMONGST THE TROOPS IN THE EAST.—The cholera still continues its ravages, but I rejoice to say that the virulence of the cases is on the decline. Up to the present date the British army has lost about 260 men from this fatal disease. Of these deaths about 100 were in the Light Division. Since the movement of our camp out to Monastir, the division has become healthier. Our troops are at present losing 30 men a day. Amongst the victims to the Devna pestilence were Dr. Jenkins, 23rd Regiment; Mr. Newberry, Rifle Brigade; and Captain (Major) Levinge, R.H.A. The French losses from cholera are frightful. The disease is not much on the wane amongst them, and there are divisions in which they die at the rate of 70 and 80 a day. In the French general hospital, since the 14th of July, 720 men have died of cholera, and only 78 men have been sent out cured. Convinced that there is something radically wrong in the air of the place, the French are clearing out of the hospital altogether to-day, and will henceforth treat their cases in the field. The hospital was formerly used as a Turkish barrack. It is a huge quadrangular building, like the barracks at Scutari, with a courtyard in the centre. The sides of the square are about 150 feet long, and each of them contains three floors, consisting of spacious corridors, with numerous rooms off them of fair height and good proportions. About one-third of the building is reserved for our use; the remainder was occupied by the French. Although not very old, the building is far from being in thorough repair. The windows are broken, the walls in parts are cracked and shaky, and the floors are mouldering and rotten. Since the sickness broke out, it has been perceived that there is something or other radically unwholesome about this building. Like all places which have been inhabited by Turkish soldiers for any time, the smell of the buildings is abominable. Men sent in there with fevers and other disorders were frequently attacked with the cholera in its worst form, and died with unusual rapidity, in spite of all that could be done to save them. The French have become so persuaded of this, that they are, as I have said, taking to the field in preference to this pest-house. I rode up there at twelve o'clock the other night for medicine for an officer, a friend of mine, who was taken suddenly ill in the evening. Along two sides of the hospital was drawn up a long train of araba carts, and by the moonlight I could see that some of them were filled with sick soldiers. I counted thirty-five carts, with three or four men in each. These were sick French soldiers sent in from the camps, and waiting till room could be found for them in the hospital. One of the medical gentlemen in attendance, who was just going to his quarters for the night, was kind enough to come with me to see my sick friend, and I had an opportunity of seeing the miserable way in which the surgical staff were lodged. They are penned up, two or three together, in small unfurnished rooms, open to every wind that blows through wall, floor, ceiling, and window. Some of these gentlemen have no rooms at all, and one I know sleeps in a passage.—*The "Times" Correspondent, Varna, Aug. 9th.*

FRENCH GOVERNMENT SANITARY INSPECTOR.—Dr. Melson, Member of the Academy of Medicine and the Board of Health, has been nominated by Government to be Sanitary Inspector at Marseilles.

## Medical News.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, August 17th, 1854.

NORTON, ALGERNON CHARLES WODEHOUSE, Monmouth-road, Bayswater.

WILLIAMS, EVAN PIERCE, Denbigh.

**UNIVERSITY OF LONDON.**—The following is a list of the candidates who lately passed the first examination for the degree of M.B.:—First division: Edwyn Andrew, University College; James Gibbs Blake, B.A., University College; Uriah Perrin Brodribb, B.A., Guy's Hospital; Thomas Buzzard, King's College; Edward Clapton, St. Thomas's Hospital; Geo. Giles Corbould, Bristol, and King's College; Samuel Giles, B.A., Guy's Hospital; John Bake Husband, Middlesex Hospital; William Tiffin Iliff, Guy's Hospital; Alexander Robert Kilroy, London Hospital; Henry Maudsley, University College; Wm. Newman, St. Bartholomew's Hospital; John Lumsden Propert, King's College; Walter Barnett Ramsbotham, University College; John Charles Thorowgood, University College; William Turner, St. Bartholomew's Hospital; Thomas Stick Veale, University College; James Fitzjames West, St. Thomas's Hospital. —Second division: Francis Thomas Bond, B.A., Queen's College, Birmingham; Michael Castaneda, University College; Francis Winter Clarke, Middlesex Hospital; Charles James Devonshire, Francis Joseph Dowling, Christopher Heath, Jas. Rice, William Sims, King's College; William Skinner, St. Thomas's Hospital; Robert Masters Theobald, M.A. Glasg., University College.

**CHATHAM-STREET SCHOOL OF MEDICINE, MANCHESTER.**—The examinations of the students for the session 1853 and 1854, were concluded on Thursday, the 17th instant, when the following scholarships, prizes, and certificates of merit, were awarded to the undermentioned students:—*Scholarships*: For second year's students, Mr. Thomas Platt, Longsight; for first year's students, Mr. Herbert S. Renshaw, Ashton-upon-Mersey. *Prizes*—*Medicine and Pathology*: Lecturer, Dr. Thomas H. Watts—Junior class, first prize, Mr. William Sellers, Bury; second prize, Mr. Edward H. Pitman, Eastbourne, Sussex; Mr. Thomas B. Bott, Bury, merit equal.—*Surgery*: Lecturer, Mr. Southam—Junior class, first prize, Mr. E. H. Pitman, Eastbourne; second prize, Mr. W. Sellers, Bury.—*Anatomy and Physiology*: Lecturers, Mr. Dumville, Messrs. J. S. and J. O. Fletcher, and Mr. Murphy—Prize for second year's students, Mr. Thomas Platt, Longsight; prize for first year's students, 1st, Mr. H. S. Renshaw, Ashton-upon-Mersey; 2nd, Mr. Wm. Clare, Ashton-under-Lyne.—*Chemistry*: Lecturer, Mr. Stone—Prize, Mr. Henry Reddrop, Warminster.—*Practical Chemistry*: Lecturer, Mr. Stone—Prize, Mr. E. H. Pitman, Eastbourne, Sussex.—*Obstetric Medicine*: Lecturers, Dr. Whitehead, Dr. Merei—Senior prize, Mr. Thomas B. Bott, Bury; junior prize, Mr. Christopher Sharp, Farnworth.—*Materia Medica*: Lecturer, Mr. Somers—Prize, Mr. Walter J. Winn, Manchester, Mr. H. S. Renshaw, Ashton-upon-Mersey, merit equal.—*Forensic Medicine*: Lecturer, Dr. Aikenhead—Prize, Mr. E. H. Pitman, Eastbourne, Sussex.—*Botany*: Lecturer, Dr. Joseph Stone—Prize, Mr. H. S. Renshaw, Ashton-upon-Mersey. —Practical Botany, prize, Mr. Alfred Gallemore, Manchester.—*Certificates of Merit*—*General Proficiency*: Mr. Wm. Sellers, second year's student; Mr. Walter H. Winn, first year's student.—*Medicine*: Mr. Thomas Platt, second year's student.—*Surgery*: Mr. J. Lord, third year's student; Mr. A. Gallemore, second year's student.—*Anatomy and Physiology*: Mr. William Sellers, second year's student; Mr. E. Monks, Mr. Christopher Sharp, Mr. Charles Murray, Mr. Walter H. Winn, first year's students.—*Practical Anatomy*: Mr. W. Sellers, Mr. T. Platt, Mr. E. H. Pitman, Mr. J. Lord, Mr. T. B. Bott, Mr. H. Quarmby, senior class; Mr. William Clare, Mr. H. S. Renshaw, Mr. Charles Murray, Mr. W. H. Winn, Mr. E. Monks, junior class.—*Chemistry*: Mr. W. Clare.—*Botany*: Mr. C. Sharp.—*Forensic Medicine*: Mr. W. Sellers.—*Materia Medica*: Mr. C. Sharp.—*Obstetric Medicine*: Mr. Thomas Platt, senior class; Mr. H. S. Renshaw, junior class.

**GLASGOW. — CHOLERA: ERRONEOUS STATISTICS.**—A letter from the Secretary to the Board of Health in London, calling attention to a statement by Dr. Gavin as to the great mortality which had occurred in the Cholera Hospital of Glasgow, was laid before a late meeting here. In his Report on the subject of cholera, Dr. Gavin stated that "In one central, large, well-arranged hospital in Glasgow, the mortality was greatly in

excess of that occurring amongst the sick who were treated at their own houses. Out of 130 patients," he said, "admitted into this hospital, no fewer than 115 died." Mr. Hall explained, in the absence of Mr. Adamson, that he had replied to the above statement, to the effect, that "hospital treatment in this parish is never resorted to in cholera cases when the patients can be treated in their own houses." At the same time, the figures quoted from Dr. Gavin's Report did not appear to be correct, for out of 502 patients treated in the cholera hospital, only 162 had died, being at the rate of 32 per cent. On the motion of Mr. Ross, the Board unanimously approved of the course taken by Mr. Hall in order to correct the erroneous statistics of Dr. Gavin.

*The District Surgeons.*—Some conversation arose upon the reading of a letter from the law agents of Dr. Lindsay, one of the district surgeons, who had declined to accept a gratuity of £25 in consideration of extra services performed during cholera, including Dr. Lindsay's bill of charges against the Board for attendance on 296 patients, amounting to £141 5s. 6d. The result was a motion made by the chairman, and agreed to, that Dr. Lindsay's services should be dispensed with; and it was remitted to the committee to take such steps as were necessary to appoint a successor. Any further proceedings to be referred to the Inspector's Committee.

\*. The estimation in which the profession is held by certain parties in Glasgow, may be judged of by the above proceeding. Twenty-five pounds for attendance upon 296 cholera patients!

**THE CHOLERA IN PARIS.**—On Aug. 16th, the deaths from cholera in the hospitals amounted to 26, and 49 new cases were admitted on the same day. On the 15th, there were 24 deaths and 47 new cases; and on the 14th, 31 deaths and 69 new cases. Since the beginning of the epidemic in Paris, (November, 1853,) 4884 cases were treated in the different hospitals: of these, 1862 recovered, 2508 died, and 514 were under treatment on Aug. 16th. The mortality in town thus had a tendency to reach 100 a day, but the authorities do not publish lists, so that the returns cannot be entirely relied upon. Out of the 86 departments of which France is composed, 84 have been visited by the scourge; Marseilles was, however, the worst treated, as the deaths have amounted to several hundred a day. The inhabitants fled for the most part, so that this number is really enormous. The disease is, however, on the decline in Marseilles, for on the 5th of August there were no more than 29 deaths per diem. The mortality of the present moment may be reckoned for the whole of France at 800 deaths a day, and it is computed that from November, 1853, about 20,000 persons have died from cholera over the whole territory of the kingdom. The character of this epidemic is strikingly analogous to that of former visitations, (1832 and 1849;) and the localities then spared have this time likewise been free. Amongst these Versailles and Lyons may be mentioned, where not one case of cholera has taken place, either in 1832, 1849, or 1854. In Paris the disease is declining, and hospital physicians are noticing that the remedies used seem to have more efficacy than heretofore.

**QUACKERY AT THE ANTIPODES.**—The love of quackery—the pleasure of being cheated—appears to be the same all the world over. In Australia there is the same pig-headed advocacy of unqualified medical practitioners as in the centre of the British empire. In the *Adelaide Observer* we notice a correspondence on the subject of an inquest at Thebarton, South Australia, from which it appears that a Mr. Scammell, who by his own admission "had no diploma under any medical or surgical college," figures in the colony as a practitioner, whom certain inhabitants of certain places there not only employ, but whom they are generous enough to puff by testimonial advertisements in the newspapers. One correspondent writes, that he considers the said Mr. Scammell "in every professional sense but a mere form a qualified medical man." We are glad, however, to perceive that the colonial press entertains more sound and healthy opinions. The *Adelaide Observer* remarks:—"We had it in evidence that the gentleman who had mistaken the nature of Handking's disease, and treated him wrongly, was not a licensed or qualified practitioner, and that he had only received a partial and fragmentary professional education. We are glad to hear that Mr. Scammell is an estimable man, and of gentlemanly manners; but however agreeable this may make him in society, it is, in critical cases of disease, not the right evidence of professional skill. It is necessary for the protection of the public, and but just to those who have incurred the toil and expense of a scientific and professional education, that the practice of medicine by unqualified persons should be discouraged. Doubtless a rigid enforcement of this rule may occasionally be productive of individual hard-

ship, but its neglect would involve much more general hardship, and be really the most cruel in the end."

**BLOOMSBURY DISPENSARY.**—Mr. Thomas Chaplin, Resident Medical Officer, informs us, just before our going to press, "that during the week ending August 22nd, fifty-four new cases of diarrhoea have occurred. In some the attack was very severe, but all have terminated favourably under the plan of treatment described by Dr. Pidduck, (the physician to the Dispensary,) in *THE LANCET* of last week. One case in which true cholera symptoms manifested themselves was treated with the saline powders, and is now doing well. No other case of cholera has occurred."

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, AUG. 19.**—The number of deaths from all causes returned for the week that ended last Saturday was 1832. Cholera was fatal last week to 729 persons. In the six weeks of its present appearance, the deaths from cholera have been successively 5, 26, 133, 399, 644, and 729. The deaths from diarrhoea were 192.

### Obituary.

At Hylten Ferry, near Sunderland, very suddenly, on the 13th, deeply regretted and respected by a large circle of friends, in his thirty-second year, **ROBERT ROBSON NOBLE, M.R.C.S.**

Suddenly, while on his way from George Town to Portland, Australia, **PATRICK GERARD ROBERTSON, M.D.**, son of Major Robertson, of Kindeare, Rosshire.

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### The BRITISH MEDICAL DIRECTORY for 1855.

ALL duly-qualified Medical Practitioners are respectfully requested to forward, as soon as possible, their "ENTRIES" or "RETURNS" for this Annual Volume. References to the Entries in the Directory for the current year, (1854,) stating that they are correct, will be sufficient. When alterations are required, they should be distinctly specified, and in all cases the names of the writers should be written clearly, and at full length.

Address to the Editors at the "BRITISH MEDICAL DIRECTORY" Office, 423, Strand.

### TO CORRESPONDENTS.

**F.R.S., &c.**—Many thanks for the suggestions and observations as to the management of the Norfolk County Lunatic Asylum. As regards St. Luke's Hospital for the Insane, we can only say at present that our attention has been actively directed towards the condition of this institution. Since, however, the committee have suggested certain important alterations and improvements, and amongst other points have determined, we believe, upon making their resident medical officer general superintendent of the whole establishment, we have waited to see these necessary changes fully and fairly carried out. Should there be any difficulty, or should the contemplated improvements be long delayed, we shall certainly draw public attention to the matter. There is, doubtless, much that will not bear looking into; but as our object is to improve the condition of the insane for the future, we must be content to overlook much that is past.

**A. P.**—We cannot recommend the work in question. Consult any respectable surgeon. The disease is quite under the control of remedies. *Devoiensis* shall receive a private note. The MS. arrived safely.

**Y. Z., Mr. Andrew Bolton, &c.**—The "New Vaccination Bill" amendments were rejected by the House of Lords; consequently the munificent payment of one shilling to medical gentlemen, not appointed by the guardians, for every successful case of vaccination will not be paid. The Act altogether is a complete failure, and in its main clauses most unjust and offensive to the great mass of the profession. It is true that Lord Lyttelton proposed "the shilling" for the "signing of the certificate;" but this was only a left-handed way of paying for the operation also!

**Mr. Gimwood** will receive a private note.

**Scribblers.**—The entire subject of gratuitous advice is one of the utmost importance to the medical profession. Nothing has been done in the matter by the "committee," though they talked a good deal upon the subject. Some good resolutions, issued by the medical practitioners of Colchester, will be published in the next *LANCET*. The profession is annually robbed of thousands by the abuse of gratuitous advice.

**Vide et Crede.**—Has Dr. Puttenger's handbill been forwarded to the Manchester Medical-Biological Association? We may, perhaps, notice the subject. **Anxious.**—On examination, we cannot find the name in the *BARNESE MEDICAL DIRECTORY*.

**Vaccinator.**—In a case in which a child is brought to the surgery of a medical practitioner to be vaccinated, he is only entitled to the one shilling and sixpenny fee, however distant the residence of the child may be.

**A Subscriber.**—The three years, we believe, may be passed at Marischal College.

### ROYAL MATERNITY CHARITY.

To the Editor of *THE LANCET*.

SIR,—Certain cases have lately come under my observation, enabling me to form some judgment as to the management of the Royal Maternity Charity; and although I feel a great disinclination to call in question the conduct of others, yet, after reading the observations upon this institution contained in your last number, I cannot feel satisfied with myself without taking some means of making known the few following particulars of a case, which I think may be taken as a specimen of the working of this Charity at the present time:—

I was called about five weeks since to attend a poor woman residing in this neighbourhood, and suffering from uterine hæmorrhage; she was in the last month of pregnancy, and had obtained a letter from the Royal Maternity Charity; but as she understood that this did not entitle her to any medical attendance until labour commenced, she applied to me.

After a few days' treatment, the hæmorrhage subsided, and my visits were discontinued; but considering it a grave symptom as regarded her approaching partus, I gave a recommendation to her friends, and also to the Maternity midwife, who appeared anxious about the patient, that, in case any difficulties should arise when labour came on, to lose no time in calling for medical assistance. A few days elapsed, and I was somewhat surprised one night to receive from our relieving-officer a parish order, marked "urgent," to attend the same patient. I found that she had been in labour more than twenty-four hours, the Maternity midwife having been in attendance from the first, but had not been able to obtain any medical aid from the Charity, although the husband had applied, by the midwife's direction, six hours previously, and had made several other applications since. At last the midwife advised them to seek a workhouse order for my attendance, thinking, as she told me herself, that as it was late, no one would come from the Charity. I proceeded in due course to deliver the woman, the difficulties being very much increased by the delay this had occasioned.

Upon calling next day, I found that no medical man had been from the Maternity to see her, and none called, I believe, till after her death, which took place on the ninth day, from puerperal fever.

Had not this poor creature depended upon the Maternity letter, she would doubtless have made some other and better provision for her "hour of trial;" at least, as a *dernier resort*, she would have been prepared with a parish order, in which case the same assistance which she received at last, when the case had become difficult and dangerous, would have been afforded her at an earlier period, when it was comparatively safe and easy. And who knows what influence this might not have had upon the ultimate result of the case? Thus what was intended for a benefit proved to be a positive injury.

In the letter from the Secretary of the Royal Maternity Charity, published in *THE LANCET* of the 5th instant, it was stated, that in consequence of the efficient "system" of this Charity, a less mortality had occurred, in proportion to the number of cases, than under any other system adopted by any similar institution.

In reference to this, I may observe that I know of cases attended from this Charity, in which formidable diseases have followed labour—diseases arising out of the puerperal condition; and these cases have, when in a very dangerous state, been discarded as patients of the Maternity Charity, and fallen into my hands in my capacity of union surgeon, and these patients were given to understand that they would not receive any further medical assistance from the Charity after the ninth day.

Now, as in all fatal cases of disease connected with childbirth a large proportion of deaths would take place after the ninth day, it is not to be wondered at that, according to this "system," a less proportion of fatal cases take place under the treatment of the Royal Maternity Charity than under any other system adopted by any similar institution.

I am, Sir, your obedient servant,

W. BENEDICT HART,  
District Surgeon, Whitechapel Union.

August, 1854.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marshall Hall; Mr. Oritchett; Dr. Ranko; Mr. J. H. Bolton; Mr. W. Walker; N.; Mr. L. F. Crumme; Dr. Rothman; Mr. R. Howden; Mr. A. Rotton; Mr. J. C. Pigg; Mr. Francis Ward; A Subscriber; Anxious; Vide et Crede; Mr. R. B. Marriott; Mr. G. D. Nelson; Mr. Hopley; Mr. S. Knaggs; Mr. Walter Scott; Delta; Medicus; F.R.S.; Devoniansis; Mr. Hansard, (with enclosure); Mr. Thomas, (Kirkdale, Liverpool); Mr. Vaudin; Mr. Tucker; Queen's College, (Birmingham); Y. Z.; Mr. J. W. Morley; Mr. A. Bolton, (Newcastle); A Medical Officer, (Madras); Mr. Pritchett, (Grimsby); Mr. G. Hind; J. A., (Newcastle-on-Tyne); Vaccinator; Mr. Aulsebrook, (Hawwell); A. X., (Banbury); A Country Surgeon; A. O. Y., (with enclosure); Mr. F. Nuttall, (Bury, with enclosure); Mr. J. Godden, (Oxton, with enclosure); Dr. Castle, (Leeds, with enclosure); Mr. G. Garson, (Stromness, with enclosure); Scribblers; &c. &c.

**GOLD CHAINS AND JEWELLERY.—PRIZE MEDAL.**

**W**atherston and Brogden's Gold Chains, by troy weight, at realizable value, and the workmanship at wholesale manufacturer's prices.—The Great Exhibition having established the advantage of purchasing from the wholesale manufacturer wherever it can be accomplished, and thereby dispensing with an intermediate profit, WATHERSTON and BROGDEN beg to announce that, in obedience to the numerous calls made upon them, they have thrown open their Manufactory to the public at the same prices they have been in the habit (for the last half century) of charging to the trade in London, India, and the Colonies. The system of weighing chains against sovereigns being one of the greatest frauds ever practised on the public, WATHERSTON and BROGDEN guarantee the gold in their chains, and will repurchase it at the price charged,—the workmanship, according to the intricacy or simplicity of the pattern. Example:—Intrinsic value of a chain of 15 carat gold, weighing 1½ ounce, £3 19s. 7d.; supposing the workmanship to be £2—total, £5 19s. 7d. By this arrangement the purchaser will see at a glance the proportion charged for labour compared with the bullion in a gold chain, and being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of jewellery all made at their Manufactory, 16, HENRIETTA-STREET, COVENT-GARDEN.—Established A.D. 1798.

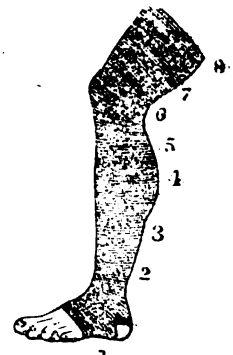
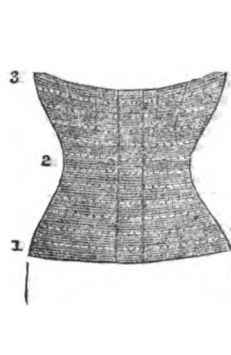
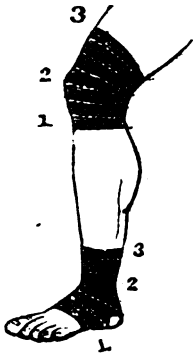
**CAUTION.**

KNEE CAP AND ANKLE PIECE.

ABDOMINAL SUPPORTER.

SPINAL SUPPORTER.

STOCKING AND THIGH PIECE.

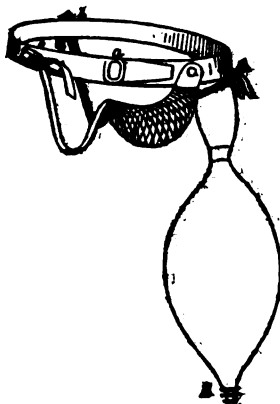
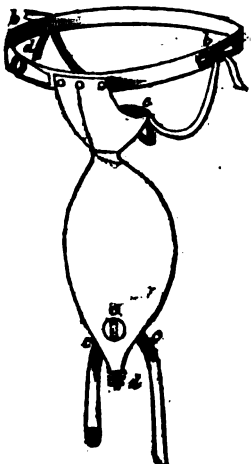


**Mr. Bourjeaud**, in submitting the above four Engravings as illustrating the nature and special design of his Apparatuses, most earnestly begs to call the attention of Professional Gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the Public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaud wishes, therefore, to caution Medical Gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spiral Supporter, except the articles come from his own Establishment, No. 11, Davies-street, Berkeley-square, (opposite Mivart's Hotel,) London; and No. 17, Rue des Beaux Arts, Paris.

**India-rubber Urinals for Male and FEMALE RAILWAY TRAVELLERS AND INVALIDS.**

No. 1.

No. 2.



URINAL FOR BED USE.  
Price 15s., 18s., and 21s.

URINAL FOR TRAVELLING.  
Price 15s. and 18s.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their construction prevent the objectionable smell complained of in those of other Manufacturers.

Manufactured by W. S. SPARKS, 11½, New Bond-street, London.  
A liberal discount allowed to the Medical Profession.

**Darby and Gosden beg to call**

the attention of the Medical Profession to their CHARCOAL RESPIRATORS, made according to the principle recommended by Dr. STENHOUSE, as a preservative from contagious diseases or a poisonous atmosphere. They have been approved of by the Society of Arts in Edinburgh, and many eminent Physicians and Professors of Chemistry in London.—An inspection of their powers requested.

140, LEADENHALL-STREET, CITY.

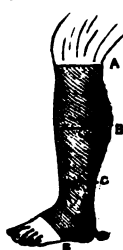
TO THE SURGICAL AND MEDICAL PROFESSION.

**W. F. Durroch, late Smith, begs to**

inform the Profession, that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent practitioners and lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their instruments finished in the best and most modern style. Surgical and Medical Instruments made to drawings, and kept in repair. Established 1798. No. 2, New-street, St. Thomas'-street, (near the Hospital,) in Southwark.

Superior dissecting instruments and equally moderate in price, well worth the inspection of the student.

SPECULUM ANI, made by W. Durroch, for John Hilton, Esq., may be had at a moderate price.



**Every excellence which the**

Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.

H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D, and D to E.

HUXLEY and CO., 8, Old Cavendish-street, late 6, Vere-street, Oxford-street.

## Purification of Linen—Prevention of

Disease.—J. BOLLESVE, 55, King William-street, City, London, solicits the attention of the nobility and gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1853.

SIR,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) put up in the Laundry at Woburn Abbey in May, 1852, by Mr. Bollesve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy; I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

I am, Sir, your obedient servant,

J. Bollesve, Esq.

J. PALFREMAN, House Steward.

## Warming and Ventilating, by Hot

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOLLESVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

Highfield, Berkhamstead, Herts., January 24th, 1854.

SIR,—I read some time ago in your valuable paper, an article advocating the need in this climate of warming dwellings with some simple apparatus, giving ventilation, combined with the healthiest temperature, at a great saving of fuel. I am very glad to give you the result of my experience of a new kind of stove, named "Calorifere," erected some months ago at this residence by Mr. J. Bollesve, London; it answers its purpose perfectly; the house and every room to which the ventilation is adapted, is kept at an agreeable temperature, with an utter absence of the oppressive atmosphere usually experienced by all other methods of warming dwellings; that I have seen several persons, some of them highly scientific, who have examined the apparatus and have expressed themselves satisfied, and consider it a most perfect application of warm air and ventilation combined. The cost of warming the house and conservatory attached, has been *Eightpence per twenty-four hours*, during the late cold weather, and the trouble of attendance is very little. The economy of fuel will cause this stove to be generally adopted, I have no doubt, more especially as the charge for coals is constantly on the increase. The stove in operation should be seen to be appreciated, and I can add, from my experience of its effects during this winter, that it is invaluable for any invalid in so variable a climate as ours, and no one can be aware of the comfort until it is tried.

I am, Sir, yours obediently, a Subscriber,

The Editor of the Times.

E. W. FERNIE.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

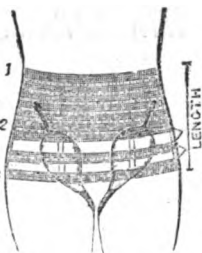


FIG. 2.



FIG. 1. MR. BOURJEAUD'S NEW BELT AND AIR-PAD FOR INGUINAL HERNIA.—Mr. Bourjeaud begs to state that the smaller ends of the pyriform air-pads are seen below the inferior margin of the belt. The latter is made of elastic strips, about one inch in breadth, which, by being sewn together in a peculiar manner, effect an equable compression around the abdomen. On the internal and front part of the belt two air-pads are attached, exactly on the spot where the belt comes in contact with the inguinal rings; and these yielding pads exercise a gentle compression upon the rings, which compression may be increased or diminished in changing, by means of a small tube and stopcock, the quantity of air contained in the pads. This apparatus is now driving the steel springs completely out of the field; and Mr. Bourjeaud is happy to say that the hernia belt is getting more and more a favourite among the leading surgeons of the metropolis and the provinces. It is plain to all, that two ends should be kept in view as to apparatus for hernia: first, the support of the intestinal mass; and, secondly, prevention of protrusion through the rings, without giving the patient pain, or causing inflammation and gangrene by pressure on the abdominal parietes with unyielding steel springs. These generally acknowledged desiderata the new belt for hernia completely satisfies; and it becomes every practitioner's duty to advise its use to such of his patients who are affected with hernia.

FIG. 2. POSTERIOR VIEW OF THE HERNIA BELT AND AIR-PAD.—This diagram has been drawn in order to illustrate the latest improvement Mr. Bourjeaud has introduced touching this extremely useful apparatus. It had, namely, been found that, in the sitting posture, the pressure of the air-pads upon the inguinal rings became somewhat weaker; to guard against this change, the tubing attached to the lower margin of the belt and terminating in the air-pad, has been made to swell towards its centre, posteriorly. When the patient sits down, he drives the air contained in this kind of reservoir into the air-pad in front; the latter becomes a little larger, and the slight difference alluded to above is compensated without any effort on the part of the patient. This contrivance gives to the hernia belt a most valuable accuracy.

## Mr. T. H. Wakley's Stricture Instru-

MENTS. Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.

## New Urethrotome, by Mr. Ure,

Surgeon of St. Mary's Hospital, described in THE LANCET of June 10th, —Manufactured only by PRATT, Surgical Instrument Maker, 420, Oxford-street. The cheapest House for Elastic Stockings, Trusses, &c. Wholesale and Retail.

## Surgical Instruments, and every

Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

	s.	d.		s.	d.
Single Circular Trusses .....	2	6	On Coles's Expired Patent .....	5	0
Double ditto .....	5	0	Double ditto .....	10	0
On Salmon's Expired Patent ...	4	6	Cotton Net Suspensory .....	0	10
Double ditto .....	9	0	Trusses .....	from	0
			Elastic Stocking Net Bandage,		
			per yard .....	0	4
Case of Tooth Instruments .....					
Case of Cupping Instruments .....					
Case of Pocket Instruments .....					
Brass Enema Syringe, complete in mahogany case .....					
Case of Dissecting Instruments, ivory handles .....					
Best Bleeding Lancets, per dozen .....					

## Heeps, (16a, Liverpool-street,

Bishopsgate-street, late of 46a,) Inventor of the ELASTIC SPRING BANDAGE and ABDOMINAL SUPPORTER, for Prolapsus Uteri and Ani.

Mrs. H. begs to call the attention of the Profession to these Supporters, which have been in use for the last twenty-five years. They derive their entire bearing from the shoulders, and have enabled numerous sufferers to carry on the daily avocations of life with ease and comfort, when others have proved ineffectual. Testimonials from many of the most eminent physicians may be forwarded by post. The prices of these are within the means of all classes, being from 6s. to 35s. An allowance made to hospitals, &c.

TO THE MEDICAL PROFESSION.

## Fr. G. Ernst, Anatomical Machinist

and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of DUDLY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam EXNER (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

## Meinig's Electro-Generator,



FOR CHOLERA.

TO THE MEDICAL PROFESSION.

Having witnessed personally the greatest benefit, in the first stages of Cholera, derived from the application of weak, continuous currents of Electricity from the spine to the abdomen, by which the warmth and action of the digestive organs is maintained, and the urinary functions stimulated; and feeling confident that in an advanced stage of the disease strong, interrupted Electric Currents passed along the cramped and paralyzed limbs, and along the spinal column, will be found of paramount efficacy in restoring normal circulation, Mr. Meinig earnestly invites the Medical Profession to test and investigate the effects of Electricity in the now prevalent epidemic; and so confident does he feel of the all but marvellous success of his Apparatus in this dreadful disease, that any medical gentleman who desires it may receive Mr. Meinig's warrant, to the effect that he will retake and repay, within one month after the purchase, any Apparatus which, after trial, it might be wished to return.

Prices of the Portable Generator: 5s., 10s. 6d., 15s., 20s., and 30s., according to power. Powerful Pocket Batteries, £3 3s.

103, LEADENHALL-STREET, and 213A, PICCADILLY.

## By Her Majesty's Royal Letters

PATENT.—T. MAYO, WATSON, and Co., 2, BERNERS-STREET, OXFORD-STREET, LONDON, Manufacturers of Mineral Aerated Waters, and Patentees of the Syphon Vase and Valvular Stopped Bottle. The objection so generally made to the common soda-water bottle, in the inconvenience attending its being opened, has induced Messrs. T. Mayo, Watson, and Co., in addition to the Syphon Vase to introduce the VALVULAR STOPPED BOTTLE, whereby the annoyance complained of is removed, the use of both corks and wire being dispensed with, and the advantages arising to those who are in the habit of drinking aerated waters (more especially ladies and invalids) greatly enhanced, from the circumstance that any quantity, however small, can be withdrawn, whilst, at the same time, the portion remaining in the bottle retains its gaseous properties unimpaired.—Applications having been made to them for agencies for the sale of the Syphon Vase and Valvular Stopped Bottle, Messrs. T. Mayo, Watson, and Co. have now made arrangements accordingly, and will be happy to treat with parties desirous of becoming agents.



**Allsopp's Pale Ale in Bottle, as**  
supplied to the CRYSTAL PALACE; also in casks of 18 gallons.  
Recommended by BARON LIEBIG.  
Address, HARRINGTON PARKER and CO., 53, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**  
per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per  
dozen quarts; delivered free within four miles. Merchants supplied with  
Pale Ale and Porter for exportation at the lowest prices.  
WOOD & WATSON, 16, Clement's-lane, City.

**Allsopp's Pale Ale.—Medical gentle-**  
men who recommend this ale as an article of diet to their patients are  
respectfully requested to inform them at the same time, that they may rely on  
procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or  
bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer  
merchant, 132, Upper Thames-street.  
The Beers are warranted the products of Malt and Hops, and the consti-  
tuents of pure water, and not any other ingredient, organic or inorganic, as  
per analysis of Professor Thomas Graham, F.R.S., University College,  
London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal Col-  
lege of Chemistry, and of the Analytical Sanitary Commission, published in  
THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS,  
EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHA-  
NIEL EASTTY, 132, Upper Thames-street, London.

**Good Cyder, a Preventive of Cholera.**  
(See THE LANCET, 15th of July, p. 33.)

This refreshing and wholesome beverage may be obtained PURE, and in the  
highest perfection, of WRIGHT and COOKMAN, Devonshire-wharf, Bankside,  
London, whose stocks are warranted the produce of the finest orchards in the  
best cyder districts of Devon, and made only from the choicest picked fruit.  
A three dozen hamper of their celebrated pale Champagne Cyder, delivered to  
any railway station in London, for 32 shillings.  
Wine Merchants and Victuallers supplied on liberal terms.

**George Hanson's Sparkling Hop**  
CHAMPAGNE, Quarts 18s., Pints, 12s., Sparkling Nectar, 8s., bottles  
included; Hampers, 1s.

This new and exhilarating beverage, possessing the fine aroma and pure  
tonic properties of the Hop, with all the brilliancy of the foreign Champagne,  
stands unrivalled as a luncheon and dinner luxury. To Invalids it is invalu-  
able, and can be taken without affecting the head—its habitual use assisting  
the digestion.

To Merchants and Captains it will be found an excellent article for Export  
—to Passengers in sea-sickness this restorative will be highly appreciated—it  
will be found a cool and refreshing drink at the Mess Table—and in Warm  
Climates most desirable.

G. H. has the greatest confidence in recommending the above, and the  
demand, which its excellence has created, is sufficient guarantee of its  
quality.

May be had at most of the Taverns and Refreshment Rooms in the neigh-  
bourhood of the Crystal Palace.

Sold Wholesale, Retail, and for Exportation, by the Manufacturer, GEORGE  
HANSON, 3s, Clement's-lane, Lombard-street, City.

**To Invalids and those desirous of**  
PRESERVING HEALTH.—The Sanitary Commission instituted by  
THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place,  
Oxford-street, to be "entirely free from deleterious admixture," the attention  
of the public is directed to EDMONDS and CO.'S HOMEOPATHIC  
COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

**Cocoa of the finest quality, prepared**  
in the best possible manner.—Our PURE GRANULATED COCOA was  
pronounced by the Analytical Chemists employed by THE LANCET, in their  
memorable researches into the Adulterations of the Food of the People, to be  
free from any admixture whatever. The Invalid, and Cocoa-drinkers in  
general, are requested to make trial of it. In pound packets, 1s. each.  
Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s.  
per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d.  
per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin  
cans, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee,  
a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very  
excellent ditto, 3s. 4d. Orders to the amount of 40s. for any of the above  
articles, covering a remittance for amount of same, forwarded, carriage free,  
to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

## DOMESTIC ECONOMY

**H. Sparrow and Co. beg to announce**  
that in consequence of the late reduction of duty, and the present  
depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 8d.

With every other article in the trade proportionately cheap, and of that  
sterling quality for which they have been celebrated for the last Twenty  
Years; a price-list of which may be had on application, post free, and  
parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea,  
372, Oxford-street, London.

**Soyer's Aromatic Mustard.—"M.**  
Soyer has just brought out a New Mustard, which possesses a most  
beautiful bouquet; and which is entirely free from adulteration."—THE  
LANCET.

Sole Agents: Messrs. Crosse and BLACKWELL, 21, Soho-square, London.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

**Robinson's Patent Barley, for making**

superior Barley Water in Fifteen Minutes, has not only obtained the  
Patronage of Her Majesty and the Royal Family, but has become of general  
use to every class of the community, and is acknowledged to stand unrivalled  
as an eminently pure, nutritious, and light Food for Infants, Children, and  
Invalids; much approved for making a delicious Custard Pudding, and excel-  
lent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed  
for making a superior Gruel in Fifteen Minutes,—light for supper,—and alter-  
nately with the Patent Barley is an excellent Food for Children and Invalids,  
being particularly recommended by the Faculty as the purest and best Prepa-  
ration of the kind extant, and far preferable to the Emblen Groats.

Prepared only by the Patentees, ROBINSON, BELLVILLE & Co., Purveyors  
to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country,  
in Packets of 6d., and 1s., and in Family Cansisters at 2s., 5s., and 10s. each.

**Do you bruise your Oats yet?—New**

Out-crushers, £2 15s., £4 6s.; Chaff-cutters, £1 7s., £3 7s.; Mangles,  
£2 10s.; Flour-mills, £4 10s.—WEDLAKE and Co., 118, Fenchurch-street.—  
One bushel when crushed makes two.

How to Keep a Horse for 9s. a Week; or a Book on Feeding, 1s. 4d.



DOUBLE PATENT.

**Brier's portable Gazogene,**

OR SODA-WATER APPARATUS,

for the immediate production of Soda-water, Ginger-  
beer, sparkling Wine, Lemonade, &c. &c.

SPECIAL POWDERS for generating Gas in the  
same, cheaper and more effective than any other  
preparation.

SELTZER POWDERS, prepared from a recent  
analysis of the fresh water from the spring by a cele-  
brated German chemist.

PATENT REFRIGERATOR, or Gazogene-Cooler

PATENT PORTABLE FILTER, a cheap and  
useful article, not occupying more than four to six  
inches in space, and filtering from six to ten gallons  
per twenty-four hours, suitable for Military, Navy, and  
Travellers in all Climates.

Sole Wholesale Agents, GEBHARDT, ROTTMANN  
and Co., 21, Bartlett's-buildings, Holborn, London.

NOTICE is hereby given, that proceedings will be  
adopted against all parties selling or exposing for sale  
the imitations of the above-named articles, as the said  
imitations are infringements upon these patents.

**School of Anatomy and Medicine,**

adjoining St. George's Hospital.—The WINTER SESSION will  
commence on Monday, October 2, 1854.

Anatomy and Physiology—Dr. Lankester and Mr. Blenkins, assisted by  
Mr. Lane.

Descriptive and Surgical Anatomy—Mr. Blenkins and Dr. Deville.

Chemistry—Mr. J. E. D. Rodgers.

Medicine—Dr. Cormack and Dr. Ballard.

Surgery—Mr. Pilcher and Mr. Spencer Wells.

Midwifery—Mr. Bloxam.

Materia Medica—Dr. Ballard.

Forensic Medicine—Dr. B. W. Richardson.

Botany—Dr. Lankester.

Practical Chemistry—Mr. J. E. D. Rodgers and Dr. Marcet.

Comparative Anatomy and Zoology—Mr. R. T. Hume.

For further particulars and prospectuses, apply to Dr. Lankester, 22, Old  
Burlington-street; Mr. R. W. Burford, at the School, 1, Grosvenor-place; or at  
the residences of the respective Lecturers.

**St. George's Hospital Medical School,**

LONDON.—SESSION, 1854-55.

THE WINTER COURSE OF INSTRUCTION will commence on Monday,  
October 2nd, when the SCHOLARSHIPS and PRIZES for the past year will  
be awarded.

The Hospital contains 350 beds. Attendance of the Physicians and Sur-  
geons daily, at One o'clock. Surgical Operations on Thursday, at One  
o'clock.

A Maternity Department, for the delivery of married lying-in women at  
their own homes, is established at the Hospital, under the superintendence of the  
Obstetric Physician.

Gentlemen becoming Pupils of the Hospital may attend all the Lectures,  
and the Medical and Surgical Practice necessary for those who desire to be-  
come Members of the Royal College of Surgeons, or Licentiates of the Society  
of Apothecaries, on paying Forty Guineas at the commencement of the first  
year, Forty Guineas at the commencement of the second year, and Twelve  
Guineas at the commencement of the third year.

The payment for the year will admit the Pupil to all the Lectures, and to  
the Hospital Practice required, for that year only.

Special entries to Hospital Practice, or to any separate Course of Lectures,  
may be made as heretofore.

Some of the Lecturers and other gentlemen connected with the Hospital  
receive Students to reside with them.

Further information may be obtained from the Secretary of the Hospital, or  
from Mr. Hammerton, the Apothecary of the Hospital, who is authorized to  
enter the names of Students.

## Private Medical Tuition.—

A Physician of a practical and scientific reputation, residing near Russell-square, receives HOUSE-PUPILS, as well as others, whose Medical Education, in all its branches, will be carefully and privately instructed by teachers of great experience and acknowledged ability. As a private Medical School, this establishment offers unequalled facilities for enabling Medical Students to undergo the requisite Medical, Surgical, and Chemical Examinations at the different Boards. The Students may be instructed singly or in classes, as they may prefer.—Apply to THE LANCET Office.

N.B. A Chemical Laboratory on the Premises.

## Guy's, 1854-5.—The Medical Session

commences in October. The Introductory Address will be given by JOHN BIRKETT, Esq., on Monday, the 2nd of October, at Two o'clock. Gentlemen desirous of becoming Students must produce satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £20 for every succeeding year of attendance; or £100 in one payment entitles a Student to a perpetual Ticket. Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Ward, are selected according to merit from those Students who have attended a second year. Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, August 22nd, 1854.

EAST INDIA HOUSE, August 9th, 1854.

## Notice is hereby given, that the

annexed CODE OF REGULATIONS for the ADMISSION of CANDIDATES at the First Examination, to be held in January next, for the APPOINTMENT of ASSISTANT-SURGEONS in the service of the EAST INDIA COMPANY, has been framed by the Board of Commissioners for the Affairs of India, under the provisions of the Act 16 and 17 Vict., cap. 95, sec. 38.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE SERVICE OF THE EAST INDIA COMPANY.

All natural-born subjects of her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons; they must, however, be between twenty-two and twenty-eight years of age, and of sound bodily health.

They must subscribe and send in to Dr. Scott, the Physician to the Hon. East India Company, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration pursuant to the Act 5th and 6th William IV., cap. 63.
2. A diploma in surgery or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree.
3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing at least, on an average, 100 in-patients, or of having attended one course of lectures of six months on the practice of physic and clinical instruction for twelve months.
4. A certificate of having attended for three months the practical instruction, given at one of the public asylums for the treatment of the insane.
5. A certificate of having attended for three months one of the institutions, or wards of a hospital, especially devoted to the treatment of ophthalmic disease.
6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.
7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination, to be held in January, 1855.

The examination will include the following subjects:—

1. Surgery in all its departments.
2. Medicine, including the diseases of women and children, therapeutics, pharmacy, and hygiene.
3. Anatomy and physiology, including comparative anatomy.
4. Natural history, including botany and zoology.

The examination will be conducted:—

1. By means of written questions and answers.
2. By object examinations and experiments, when the subject admits of such tests.
3. By practical examination at the bedside of the patient, and by dissections and operations on the dead body.
4. By *visu et cœcæ* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as assistant-surgeons in the East India Company's service.

All assistant-surgeons are required to subscribe to the military or medical, and medical retiring funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Asylum also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information, if needed.

N.B. The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

JAMES C. MEYVILL, Secretary.

Mr. G. Hind, F.R.C.S., will resume his DEMONSTRATIONS on the morning of the 16th of September; at the usual hour.

Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

## Apothecaries' Hall—College of Surgeons.

Dr. STEGGALL continues to assist gentlemen in their studies, preparatory to Examination at the Royal College of Physicians, College of Surgeons, Apothecaries' Hall, St. Andrew's, Aberdeen, &c., either in class or separately.—For terms, apply before One, and after Three o'clock, daily, at 2, Southampton-street, Bloomsbury-square.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1854-5, will Commence on Monday, October 2, 1854.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.R.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships, which will per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

June, 1854.

## Loughborough Dispensary.—

Wanted, a RESIDENT HOUSE-SURGEON and APOTHECARY to the above Institution. He must be a Member of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company. The Salary is £200 per annum, with furnished apartments for a single man, coals, candles, and attendance. A Compounder of Medicines is provided at the expense of the Institution.—Testimonials, directed to Mr. Brock, Baxter-gate, Loughborough, to be sent in on or before the 2nd of September next.

RICHARD NICKELSON, Loughborough.

## The General Hospital, Birmingham.

There is a Vacancy in this Hospital for a RESIDENT PUPIL, and there will be another Vacancy in the month of October next. The Hospital contains 220 beds, is recognised by the different Examining Boards, and from its position in one of the most extensive and populous manufacturing towns in England presents unusual advantages for the Student to acquire a sound knowledge of his Profession in all its branches. The terms may be known on application to the Secretary, at the Hospital.

26th August, 1854. WILLIAM R. HUGHES, Secretary.

### TO THE MEDICAL PROFESSION.

## Hanwell Lunatic Asylum.—A

Vacancy has occurred in the Office of RESIDENT MEDICAL OFFICER of the Female Department of the Middlesex County Pauper Lunatic Asylum at Hanwell; and gentlemen desirous to become Candidates for the appointment must be Fellows or Members of the Royal College of Surgeons, and Members or Licentiates of the Apothecaries' Company, married, and between thirty and fifty years of age. The salary will be £300 per annum, with board, including coals and candles, and residence at the Asylum.

Candidates are requested to send in testimonials, addressed to the Committee of Visitors of the Hanwell Lunatic Asylum, on or before the 2nd of October next, under cover to be sent to the Secretary, at the Asylum, where information as to the duties to be performed may be obtained; and they must personally sign the Certificate of William, at the Sessions House at Hanwell, on Friday, the 13th day of October, at Eleven o'clock precisely, on which day the Election will take place.

CHARLES WRIGHT, Clerk to the Visitors.

Dated this 24th of August, 1854.

## Matrimonial Institution.—Founded

1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUMMINGS, 12, John-street, Adelphi, London.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS,  
14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

TO THE PROFESSION.  
**Mr. Bowmer, M.R.C.S. Eng., 50,**  
LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.  
Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.  
Assistants wishing to secure engagements may register their names, &c., personally, or by letter.  
Attendance from 11 till 4.

**Dispenser.—Wanted, by a General**  
Practitioner, a DISPENSER, to reside in the house. A liberal salary and gentlemanly treatment are offered in return for thoroughly efficient services.—Apply to Messrs. Taylor Brothers, 4, Vere-street, Cavendish-square.

**A Surgeon, having retired into**  
a private practice, wishes to Dispose of a handsomely fitted-up SHOP, well stocked with Drugs. Price £35.—Address, Alpha, 46, Mornington-place, Hampstead-road.

**A Gentleman, who has matriculated**  
at the London University and Apothecaries' Hall, wishes to assist a Practitioner during the hours not required for his hospital studies, in consideration of board and lodging.—Apply to Mr. Monson Hills, Guy's Hospital.

**A Gentleman, possessing both quali-**  
fications, is desirous of entering into an engagement with a General Practitioner in the country as Visiting ASSISTANT. The highest references can be given.—Address, X. Y., Post-office, Ipswich, Suffolk.

**To be Disposed of, for a moderate**  
premium, an unopposed Country PRACTICE, with appointments of about £100 per annum.—Address, X. Y. Z., Mr. Heath's, 25, Great George's-place, Liverpool.

**A Young married Man, having**  
walked the hospitals at Newcastle and Edinburgh, is wishful to engage as an Out-door Visiting and Dispensing ASSISTANT.—Address to J. A., Post-office, Newcastle-on-Tyne.

**An Assistant is immediately wanted**  
by a Surgeon in Birmingham to Dispense and occasionally Visit and attend Midwifery.—Address, stating age, terms, qualifications, &c. &c., to L. A. C., Post-office, Dentend, Birmingham.

**A Medical Gentleman, within a few**  
miles of London, has a Vacancy for a PUPIL, whose professional education he would superintend, and who would have the advantage of a Union Practice.—Address, M. Messrs. Corbyn and Co., 300, Holborn.

**Wanted, by a Gentleman, M.R.C.S.**  
and L.S.A., a Situation as Visiting ASSISTANT. A large town would be preferred. Unexceptionable references as to professional and moral character can be given.—Address, T. H. M., Messrs. B. Moxon and Sons, 17, Church-lane, Hull.

**A Second-year's Student will, on the**  
1st of October, be open to an Engagement as Visiting and Dispensing ASSISTANT in the Country, where a comfortable home and good opportunity of seeing practice would be afforded. Salary no object.—Address, R. M. E., Middlesex Hospital.

**Wanted, by a Surgeon in the**  
Country, an Out-door Visiting and Dispensing ASSISTANT, (married preferred,) with at least one qualification.—Address, prepaid, stating terms, age, &c., to Mr. L., at Mr. Woodwell's, 62, Berners-street, Oxford-street, London.

MEDICAL.

**Wanted, by the Advertiser, married,**  
and thirty-three years of age, an Out-door SITUATION in some Provincial Town, where he would be allowed to attend Lectures; has had many years' experience as an Assistant, and can give good references. A small remuneration only expected.—Address, L. C., Mr. Woodwell's, 62, Berners-street, Oxford-street, London.

TO STUDENTS OF ST. BARTHOLOMEW'S HOSPITAL.

**Mr. Harvey Ludlow, 27, Charter-**  
house-square, receives into his house a LIMITED NUMBER of GENTLEMEN, whose Studies he undertakes to superintend, and who will experience under his roof the advantages of a comfortable home, situated in close proximity to the Hospital.—For particulars respecting terms apply, personally or by letter, to Mr. Henry Ludlow, 27, Charter-house-square.

Medical Transfer and Partnership.

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**  
and Referee, in offering his services (a Profession, taken leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RESIGN, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

MEDICAL.

**London.—A Practice and Retail**  
(with residence very eligibly situated near the Clubs) is to be Disposed of immediately, in consequence of the death of the Proprietor, who conducted it for the last twelve years. The opportunity will be found eligible for obtaining an extensive and lucrative Practice.—Apply to Mr. ORRIDGE, 30, Bucklersbury.

**Wanted, an Assistant, to Visit, Dis-**  
pense, and attend Midwifery.—Apply, stating age and salary required, to A. Z., Post-office, Saumundham, Suffolk.

**Assistant.—Required, an In-door**  
Assistant, M.R.C.S.; the most satisfactory reference expected as to moral character and capability. A knowledge of Midwifery essential. Salary, £45.—Address, L., care of Messrs. Gale, Baker, Warde, and Oldfield, Wholesale Druggists, Bouverie-street, Fleet-street.

**Wanted, in a large Metropolitan**  
Private Lunatic Asylum, a legally-qualified MEDICAL ASSISTANT. Candidates must be unmarried, and not more than thirty years of age. Salary, £50 per Annum. Applications, by letter, to be addressed to A. B., care of Dr. Robertson, Assembly-row, Mill-end.

**A Gentleman of eight years' practical**  
experience in the Profession, is desirous of forming a permanent Engagement as Assistant to a Surgeon in London, where arrangements might be made for attending Lectures, &c., at one of the West-end Hospitals. The highest testimonials at command.—Address, J. F., care of Mr. Burfield, Chemist, 100, Strand.

**Wanted, by an M.R.C.S. Eng.,**  
L.A.C., aged Twenty-five, who has had considerable experience in his Profession, a permanent Situation as Out-door ASSISTANT to a General Practitioner. A liberal salary required. For testimonials and references, and stating terms, address A. O. Y., THE LANCET Office, 423, Strand, London. London or a large county town preferred.

MEDICAL.

**For Disposal, a well-established**  
GENERAL PRACTICE, in a small railway town situate in the south of Yorkshire. Such an opportunity seldom offers for the safe transfer of £350 to £400 per annum.—Address, A. Z., Messrs. Butterfield and Clark, Wholesale Druggists, York.

**Partnership.—Wanted, by a gentle-**  
man possessing the double qualification, a SHARE in a PRACTICE, situated in the suburbs, or within an easy distance from London by rail; the Share to be not less than £300 or £400 per annum.—Address, M. Messrs. Knight and Foster, 6, Eastcheap.

**Partnership.—Wanted immediately,**  
in consequence of the illness of the proprietor, an active PARTNER in a GENERAL PRACTICE, established for twenty-five years, and producing, with appointments, £800 a year. The gentleman should be unmarried, and it would be much preferred that he should reside in apartments furnished for him in the house of the principal, and board with the family. The locality of the Practice is chiefly within a thriving city of 30,000 inhabitants, and it is capable of considerable extension.—Address, by letter only, D. J. M., 81, Lombard-street, City.

TO PHYSICIANS OR CONSULTING-SURGEONS COMMENCING BUSINESS IN LONDON.

**Messrs. Trollope and Sons have di-**  
rections to LET on LEASE a desirable RESIDENCE in Spring-gardens, for Thirty Years in the occupation of a Physician, who is retiring from business.—Apply to Messrs. Trollope and Sons, House Agents, Parliament-street. Back-entrance, 6, Cockspur-street.

**House and Shop to Let, at the West-**  
end, suitable for a General Practitioner. Rent £80; taxes low; no Premium, (the owner being ill, desires to leave at once), but the Chemist's Fixtures and Drugs to be taken at a Valuation.—Apply to Mr. J. E. Puddick, Valuer, 314A, Oxford-street.

TO MEDICAL STUDENTS AND OTHERS.

**Apartment furnished, with attend-**  
ance, in the house of a professional gentleman, in a central and agreeable part of London, close to the British Museum, and less than half-a-mile from the Middlesex University College, Charing-cross, and King's College Hospitals. Terms average £1 per floor weekly; single rooms, 10s.—Address, 13, Caroline-street, Bedford-square.

## Oleum Jecoris Aselli.

## DR. DE JONGH'S LIGHT-BROWN COD-LIVER OIL.

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY,  
AND PUT TO THE TEST OF CHEMICAL ANALYSIS.THE MOST EFFECTUAL REMEDY FOR CONSUMPTION, BRONCHITIS, ASTHMA, GOUT, CHRONIC RHEUMATISM,  
AND ALL SCROFULOUS DISEASES.

**M**ESSRS. ANSAR, HARFORD, & Co., have the honour of informing the Medical Profession and the Public generally, that they have opened an Establishment at No. 77, STRAND, for the exclusive Sale of DR. DE JONGH'S COD-LIVER OIL, for which they have been appointed Sole Agents and Consignees in the United Kingdom and the British Possessions.

Whilst the marvellous effects of the Cod-liver Oil, and its superiority over every other remedy for the cure of Consumption, Asthma, Gout, Chronic Rheumatism, and all kinds of Scrofulous Complaints, are now too generally admitted by the most eminent practitioners to require any detailed exposition, a brief statement of the claims to public support of the peculiar preparation now first introduced into this country will naturally be looked for.

DR. DE JONGH, a Dutch physician of eminence, has, as it were, exclusively devoted himself, for upwards of fourteen years, to a series of scientific researches into the nature and properties of this inestimable medicine. His works, recording the results of his investigations, have been translated into most of the European languages; by universal admission, they are regarded by the Faculty as the standard authority upon the subject, and in addition to having obtained the spontaneous approval and the most flattering testimonials from some of the most eminent medical men and scientific chemists in Europe, including the names of BERZELIUS, LIEBIG, WOEHLER, JONATHAN PEREIRA, and FOUQUIER, they have been rewarded by his Majesty Leopold I., the King of the Belgians, with the large Gold Medal of Merit, and by his Majesty William II., the King of the Netherlands, with a Silver Medal, specially struck for the purpose.

DR. DE JONGH'S elaborate researches and practical observations have demonstrated the superior efficacy of the Light-brown Oil, which effects a cure in a much shorter time than the pale oil. His series of therapeutical experiments with the various kinds of Cod-liver Oil have invariably proved the light-brown to contain iodine, phosphate of chalk, volatile acid, and the elements of the bile,—imparting the colour to the Oil, and deemed amongst its most active and essential principles,—in larger quantities than the pale oil manufactured in England and Newfoundland, which by its mode of preparation is in a great measure deprived of these active principles.

So strikingly beneficial have been the results attending the use of the preparation to which DR. DE JONGH has awarded the preference, that in Holland and Germany, where this remedy has been prescribed for upwards of thirty years by the Faculty, for Rheumatism, Gout, and Scrofulous Diseases, and of late years with signal success for Consumption, the pale, or rather the yellow oil, in favour of which, owing to its long use and to its being considered in a very trifling degree more palatable, there existed a deep-rooted prejudice, is at present almost totally disused. In France and Italy, where its introduction is of more recent date, DR. DE JONGH'S Oil is already held in the highest repute amongst the most distinguished practitioners, and is in most extensive demand on the part of the public.

From every cask of Cod-liver Oil prepared according to DR. DE JONGH'S directions, a sample is taken, and submitted by him to the most careful chemical analysis prior to its being exposed for sale. By this means, the Faculty and the Public in general may rest assured of being able to procure the purest and most efficacious Cod-liver Oil; and this medicine, no longer exposed to the influence of accidental causes or foreign ingredients, capable of destroying, altering, or paralyzing its effects, will be able to assert its full rights, and maintain the ground it has so deservedly acquired.

A pamphlet, by DR. DE JONGH, with detailed remarks upon the superiority of the light-brown oil, directions for its use, cases in which it has been prescribed with the greatest effect, and testimonials, will be forwarded to medical practitioners gratis on application. The bottles containing the oil are labelled, and bear DR. DE JONGH'S stamp and signature, to which particular attention is requested. Directions for use accompany every bottle.

*The following are selected from some of the leading Medical and Scientific Testimonials in favour of*

**DR. DE JONGH'S COD-LIVER OIL:—**

**BARON LIEBIG,**

Professor of Chemistry at the University of Giessen, &c. &c.

SIR,—I have the honour of addressing you my warmest thanks for your attention in forwarding me your work on the chemical composition and properties, as well as on the medicinal effects, of various kinds of Cod-liver Oil.

You have rendered an essential service to science by your researches, and your efforts to provide sufferers with this Medicine in its purest and most genuine state ensure you the gratitude of every one who stands in need of its use.

I have the honour of remaining, with expressions of the highest regard and esteem, yours sincerely,

(Signed)

**Dr. JUSTUS LIEBIG.**

"Giessen, Oct. 30, 1847.

"To Dr. de Jongh at the Hague."

The late

**Dr. JONATHAN PEREIRA,**

Professor at the University of London, Author of the "Elements of Materia Medica and Therapeutics," &c. &c.

"MY DEAR SIR,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the author of the best analysis and investigations into the properties of this Oil should himself be the purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to

your application. The Oil which you gave me was of the very finest quality; whether considered with reference to its colour, flavour, or chemical properties and I am satisfied that for medicinal purposes no finer oil can be procured.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed)

**JONATHAN PEREIRA.**

"Finsbury-square, London, April 16, 1851.

"To Dr. de Jongh."

**Dr. FOUQUIER,**

Professor at the University of Paris, Physician to his late Majesty

Louis Philippe, &c. &c.

"DEAR SIR AND HONOURED COLLEAGUE,—I must begin by thanking you for your polite attention in sending me your works, and must furthermore openly acknowledge that you have rendered an eminent service to science, by acquainting practitioners with the cause of the frequent irregularity in the effects of the Cod-liver Oil, and directing their attention to a proper choice. You have thereby preserved to science the use of a medicine that might have fallen into utter discredit, in consequence of its unaccountable inaction in some cases. It is therefore with the greatest pleasure that I pay my tribute of well-merited praise to the successful efforts of the learned physician and chemist, whose researches after truth have cost him so many sacrifices, and who has shown us the way of rendering highly effectual the administration of one of the most powerful medicines we are acquainted with.

"Accept the assurance, most honoured colleague, of my sincere expression of gratitude and regard.

(Signed)

**FOUQUIER.**

"Paris, Nov. 12, 1847.

"To Dr. de Jongh at the Hague."

"Physician to the King."

Sold Wholesale and Retail, in bottles, labelled with DR. DE JONGH'S Stamp and Signature, by

**ANSAR, HARFORD, & CO., 77, STRAND, LONDON,**

Sole Consignees and Agents for the United Kingdom and British Possessions; and by all respectable Chemists and vendors of Medicine in Town and Country, at the following prices:—

HALF-PINTS ... .. 2s. 6d. | PINTS ... .. 4s. 9d.

**IMPERIAL MEASURE.**

\* \* Hospitals and other Charitable Institutions requiring large quantities may be supplied on considerably reduced terms.

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# THE LANCET.

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LONDON, SATURDAY, SEPTEMBER 2, 1854.

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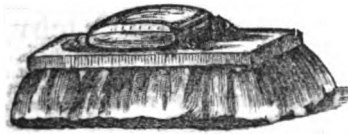


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| Gowland, Peter, Esq.                    | Bromley.                                |
| Gray, Thomas, Esq.                      | Wilkinson, Charles, Esq., Southgate.    |
| Hammond, H. S., Esq., Edmonton.         | Wilson, Robert, Esq.                    |
| Harris, W., Esq.                        | Woolaston, Robert, Esq.                 |
| Herrapath, Wm. Bird, M.B., F.R.S.E.     | Wordsworth, John Caworth, Esq.          |
| Harper, Thomas, Esq., Plymouth.         | Wyat, John, Esq., Coldstream Guards.    |
| Hill, John, Esq.                        | Yeoman, T. H., Esq., Maidenhead.        |
| Hington, Andrew Liebard.                | York, James, Esq.                       |

NICHOLAS PARKER, M.D., Hon. Sec., Finsbury-square.

GREAT REDUCTION IN PRICE OF

# Sir William Burnett's Disinfecting

FLUID. Gallons, 5s.; Quarts, 2s.; Pints, 1s.; Half-pints, 6d.

This valuable Deodoriser and Disinfectant instantaneously destroys all BAD SMELLS without producing any itself. Its free use, as directed, PREVENTS CHOLERA and all CONTAGIOUS DISEASES.

Sold by all Chemists and Druggists, and at the Office, 18, Cannon-street, London-bridge.—N.B. Beware of a spurious imitation.

## The Cholera Prevented by the

destruction of all noxious effluvia.

CREWS'S DISINFECTING FLUID. Recommended by the College of Physicians. The cheapest and strongest CHLORIDE OF ZINC. Quarts, 2s.; Pints, 1s.; Half-pints, 6d.—Sold by all Chemists, Druggists, and Shipping Agents, and at Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

THE MOST CERTAIN PREVENTIVE OF CHOLERA YET DISCOVERED. FURTHER GREAT REDUCTION IN PRICE.

## Crews's Disinfecting Fluid is the

Best and Cheapest for the Purification of Dwelling-houses, Stables, Dog-kennels, Ships' Holds, Cesspools, Drains, Water-closets, &c.; the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion.

The extraordinary power of this Disinfecting and Purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other Disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crews's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide Instructions accompanying each bottle.

It is sold by all Chemists and Shipping Agents in the United Kingdom, in imperial quarts, at 2s.; in pints, at 1s.; half-pints, at 6d.; and in larger vessels, at 5s. per gallon.

Manufactured at H. G. GRAY'S, Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Pre-payment,

in the PURCHASE of

NEW WHITE MOULDED VIALS.

APSELY PELLATT and CO. submit the following PRICES of VIALS, for

PRE-PAYMENT only:—

1 oz., 1 oz., & 1½ oz. per Gross, 6s.	
2 oz. " 7s.	
3 oz. " 8s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	
4½ oz. graduated in 3 doses 12s. 6d.	

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

APSELY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.

## Purification of Linen—Prevention of

DISEASE.—J. BOILESSVE, 55, King William-street, City, London, solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

60, Marylebone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one bushel per day.

I am, Sir, yours truly,

SAMUEL HUBERT,

To J. Boilessve, Esq. Firm of JOHN WOOLLAWS and Co., Paper-stainers.

## Warming and Ventilating, by Hot

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London,

respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

New Independent Chapel, Longsight, Manchester,  
January 10th, 1853.

SIR,—I am instructed by the building committee of the above Chapel to order one of your No. 3 Calorifere, for heating and ventilating the School in connexion therewith. As the sub-committee, upon examination of most of the public buildings, churches, and chapels in the town, find such general dissatisfaction with the existing apparatus and their imperfect heating and ventilation, they have examined your Calorifere as in operation, and believe it best adapted to meet their wants. It is intended, should it prove successful, to apply another apparatus to the chapel.

To J. Boilessve, Esq.

SAMUEL RIGBY, Secretary.

New Independent Chapel, Longsight, Manchester,  
April 12th, 1854.

DEAR SIR,—I am authorized to inform you that the No. 4 Calorifere, erected to warm the Longsight Independent Chapel, is in every respect satisfactory to the committee and the congregation.

Yours respectfully,

To J. Boilessve, Esq.

ROBERT RUMFET, Chairman.

## Mineral Waters.—W. Best begs to

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seidlitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Cologne, Arquebuzard, and Foreign Mineral Water Depot, 23a, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

## Struve's Seltzer, Fachingen, Vichy,

and other MINERAL WATERS. Under her Majesty's especial patronage.—ROYAL GERMAN SPA, BRIGHTON. The Pump-room and Promenades, offering every facility for a Course of Mineral Waters as perfect and beneficial as at the natural springs, are NOW OPEN for the 30th Season. Orders for Struve's Bottled Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street (west side), London, and by numerous other respectable houses in London and the provincial towns, where a printed account of Struve's Mineral Waters may be obtained gratis.

CAUTION.—Struve and Co. have no connexion with waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," &c., and every genuine bottle of Struve's Waters has the name of "Struve" on the label, as well as on both sides of the red-ink stamp over the cork, having the words "Royal German Spa, Brighton," under the Royal Arms.

## By Her Majesty's Royal Letters

PATENT.—T. MAYO, WATSON, and CO., 2, BERNERS-STREET, OXFORD-STREET, LONDON, Manufacturers of Mineral Erated Waters, and Patentees of the Syphon Vase and Valvular Stoppered Bottle. The objection so generally made to the common soda-water bottle, in the inconvenience attending its being opened, has induced Messrs. T. Mayo, Watson, and Co., in addition to the Syphon Vase to introduce the VALVULAR STOPPED BOTTLE, whereby the annoyance complained of is removed, the use of both corks and wire being dispensed with, and the advantages arising to those who are in the habit of drinking erated waters (more especially ladies and invalids) greatly enhanced, from the circumstance that any quantity, however small, can be withdrawn, whilst, at the same time, the application having in the bottle retains its gaseous properties unimpaired.—Applications having been made to them for agencies for the sale of the Syphon Vase and Valvular Stoppered Bottle, Messrs. T. Mayo, Watson, and Co. have now made arrangements accordingly, and will be happy to treat with parties desirous of becoming agents.

## HYGIENIC BATHS.

JENSEN'S TONIC

## DAPHNE MARINA SALT FOR BATHS

When dissolved in a Cold, Tepid, or Warm Bath, imparts so eminently strengthening and beneficial properties to the same, that, when once tried, a Bath will scarcely ever be taken without it. In the buoyancy and freshness it produces in the system, it is far superior to any known Sea Bath.

Sold at 1s. per packet, by the Proprietor, C. MEINTE, 103, Leadenhall-street, and 213A, Piccadilly, (near Regent-circus,) and by all Chemists, and Bathing Establishments.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lytta P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1852.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from the speaking of them in the highest terms. The 'Cantharidine Plaster' is most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction."

60, Grosvenor-street, London.

"Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicatory, when carefully applied, and has not been productive of any degree of Strangury.

"ANDREW SMYTH, M.D., Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared by Thomas B. Brown, Pharmaceutical Chemist, 43, Admiral-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignees, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

**Cocoa-nut Fibre Matting and Mats,**  
of the best quality.—The Jury of Class 28, Great Exhibition, awarded the Prize Medal to T. TRELOAR, Cocoa-nut Fibre Manufacturer, 42, Ludgate-hill, London.

**Metcalf and Co.'s New Pattern**  
TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO.'S only establishment, 180 and 181, Oxford-street, second and third doors west from Holles-street. Metcalf's Alkaline Tooth Powder, 2s. per box.

**Darby and Gosden beg to call**  
the attention of the Medical Profession to their CHARCOAL RESPIRATORS, made according to the principle recommended by Dr. STENHOUSE, as a preservative from contagious diseases or a poisonous atmosphere. They have been approved of by the Society of Arts in Edinburgh, and many eminent Physicians and Professors of Chemistry in London.—An inspection of their powers requested.  
140, LEADENHALL-STREET, CITY.

**Elastic Supporting Belts, of the same**  
beautiful fabric as Pope and Plante's Elastic Stockings for Varicose Veins. Those for ladies' use, before and after accouchement, are admirably ADAPTED FOR GIVING ADEQUATE SUPPORT WITH EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the manufacturers, POPE and PLANTE, 4, Waterloo-place Pall Mall, London.

**PATENT SELF-ADJUSTING TRUSSES.**  
**Salmon, Ody, and Co., most respect-**  
fully inform the Public, that their Patent Self-adjusting Trusses afford more ease and security for the relief of HERNIA than any other instrument for the purpose. They will answer for right or left side, requiring no under-strap or any galling bandage. Persons in the country are requested to send the circumference of the body one inch below the hips.

CAUTION.—As many mercenary druggists are vending an inferior article, purchasers are requested to observe that SALMON, ODY, and CO., 292, Strand, London, is marked upon the leather case.  
Sold by one or more druggists in every city and principal town in the United Kingdom.

**TO THE MEDICAL PROFESSION.**  
**Fr. G. Ernst, Anatomical Machinist**  
and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam ERNST (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchement-belts, &c.

**Scientific Professional Apparatus,**  
manufactured and sold by HORNE, THORNTON, and WOOD, 121 and 123, Newgate-street, London, who invite attention to the following articles, which have given universal satisfaction:—  
MEDICAL ACHROMATIC MICROSCOPES, in Case, for Anatomical Urinary Deposits, &c., £2 10s., £5 5s., and upwards.  
ELECTRO-GALVANIC MACHINES, giving a uniform current of galvanism of great quantity, and of the only form and construction suitable for Medical Application, in portable Case, £3 3s., £5 5s., and £8 8s.  
URINOMETERS, gilt metal, 14s.; glass, 4s. 6d. In Case, for pocket, with Thermometer, Acid, &c., 21s. and 35s.  
APPARATUS and TESTS for ANALYSES of URINE and TOXICOLOGY in Cases, £3 3s., £5 5s., and £10 10s.  
\* Any required information and price-lists forwarded on application.

**Meinig's Electro-Generator,**



FOR CHOLERA.

TO THE MEDICAL PROFESSION.

Having witnessed personally the greatest benefit, in the first stages of Cholera, derived from the application of weak, continuous currents of Electricity from the spine to the abdomen, by which the warmth and action of the digestive organs is maintained, and the urinary functions stimulated; and feeling confident that in an advanced stage of the disease strong, uninterrupted Electric Currents passed along the cramped and paralyzed limbs, and along the spinal column, will be found of paramount efficacy in restoring normal circulation, Mr. Meinig earnestly invites the Medical Profession to test and investigate the effects of Electricity in the now prevalent epidemic; and so confident does he feel of the all but marvellous success of his Apparatus in this dreadful disease, that any medical gentleman who desires it may receive Mr. Meinig's warrant, to the effect that he will retake and repay, within one month after the purchase, any Apparatus which, after trial, it might be wished to return.

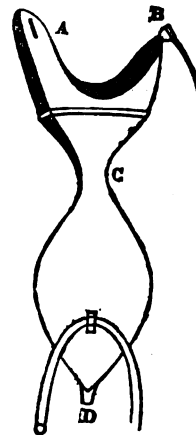
Prices of the Portable Generator: 5s., 10s. 6d., 15s., 20s., and 30s., according to power. Powerful Pocket Batteries, £3 3s.  
103, LEADENHALL-STREET, and 213A, PICCADILLY.

TO ARMY AND NAVAL SURGEONS.

**A Complete and almost New Set of**  
SURGICAL INSTRUMENTS of a deceased Surgeon in the Navy, to be Sold, at a very moderate price.—Apply to Mr. D. M'Dougall, 7, Sarah-terrace, Hill-street, Walworth.

**Anatomical and Dental Repository,**  
45, Museum-street, Bloomsbury, London.—JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

**Railway Travellers, and all persons**  
suffering from weakness, should obtain one of W. S. SPARKS'S newly-invented URINALS, for night and day use, for both male and female. They are made on the most approved principles, so as to prevent any unpleasantness, are very durable, and at prices within the reach of all. W. S. also manufactures all articles in India-rubber and gutta-percha for invalids, including bed-pans, sheeting, water and air cushions, pillows and mattresses, hearing-tubes, portable baths, elastic bandages, stockings, knee-caps, &c. &c. Water-beds on sale or hire. The medical profession, hospitals, and country dealers supplied on the best terms, and circulars, &c. forwarded on application.—W. S. SPARKS, India-rubber Manufacturer, 115, New Bond-street.



**Walters' India-rubber**  
URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

Manufacturer also of the PATENT HYDRO-STATIC TRUSS. One of the advantages of this Truss is, that the pad, being filled with water, adapts itself with perfect accuracy to the form of the body, thereby keeping up a firm but easy pressure on the internal ring.

F. WALTERS,

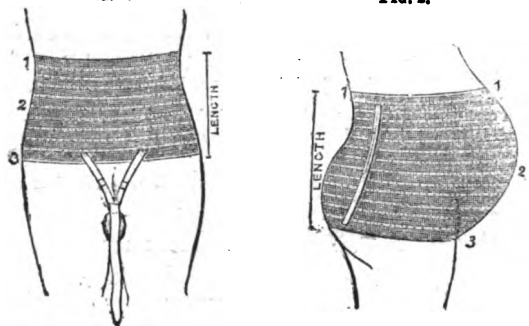
16, MOORGATE-STREET, LONDON.

**Mr. Bourjeaud's Registered Elastic**  
APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

FIG. 2.



**FIG. 1. BELT AND AIR-PAD FOR PROLAPSUS UTERI OR ANI.**—Mr. Bourjeaud begs to state that the apparatus here figured has been found extremely useful in cases of prolapsus uteri or ani, and with patients, especially females, who require support for the perineum. The compressing agent is a caoutchouc bag, filled with air; it is in the diagram hanging loose in front of the patient, and is fixed in its place by the strips of elastic tissue, the free extremity of which is seen. The latter is fixed to the lower and posterior margin of the belt, and by the elasticity of the bag and straps sufficient compression is made, and not the slightest uneasiness is experienced. This is a most valuable adjunct to surgical and obstetrical practice, and is highly appreciated by the most eminent members of the profession.

**FIG. 2.** This is a most useful belt, called the ABDOMINAL SUPPORTER. It is made of varying strength, to suit the peculiarities of patients, and is most useful during gestation or after parturition, to forestall the uncomfortable state called pendulous abdomen. During gestation, it relieves the veins from the pressure of the distended womb, and thus prevents swelling of the legs; and after the birth of the child it is most valuable to those ladies who are anxious for the look of their waists. This belt is most useful in cases of dropsy, especially when ovarian, as the pressure may be increased so as to conduce, in favourable cases, to the absorption of the fluid. Mr. Bourjeaud cannot too strongly recommend this belt to corpulent people; they will find it a real comfort.

# The London and Provincial Medical

PROTECTION and BENEVOLENT SOCIETY, 48, Lincoln's-in-fields, London. Conducted by a responsible Committee of Medical Practitioners.

PRESIDENT.

JOHN PROPERT, Esq.

TRUSTEES.

John Bowling, Esq., Hammer-smith. | Horatio Day, Esq., Isleworth.  
James Clayton, Esq., Percy-street. | J. Probert, Esq., New Cavendish-st.  
Nathaniel Clifton, Esq., Islington. | G. Webster, Esq., M.D., Dulwich.

The objects of this Society are—

1st. To secure the more regular payment for professional services, and to adopt measures for the benefit and advancement of the general interests of medical men.

2nd. To negotiate the Transfer of Practices, Partnerships, and the providing of Assistants and Pupils.

Assistants are charged Two and Sixpence for registration.

3rd. To establish a fund for benevolent purposes.

Annual Subscription, One Guinea; a firm, consisting of two partners, a Guinea and a Half; a firm of three partners, Two Guineas. No unqualified person can be admitted a Member of the Society.

The Trustees and Committee are responsible for all moneys paid to the Society, and also for the integrity of their agents.

JOHN CAPES, Esq., Secretary-Superintendent.

EAST INDIA HOUSE, August 9th, 1854.

## Notice is hereby given, that the

annexed CODE OF REGULATIONS for the ADMISSION of CANDIDATES at the First Examination, to be held in January next, for the APPOINTMENT of ASSISTANT-SURGEONS in the service of the EAST INDIA COMPANY, has been framed by the Board of Commissioners for the Affairs of India, under the provisions of the Act 16 and 17 Viet., cap. 95, sec. 38.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE SERVICE OF THE EAST INDIA COMPANY.

All natural-born subjects of her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons; they must, however, be between twenty-two and twenty-eight years of age, and of sound bodily health.

They must subscribe and send in to Dr. Scott, the Physician to the Hon. East India Company, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration pursuant to the Act 6th and 6th William IV., esp. 62.
2. A diploma in surgery or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree.
3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing, at least, on an average, 100 in-patients, or of having attended one course of lectures of six months on the practice of physic and clinical instruction for twelve months.
4. A certificate of having attended for three months the practical instruction, given at one of the public asylums for the treatment of the insane.
5. A certificate of having attended for three months one of the institutions, or wards of a hospital, especially devoted to the treatment of ophthalmic disease.
6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.
7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination, to be held in January, 1855.

The examination will include the following subjects:—

1. Surgery in all its departments.
  2. Medicine, including the diseases of women and children, therapeutics, pharmacy, and hygiene.
  3. Anatomy and physiology, including comparative anatomy.
  4. Natural history, including botany and zoology.
- The examination will be conducted—
1. By means of written questions and answers.
  2. By object examinations and experiments, when the subject admits of such tests.
  3. By practical examination at the bedside of the patient, and by dissections and operations on the dead body.
  4. By *visu oculo* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as assistant-surgeons in the East India Company's service.

All assistant-surgeons are required to subscribe to the military or medical, and medical retiring funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Asylum also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information, if needed.

N.B. The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

JAMES C. MELVILLE, Secretary.

# New Equitable Assurance Company,

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

CHIEF OFFICES.—449, STRAND, LONDON.

BRANCH OFFICES.—SAVINGS BANK, WORCESTER.

CAPITAL, £100,000.

TRUSTEES.

SIR JAMES DUKE, Bart., Ald., M.P.  
WILLIAM FERGUSSON, Esq., F.R.S.  
SIR CHARLES HASTINGS, M.D., D.C.L.  
GEORGE JAMES GUTHRIE, Esq., F.R.S.

DIRECTORS.

SIR CHARLES HASTINGS, M.D., D.C.L., Chairman of the Board.  
GEORGE BEAMAN, Esq., M.D., F.R.C.S., Deputy Chairman.

The progress of the Company, from its commencement to the end of the year 1853, is shown at a glance in the subjoined Table:—

	Number of Policies issued.	Sums Assured.	Annual Premiums.
1851	301	£ 93,600	£ 3,499 0 1
1852	477	279,855	10,008 12 3
1853	1025	413,785	15,836 3 6

## MEDICAL PRACTITIONERS.

THE DIRECTORS ACKNOWLEDGE AND CONSULT ALL DULY-QUALIFIED MEDICAL PRACTITIONERS as the MEDICAL ADVISERS of the COMPANY, AND UNIFORMLY PAY A FEE OF TWO GUINEAS FOR EVERY MEDICAL REPORT, WHEN THE PROPOSAL FOR ASSURANCE IS FOR £200 AND UPWARDS, AND A PROPORTIONATE FEE FOR A SMALLER AMOUNT.

MEDICAL PRACTITIONERS ARE ALSO ENTITLED TO TEN PER CENT. COMMISSION ON FIRST-YEAR'S PREMIUMS, AND FIVE PER CENT. ON ALL SUBSEQUENT PAYMENTS, FOR ASSURANCES REFLECTED THROUGH THEIR INTRODUCTION.

## EVERY DESCRIPTION OF LIFE ASSURANCE BUSINESS TRANSACTED.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office, or of the Company's Agents.

N.B.—Active and influential AGENTS wanted.

# University College, London.—

FACULTY OF MEDICINE. SESSION, 1854-55.—The Classes will Commence on Monday, the 2nd of October. Introductory Lecture by Professor CAKERTWYK, M.D., at Three o'clock.

Classes in the order in which Lectures are delivered during the day:—

## WINTER TERM.

Anatomy—Professor Ellis.  
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.  
Chemistry—Professor Graham, F.R.S.  
Comparative Anatomy—Professor Grant, M.D., F.R.S.  
Surgery—Professor Erichsen.  
Medicine—Professor Walshe, M.D.  
Dental Surgery—Hubert Shelley, M.B.  
Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis and Dr. Boon Hayes, Demonstrator.

## SUMMER TERM.

Botany—Professor Lindley, Ph. D., F.R.S.  
Pathological Anatomy—Professor Jenner, M.D.  
Palaeo-Zoology—Professor Grant, M.D.  
Practical Chemistry—Professor A. W. Williamson, Ph. D.  
Midwifery—Professor Murphy, M.D.  
Forensic Medicine—Professor Carpenter, M.D., F.R.S.  
Ophthalmic Medicine and Surgery—Professor T. W. Jones, F.R.S.  
Materia Medica—Professor Garrod, M.D.

Analytical Chemistry—Professor Williamson, throughout the Session.  
Logic, French, and German Languages, Natural Philosophy, Geology, and Mineralogy—according to announcement for the Faculty of Arts.

## CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.

Physicians—Dr. Walshe, Dr. Parkes, and Dr. Garrod.  
Obstetric Physician—Dr. Murphy.  
Assistant-Physicians—Dr. Jenner, Dr. Hare.  
Surgeons—Mr. Quain, Mr. Erichsen.  
Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.  
Ophthalmic Surgeon—Mr. Wharton Jones.  
Assistant-Surgeons—Mr. Marshall, Mr. Statham.  
Dental Surgeon—Mr. Shelley.  
Medical Clinical Lectures by Dr. Walshe and Dr. Garrod; also by Dr. Parker, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of lessons and examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.  
Surgical Clinical Lectures, specially by Mr. Quain; and by Mr. Erichsen.  
Lectures on Ophthalmic Cases, by Mr. Wharton Jones.  
Practical Instruction in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.

Prospectuses may be obtained at the office of the College.  
RESIDENCE OF STUDENTS.—Several of the Professors receive students to reside with them; and in the office of the College there is kept a register of parties unconnected with the College who receive boarders into their families. Amongst these are several medical gentlemen. The register will afford information as to terms and other particulars.

G. VINER ELLIS, Dean of the Faculty.

CHAS. C. ATKINSON, Secretary to the Council.

August, 1854.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, the 17th of October.

The Junior School will open on Tuesday, the 26th of September.



## Lectures

ON

## DISEASES OF THE JOINTS.

*Delivered at St. Mary's Hospital.*

BY WILLIAM COULSON, Esq.

SURGEON TO THE HOSPITAL.

## LECTURE VII.

## ABSCESS OF JOINTS.

GENTLEMEN.—In my preceding lectures I have described diseases of the joints under three conditions—namely, as they may be seated in the synovial membrane, in the cartilages, or in the cancellous structure of the articular extremities of bones. You must, however, have observed, that in following this anatomical division, as it might be called, I did not lead you much beyond the earlier and middle stages of each class of diseases; and the reason of this was, that it is only in the earlier periods we are enabled to distinguish, with any degree of certainty, the particular class of the disease, or, what comes to the same thing, the particular tissue in which it may have taken its origin. But when articular diseases have continued for any length of time, they have a tendency to assume more or less of the same appearance, in proportion as the whole joint becomes involved in the affection; than a certain train of symptoms, which we may designate as the third stage, sets in. These symptoms are chiefly connected with the occurrence of abscess within the joint, and with the destruction of parts consequent thereon. They are not always present, for some articular diseases have little tendency towards suppuration; but the majority of severe diseases of the joints, if unchecked, lead to suppurative inflammation. This may occur more slowly in some cases than in others, and the subsequent phenomena may follow a different sequence in different joints, but in the end the results are the same—abscess, and greater or less destruction of the joint.

Hence it becomes necessary for us to study the third stage of articular disease, and examine the principal points connected with it—namely, abscess, secondary luxations, ankylosis, excision of the heads of bones, and amputation. In so extensive a range of subjects, I can of course merely direct your attention to the leading facts of practical importance connected with each. Let us commence with abscess.

The formation of matter, during the course of articular disease, may take place under two circumstances, which you must be careful to distinguish from each other. The abscess may depend on inflammatory action in the soft parts external to the joint, to which it is confined, having no communication with the articular cavity: this I would denominate peri-articular abscess; or the secretion of matter may be an effect of inflammation within the joint, the pus is effused in the cavity of the joint, and is either confined to that cavity, or has made its way into the soft parts by perforation of the capsule.

Abscesses of joints may also be distinguished into acute and chronic. The acute are generally either the effect of injury, or of that constitutional state known by the name of purulent infection. Chronic abscess occurs during the progress of chronic disease of the articulation, and it is to this form alone that I propose to direct your attention.

You will find it laid down in books, that the formation of matter within a joint is marked by certain general symptoms, which denote the passing of inflammatory action into the suppurative stage; but I must caution you against placing too much reliance on these rational signs, for they are often very obscure, or even absent altogether, on account of the low degree of inflammation which suffices for the secretion of pus in scrofulous individuals. In some cases, however, when the joint is large, the patient not much reduced, and the inflammatory action severe, we observe certain constitutional symptoms which indicate the formation of matter within the joint. When the pulse becomes accelerated, the pain in the joint is greatly aggravated, painful startings of the limb occur, and when the incipient symptoms of hectic fever soon follow, we may rationally conclude that suppuration has taken place. Still no decided opinion can be given without a most careful examination of the joint; and even this, it must be confessed, does not always lead to certainty of diagnosis. Many important questions are to be determined, yet our means of forming a judgment are limited.

In many cases there is no difficulty in ascertaining that the

joint contains some fluid, and then the first point we have to ascertain is, whether this fluid be pus or serum. If the history of the case should lead us to conclude that the disease has been inflammation of the synovial membrane, it is extremely probable that the contents of the joints are serum, not pus. Should any doubt exist, Sir Benjamin Brodie recommends us, in the first instance, to make a puncture with a grooved needle, and thus ascertain the nature of the fluid contained in the articular cavity. This of course can easily be done when the joint is a superficial one, but it is very difficult to determine by any mode of examination the existence of abscess, at an early stage, in the deep-seated joints of the hip or shoulder. It may also be useful to remember, that when the joint contains serum or synovia, the peri-articular tissues and integuments are much less involved and less infiltrated than when the disease is one leading to an effusion of pus.

In more chronic cases, and particularly in those of a scrofulous nature, it is still more difficult to determine, with any degree of certainty, the existence of intra-articular abscess, because the alterations which have taken place in the soft parts surrounding the joint prevent us from examining the state of its cavity in a satisfactory manner. Here the two circumstances already alluded to must be taken into consideration. The abscess is confined to the cavity of the joint, or it has perforated the capsule, and is making its way to the external surface. In the former case, that is to say while the fluid is still confined within the articular cavity, it is impossible to be certain whether it be pus, or a mixture of serum with other secretions. The general condition of the patient, and the history of his disease, are the main points on which we must rely in forming an opinion. If the general health of the patient is bad, if he exhibits any signs of a scrofulous constitution, then, in all probability, the fluid contained within the joint is pus. Again, you must look to the nature of the lesions which have preceded or which accompany the effusion of fluid within the joint. If inflammatory action in the outset has been followed by symptoms of ulceration of the cartilages, or by the still more characteristic signs of destruction of the osseous tissue, you may be certain that the fluid is of a purulent nature.

When the capsule of the joint has been perforated, and the matter is making its way towards the external surface, the same difficulties of diagnosis no longer exist. Fluctuation is now more easily determined, and when this is accompanied by the changes which take place in the soft parts during chronic disease, we may be certain that the fluid is pus, for no other fluid secretion is mixed with the adventitious structures deposited around scrofulous joints. The nature of the fluid, then, may be ascertained in most cases; but it is not always easy to say whether the abscess is an intra-articular one, making its way towards the external surface, or whether it be a peri-articular collection, extending on the one side towards the integuments, and on the other towards the joint. In cases of this latter kind, great attention must be paid to the history of the case, and to the order in which the different lesions have followed each other. We must endeavour to ascertain whether the formation of the external abscess was preceded by symptoms indicating suppuration within the joint; we must follow the course of the abscess, and try to determine whether it takes a sinuous course, or leads more or less directly towards the cavity of the joint; lastly, we must examine the state of the joint itself, and ascertain, as far as we can, whether it be uninjured, or whether the signs of ulceration, &c., be present. In the latter case, we may conclude that the abscess is a perforating one; but even here there is a source of error, for I have seen cases in which, after perforation of the joint, and effusion of nearly all the pus into the surrounding tissues, the articular cavity appeared to be so free from disease that one might readily conclude the abscess was confined to the parts external to the joint.

The treatment of abscess of joints involves many points of great practical importance, yet we must admit that it has not arrived at anything approaching perfection, if we reflect on the very different opinions entertained by the best surgeons in this and other countries. The principal questions on which practitioners are divided are, the propriety or expediency of opening abscesses connected with joints, and also the manner in which such opening should be made. Some prefer leaving the abscess entirely to nature; others recommend small and repeated punctures, aided by compression; while other surgeons, again, with whose opinions I agree, advocate free and early incisions. That this is the best method we can adopt for the treatment of peri-articular abscesses which do not communicate with the cavity of the joint, I entertain little doubt, and I am inclined to believe that it may be extended also with advantage to many cases of perforating abscess of the

articulations. It is a necessary condition of this practice that the joint should be freely opened, for there is then less danger of that general inflammation of the cavity which surgeons so much dread.

The changes which take place in a joint during the existence of abscess, and generally speaking in the latter stages of articular disease, are extremely various. During a certain time they will depend, in some measure, on the primary form of the disease, and on the tissue in which it has commenced. They may, as I have said, gradually proceed to complete destruction of the joint, or they may become arrested, a reparative process setting in, and a cure effected by ankylosis. Let us now consider this mode of termination. Ankylosis is the name applied to the greater or less immobility of the joint which succeeds disease, and depends on a fibrous or osseous union between the parts entering into its composition. It is, in a word, a mode of reparation like that resulting from the formation of a cicatrix or the deposit of callus; it may follow various lesions of the joint, and have its seat in different tissues; it may be external to the joint or internal; it may be entirely osseous or fibrous, or a mixture of both. All these differences will depend on the nature and extent of the previous disease, and probably on the age or constitution of the patient. After extensive destruction of the articular cartilages of a joint, the new osseous matter may be thrown out in such quantity as to produce complete adhesion between the opposite denuded surfaces; in other cases, one of the bones seems lodged in a kind of cavity formed in the other, or the osseous matter may proceed from the outer shell of the bone, forming a bridge or splint, and sometimes a complete circle, which locks the bones together in a kind of case. Soft ankylosis is produced by adhesions or bands of unyielding fibro-cellular tissue, which pass from one bone to another, or are deposited in the ligamentous structures external to the joint. Finally, we may have a false ankylosis, in which the bones are unchanged, and the ligaments but little altered, the stiffness and immobility of the joint depending on fibrinous deposit exterior to the capsule, but chiefly on a rigid and contracted state of the muscles connected with the joint.

The diagnosis of ankylosis presents no difficulty; for it is easy to see that the joint is rigid or immovable, but this teaches us nothing in a practical point of view. The surgeon's main object is to afford relief; and in order to direct his efforts in a rational manner, he must endeavour to ascertain, with some degree of precision, the nature of the lesions which impede the motions of the limb. It is evident that nothing but disappointment could be the result if we were to apply to a complete osseous ankylosis the treatment suited for immobility depending on fibrinous deposit or altered muscular action. The first question, then, which you will have to determine, is the degree of immobility caused by the ankylosis; and this point alone, if properly investigated, will throw much light on the whole nature of the case. The patient should be encouraged to move the limb; and, if quite unable to do so, the surgeon must make the experiment himself, care being taken that one of the bones is firmly fixed, while an effort is made to move the other with the hand. The extent, however, to which the heads of the bones are movable can seldom be ascertained without the assistance of mechanical means, in the use of which the utmost caution must be observed. The impediment to motion, as I have said, may depend on contraction of the muscles, on fibrinous deposits in the soft parts or bones, or osseous union; hence your attention will be directed to these three points. To ascertain how far the muscles are involved, you must test their condition with the fingers, while attempts are being made to move the joint. If they are not hard and contracted, and if their relaxation has no influence on the mobility of the joint, you may reasonably conclude that they offer no impediment to its motion. The slightest motion in the joint is sufficient to show the absence of osseous ankylosis; but we cannot safely reverse the proposition, and affirm that bony union exists because the joint is completely immovable. This latter condition may be the result of fibrinous ankylosis, combined with irregularities of the osseous surfaces, which permit one bone to become encased as it were within the other. Fibrinous ankylosis is an ordinary result of scrofulous disease, and we may be pretty certain that we have to deal with this form when the ankylosis has supervened after the healing of fistulous abscesses and subsidence of scrofulous tumefactions of the joint.

The treatment of ankylosis will vary according to its nature, whether osseous or fibrinous. In the former case, little or nothing can be done, for I cannot advise you to imitate the practice of M. Louvrier, nor has experience yet pronounced on the method proposed by Mr. Barton, an American surgeon,

who made an artificial joint by dividing the shaft of the bone below the ankylosed joint. In cases of fibrinous ankylosis, our first object is manifestly to restore, as soon as possible, the natural motions of the joint; and it is consoling to know that a great deal may be done in this way by judicious management. As long as any trace of active disease exists within the joint, we must abstain from artificial motion; but when this has disappeared, gentle motion should be commenced, sometimes with the hand, sometimes with instruments, and the movements gradually prolonged, care being taken to interrupt them whenever they excite any pain. Stimulant frictions, shampooing, douches, and the vapour-bath, may also be employed with great advantage. When the limb has become ankylosed in a false position, special contrivances must be had recourse to for the purpose of bringing it back to an useful if not normal direction. This also must be effected in a slow and cautious manner; and when we have obtained the object, I am of opinion that all has been effected which it is prudent to undertake. In many old cases of ankylosis, especially when the knee-joint is the seat of deformity, the flexor muscles are so rigid and contracted, that gradual extension by instrument either fails to straighten the limb, or must be abandoned from the excessive pain it produces. Here great benefit has been derived from division of the tendons of the retracted muscles and aponeurotic bands; and the great success which the late Professor Dieffenbach obtained by this method would certainly appear to claim for it more attention than it has received in this country.

The extensive destruction of cartilages, bony structures, and ligamentous tissues, which sometimes takes place during the progress of articular disease, may so far diminish the bonds of union between the opposite surfaces of a joint, that the bone escapes from the articular cavity, and secondary luxation is the consequence. I have already described to you the circumstances under which these luxations are produced, and the various kinds of displacement that may occur in each joint, I shall now, therefore, merely add a few remarks relative to their treatment. This is either preventive or curative; and I need hardly remind you that the former is of infinitely greater importance than the latter, from which little can be expected. During the treatment of chronic articular disease, you must always bear in mind the possibility of its giving rise to secondary displacement of the joint; and you must also reflect on the principal circumstances which favour such displacement, for it is by avoiding or removing the causes that we have the best chance of obviating their results. Now when the connecting parts of a joint have been destroyed by disease to a certain extent, the principal causes which may subsequently produce secondary dislocations, are muscular contractions and faulty positions of the affected limb. Indeed, both these causes are generally combined in effecting the displacement, and the means proper for avoiding the one will be applicable to the other likewise.

I have already described what I conceive to be the best position for each articulation, and I shall now briefly allude to the general rule—viz., that in determining this you have to consider what position is least likely to cause undue pressure on the ligaments or capsule of the joint so as to favour separation of the articular surfaces from each other; and also what position is best calculated to insure, in case of ankylosis, an useful direction of the extremity. It fortunately happens that, generally speaking, the same position which is the best in cases of ankylosis, is also the best calculated to obviate the effects of muscular contraction and the tendency to displacement. Thus, for example, when the lower extremity is kept nearly straight, with its axis in the same direction as that of the trunk, when any undue degree of rotation is avoided, and the foot sustained in such a manner as to form a right angle with the leg, then is the danger of secondary luxation diminished as much as possible, and if ankylosis should take place, the limb is in the most favourable position. When luxation has once taken place, it becomes a matter of serious consideration whether it admits of any relief from the hands of the surgeon. For my own part, I believe that in the great majority of cases, if large joints be implicated, little or nothing can be done to remedy the deformity. The elbow-joint is perhaps the only one to which attempts at reduction of secondary dislocations can be applied with much prospect of success. Here the head of the radius may be dislocated outwards and backwards, and no very great difficulty may be experienced in restoring it to its place, by bringing the arm to a middle state between pronation and supination, while firm pressure is at the same time exercised on the head of the bone. A proper apparatus must then be applied, and its use continued for a considerable time. When you reflect on the great destruction of the

various parts of a joint which must have taken place before its articular surfaces can be separated from each other, on the diseased condition of the bones, and on the contracted state of the muscles or ligamentous fibres which exists whenever the dislocation is of any standing, you can easily perceive both the difficulty of effecting a reduction, and the probable inutilty of such a proceeding, even if it can be carried into execution. In the knee-joint, for example, the resistance of the fibrous bands can seldom be overcome; and the irregularities of the bony surfaces, from extensive destruction, are such that little or no advantage would be gained by bringing them again into juxta-position after displacement. Secondary luxation of the head of the femur usually takes place on the dorsum ilii; occasionally, also, into the obturator foramen. I shall presently, in speaking of excision, notice the changes by which such displacements are accompanied, and shall endeavour to appreciate their influence on any mode of treatment employed; for the present we may ask—Is it possible to reduce a secondary luxation on the dorsum ilii, and if so, is it advisable that such an attempt should be made under any circumstances? These are questions not easily decided in the actual state of our knowledge, for little has been done towards solving them, in this country at least, where the attention of surgeons has been exclusively directed to the subject of excision. I have, however, related, in my work "On the Hip Joint," a very remarkable case, which seems to prove that even spontaneous reduction may take place. The head of the femur could be felt on the dorsum ilii, and the limb was shortened by about three inches. In order to relieve the pain excited by irregular muscular action, but without any idea of reducing the dislocation, counter-extension was employed uninterruptedly for four days, and then given up from the irritation it produced. Seven weeks afterwards, while the nurse was assisting the patient to turn in bed, she felt "the bone rushing past her hand," and on the following day it was discovered that the limb was restored to within half an inch of its natural length, presenting no appearance of inversion or eversion, and quite free from pain. This case seems to place the occurrence of spontaneous reduction beyond doubt: while the excellent work of M. Humbert proves that secondary luxations of the femur on the dorsum ilii may, under certain favourable conditions, be not only reduced, but permanently cured. In one of the cases related by M. Humbert, the limb was shortened to the extent of four inches and three-quarters; in another, nearly two inches. To effect the reduction, special apparatus, somewhat similar to those employed in cases of congenital luxation, must be used, and the extension is to be effected in a gradual manner. The time required will depend on the readiness with which the displacement yields. I fear that the number of cases to which this method is applicable will be considerably restricted in practice. To afford any chance of permanent benefit, the patient's health must be in a more favourable condition than we usually find towards the close of a chronic hip disease; the head of the femur must have undergone little alteration, and the cavity of the joint must be in a much better state than experience would lead us to infer after the destruction of parts which precedes spontaneous dislocation. The cases related by M. Humbert deserve, however, more attention than they have received; for in eight of them we find that the practice adopted was followed by complete and permanent success.

In this country, as I have already observed, surgeons are more inclined to adopt the method of excision, on which I shall now offer a few remarks. Whatever opinion we may form of excision when applied to joints, the articular surfaces of which are not separated from each other, I do not think that we are justified in having recourse to it in the cases now alluded to, namely, where the head of the femur has been dislocated on the dorsum ilii, in consequence of hip disease. In the first place, the disease under which the patient, in a great majority of cases, labours, is a constitutional one; and, in the next, it is almost always impossible to remove the whole of the diseased portions of bone, without which no permanent cure from the operation can be expected. There might, perhaps, be some strong ground for extirpating the head of the bone, if the complaint were confined to this part, but if we consider the general state of a patient during the last stage of hip-joint disease, we shall be at once convinced that any danger to life which may exist arises from the general condition of the subject; and that although the local malady may, to some extent, aggravate the general symptoms, yet it is not their cause, neither will its removal prove their remedy. Besides, let us consider a few of the conditions under which it is said the operation is justifiable. The head of the bone must be displaced, and lodged on the dorsum of the ilium. But, in a great majority of cases, it will be found that the shortening of the limb does not depend on displacement of the head

of the bone—a part which, in fact, has ceased to exist—but on destruction of the head from ulceration, and a drawing up of the trochanter to a level with the brim of the acetabulum. Another condition is, that the acetabulum should be free from disease; but, I would ask, do we really possess any means of ascertaining whether the socket of the hip-joint may not be diseased, as well as the head of the femur—whether the acetabulum may not be extensively involved in the affection, ulcerated, carious, or necrosed? And if this were the case, what advantage can we expect from removing the head of the femur, when we leave other and more important parts behind untouched by the operation, though equally, if not more so, involved in the disease? You are to understand that what I have just said applies to dislocation of the head of the femur; and not to excision, when applied to the smaller joints, or in cases where the whole of the diseased bones can be removed, with some hope of the limb being tolerably useful afterwards.

The last point, gentlemen, which we have to consider, is amputation. This last resource in cases of articular disease is now more rarely necessary than it was considered some years ago, and before you think of employing so severe a measure, you must be well convinced that the only chance of saving the patient's life is to sacrifice his limb, or that the disease before you is absolutely incurable. To pass a decided opinion upon this point, much judgment and experience are required, for it is astonishing to what a degree articular disease may sometimes proceed, in young and scrofulous patients especially, without being necessarily incurable. I have seen many cases where amputation appeared to be the only resource, yet, by waiting a little, and by carefully attending to the general health, the patients have recovered with tolerably useful limbs. Before deciding on the question of amputation, you must carefully reflect on the general condition of the patient, and on the nature and degree of the lesions in the affected joint. You must have made up your mind that the local disease is incurable, and you must also have a reasonable hope that the removal of the limb will be followed by a restoration of health. With reference to this point, you will have to consider what effects the long-continued local disease may have produced on the general health and strength of the patient, but above all things you must assure yourselves that he is free from signs of pulmonary or abdominal tubercle. If these be present, amputation can only hasten death. On the other hand, patients often recover in a rapid manner, and from an apparently hopeless state, after removal of the diseased limb. But you may ask, at what period of the disease, and under what conditions of the joint, should amputation be performed? This is a difficult question to answer in a general manner. I may, however, state, that when complete disorganization of the joint is evidently going on, and cannot be arrested by the usual means,—when extensive abscesses exist around the joint, and the drain or irritation begins to tell on the patient's health,—when it is clear that the articular cartilages are more or less destroyed, the ligaments softened, the bones displaced, and when, after waiting for some time, you can perceive no tendency to ankylosis,—in all cases of this kind the propriety of having recourse to amputation is placed beyond doubt.

## OBSERVATIONS ON CHOLERA.

By M. J. RAE, M.D.,

PHYSICIAN TO THE CARLISLE DISPENSARY.

As cholera has reappeared again in various places with renewed violence, and in all probability will prove as destructive in its course during the approaching autumn as it was at the commencement of the present, or in either of the former epidemics, any measures, sanitary or medicinal, which have been known to have moderated its virulence, and have appeared to have restrained its course and development, ought to be recorded, that out of the accumulated experience of many observers more enlightened views of its nature may be obtained, and broader foundations established, upon which sounder and more successful modes of treatment may be reared.

It is not my intention, at present, to examine the many theories that have been propounded of the essential cause of cholera, but merely to make a few observations on that one of them which refers the essential cause to contagion; believing at the same time that the profession is not yet in a position to determine positively either the contagious or non-contagious nature of the disease, it will require a much greater amount of information, and more extensive and accurate observation respecting cholera than we already possess, before a definite

and really conclusive opinion can be formed on the subject. My own experience of cholera, and all that I have either read or heard respecting it, inclines me to believe in the contagious rather than in the non-contagious nature of the disease. Its mode of progression favours the supposition of its being contagious more than it does that of its being a non-contagious disease, dependent on some telluric or atmospheric influence for its development. It travels more or less slowly from town to town; overruns one country after another, taking often years to traverse a whole continent; now diverging, then retrograding, or appearing to be arrested in its course. It advances along the great lines of communication that exist between different towns and countries, along the tracts of trade, and the "highways of commerce;" and overspreads a country more or less quickly, just in proportion to the facilities of intercourse existing between its respective towns. This is the way that one would expect an infectious epidemic fever to propagate itself. How different from this is the mode in which influenza develops itself, a disease unquestionably not contagious, and depending, in all probability, on telluric or atmospheric influence? This epidemic spreads itself with the utmost rapidity, affecting different countries almost simultaneously, and bringing whole continents under its influence at nearly one and the same time. But cholera took sixteen years to travel from Hindostan to Britain in 1832; it accomplished the same journey more rapidly in 1848; and the epidemic has reached us again, after an interval of only five years; facts which militate against the idea of its atmospheric origin, and show that its progress is regulated, to a great extent, by the freedom and frequency of communication existing between the towns and countries which are the scenes of its ravages. It reached us sooner in 1853 than it did in 1832, because the facilities of intercourse between Britain and the continental countries and the East have been greatly increased within the last twenty, but more especially within the last ten, years. In fact, the rapidity of the march of the epidemic of 1853 over that of 1832 bears a strict proportion to the increased means of intercourse that have taken place during that interval between this country, the countries of the continent and the east; and were the means of intercourse between the different countries of Europe and Hindostan still freer, were the same freedom and frequency of communication to exist between them as occur between the large towns in this country, there is nothing improbable in the supposition that we should have the epidemic not after intervals of sixteen or five years, but have one epidemic following another in close succession, until the disease became endemic amongst us. Nay, for anything we know to the contrary, this may actually become the case with cholera.

Again, cholera has never been known to have reached any place sooner than the means of communication existing between it and an infected town could have conveyed the contagion. And it has often taken a far longer time to arrive at a place comparatively near to an infected town, but where slow and unfrequent means of communication existed, than it has taken to traverse extensive tracts of land and ocean intervening between towns and countries having free and rapid intercourse with an infected part.

In the first epidemic of cholera, the disease appeared in Naples—which enjoys free intercourse with Marseilles, where the epidemic existed—about twelve months before it made its appearance at Rome. It took six months to spread from Oporto to Lisbon, owing to the siege having interrupted the free communication by water between them; while it crossed the Atlantic from Europe in a few weeks. This is strongly in favour of the contagious nature of cholera. The spread of cholera in a town has some striking points of resemblance to that of a contagious epidemic, as scarlet fever for instance, which must have been remarked by every one who has seen much of both diseases.

Cholera, like scarlet fever, gradually spreads itself over a town, invades first one portion of it and then another, with greater or less rapidity, until the whole, or greater part of it, is brought under its influence. It does not sweep over a town at once, spreading simultaneously in all directions; nor does it always make its first appearance in the filthiest, lowest, and most over-crowded parts of a town, all of which one would expect it to do were it dependent on telluric or atmospheric agency. Cholera may abate in, or disappear from, a place, and then break out in it again with renewed violence during the same epidemic; and the same circumstances may be observed in scarlet fever. There may be sporadic cases of cholera before it prevails, and after it disappears, in the epidemic form; and there may be single cases of scarlatina, both before it assumes the form of an epidemic and after it has lost that character.

Again, when cholera enters a house, how seldom are its ravages confined to one member only of the family? not oftener, perhaps, than occurs in scarlet fever; but, generally, one member of a family is seized with symptoms of cholera, another, and then another is affected in succession, until all, or nearly all, the members of it become affected with the disorder. Some of them die, others escape with difficulty, while the remainder either get off with a comparatively slight diarrhoea, with cramps, or remain altogether unaffected. So, when scarlet fever invades a family, one individual of it may have the disease in all its severity, and others may have it in turn, with every modification, from the most malignant form of the disorder, down to a simple fever, with a slight sore-throat; while the other members, though equally exposed to the influence of the contagious agent, escape taking the disease.

And in cholera, as in scarlatina, the attacks amongst the members of a family generally succeed each other with more or less regularity. When one dies, or is recovering from the disease, another is attacked by it. But cholera being a more active and more rapidly fatal disease than scarlet fever, the period of incubation may be shorter in the former than in the latter; and the poison or noxious agency may be more freely and quickly generated in the one than in the other, and that consequently, the energy of the epidemic to continue itself may cease sooner in cholera than scarlet fever, just as a tree of profuse and rapid growth exhausts its vital principle or energy sooner than does one of a different species which arrives more slowly at maturity. This may account for the more rapid manner in which cholera, in comparison with scarlet fever, exhausts itself. It may also partly explain the quicker diffusion of the former over a town, and the shorter time required by it to run through a family than the latter. Cholera may spread itself over a large town in a few weeks, whereas scarlet fever may take months to bring it under its influence. The one may exhaust itself in a district in a few weeks or months, the other may linger in it for one or two years. The former may run through the members of a family in a few days, the latter may require several weeks to finish its course amongst them. Judging, then, by the mode in which cholera spreads itself over the earth; by the quickness of its progress through countries whose towns enjoy free and frequent intercourse with one another, in comparison with the great slowness of its march in countries where the opposite circumstances as to free communication obtain, but whose towns were in as bad, if not in a more defective, sanitary condition, and ought therefore, according to the atmospheric or telluric theories of the disease, to have, if not quickened, at least not to have checked, the onward progress of the epidemic; and judging further of the fact, that cholera invariably breaks out first in the frontier, and not in the central towns of a country, in seaports either nearest to the infected places or in those holding the freest communication with these parts, and not in inland and seaport towns having little or no intercourse with the infected districts, but which were just as filthy and as deficient, if not more so, in all sanitary appliances as the towns in which cholera first made its appearance, I am disposed to believe in the contagious nature of the disease, because it offers a far more reasonable explanation of the above and other circumstances concerning the progress of the epidemic than the non-contagious or atmospheric theories afford.

The above circumstances, together with the consideration of the immunity from cholera enjoyed by the inmates of public establishments isolated from infected districts, and the breaking out of the epidemic in similar establishments where no such regulations existed; the many well-authenticated and probable cases of the importation of cholera into towns and villages by parties from infected localities; its gradual diffusion over a town and through a family; its march, so different from that of influenza, and so similar in many respects to that of epidemics, known to be contagious;—such conditions as these should make us pause before we dogmatically proclaim cholera to be a non-contagious affection. It would be more prudent, and more in accordance with the spirit of true philosophy, to act upon the supposition that it is contagious until it has been proved not to be so, which I affirm has not yet been done. Nay, the evidence respecting cholera supports the opposite conclusion, that it is a contagious disease, and that it never breaks out spontaneously, or through telluric or atmospheric agency, in any town, however filthy or otherwise defective in every sanitary improvement; that the contagion must always be imported into a town from an infected part by infected parties or otherwise; and that in whatever part or parts of a town the contagious matter or principle is deposited, be these the cleanest, most airy, and healthy, or the most impure, overcrowded, and worse drained parts of it; that from these

centres or foci the disease will generally spread itself all over the town with greater or less rapidity, just in proportion to the nature of its situation, external conditions, and the state of its inhabitants; and that cholera, like scarlet fever or small-pox, if imported into a town as defective in sanitary arrangements as Newcastle was said to have been at the time the present epidemic broke out in it, will spread itself more rapidly and with greater virulence over such a place than it will do over a town superior to it in point of cleanliness and sanitary regulations. The evidence with respect to the progress of cholera favours the supposition, that impure air, defective drainage and ventilation, and the use of water contaminated with decaying vegetable and animal matters, are never the cause, if they are ever even the occasion, of the irruption of cholera into a town; that they act as predisposing causes of cholera, and in all probability in the case of this disorder as in that of other contagious epidemics, render it more deadly in character, and give more permanent and extensive bounds to its ravages, by concentrating, intensifying, and probably diffusing, the choleraic contagion. And therefore every endeavour should be made to remedy the defective sanitary condition of our towns, and every hygienic precaution adopted which might lead to the improvement of the general health of the inhabitants, and to the purification of all the probable mediums through which the choleraic poison may be conveyed into the system; so that, should cholera prevail in them, it may prove less destructive in its course and shorter in its duration.

Admitting the contagious character of cholera, it would be useless, in the present state of our knowledge respecting the disease, to attempt to point out the laws of the propagation and diffusion of the contagion, its introduction into the system, the period of its development there, and the time or manner of its elimination. It is probable that the choleraic poison generates itself in the system, becomes fully developed at a particular period of the attack, and is eliminated with greater freedom at one time than at another; and that the poison so generated and eliminated is capable of infecting some, and is innocuous to others, who may be exposed to its influence. It is also every way likely that all individuals in attendance on, or in frequent communication with, cholera patients or their dwellings are brought within the influence of the contagious elements; but that while some of them withstand its power, others succumb to its influence; and that those slight attacks of diarrhoea, with spasms, which so frequently occur during the prevalence of the epidemic, are really mild and modified forms of cholera, owing either to some peculiarities of individual constitution, or to some circumstances connected with the morbid agency itself; for these slight cases bear just as strong a resemblance to the severest forms of cholera, as do those cases of almost imperceptible febrile disturbance with a few pustules which occur in the small-pox epidemic, to the most malignant forms of that disease. And as an apparently mild and almost unheeded case of small-pox may speedily assume a most malignant and fatal aspect, so we find that an exceedingly slight attack of diarrhoea may be suddenly converted into a dreadful and rapidly fatal case of cholera. Hence the necessity of early attention to any slight irregularity of the bowels that may occur during the course of the epidemic.

(To be continued.)

## SMALL-POX OCCURRING TO THE FŒTUS IN UTERO.

MR R. AULSEBROOK, Esq., M.R.C.S.E. & L.S.A.

I AM desirous of placing upon record the following case of small-pox occurring to the fœtus in utero, which came under my observation in the year 1834, the entire particulars of which I have not been able, from circumstances, to gather together until the present time, but which, having now obtained, I venture to think will be of sufficient importance to be placed in the pages of THE LANCET.

Varicella existed in Birtton, near Aylesbury, Bucks, in November, 1833, contiguous to the residence of Jacob W—, a baker in that village. His son, who had never been vaccinated, caught the disease, as it was supposed, from the family of a neighbour, and the eruption was observed in him on Saturday, November 30th. On Sunday, December 1st, Mrs. W— and all her other children were vaccinated, for the first time, by Mr. W. Hayward, surgeon, of Aylesbury, with whom I was then resident as visiting assistant. The vaccination was successful in all, excepting one daughter, who, however, was successfully re-vaccinated by me at the end of a week. Mrs.

W— had but one vesicle; but there is now (June, 1854) a tolerable scar visible. Fourteen days before her confinement, Mrs. W— states that she remembers most distinctly on that day that a most nauseating and depressing effect was produced in her by the odour of one of the stools from her variolous son, whom she was nursing; and on the 4th of January, 1834, a fortnight from the above sensation produced in her, and five weeks, minus one day, after her vaccination, she was delivered of the child the subject of this notice. On examining the infant almost immediately after its birth, I observed on the abdomen some spots, differing in size and appearance; others were discovered on the loins and back, and on the face and neck, those on the latter parts being most numerous. At the inner angle of one of the eyes was a pustule, nearly matured, of the size of a common small-pox pustule, and others of the same size were found on the hands. On the following day the eruption was considerably more out; each pustule had a distinct red inflamed base, was depressed in the centre, and had unequivocally the true variolous character; a cluster of them existed at the left side of the tongue near the apex, and one on the dorsum of that organ towards the root.

The child was feeble, did not suck, nor take scarcely anything by the mouth, and early on the third day expired. Mrs. W— had herself no illness, nor any manifestations of the disease apart from the nausea arising from the effluvia before mentioned, which she perceived on the fourteenth day prior to her confinement, and at which time it is perhaps scarcely questionable the taint was communicated to the fœtus in the womb.

Having had the honour of an acquaintance for many years with Mr. Robert Ceely, of Aylesbury, and knowing how extensive the labours of that gentleman have been on this general subject, constituting him, indeed, by common consent, the greatest living authority upon it, I mentioned this case to him, and he has pointed my attention to two examples recorded by Dr. Jenner, in the "Medico-Chirurgical Transactions" for 1809, p. 269, in which the fœtus in utero became affected, the mother escaping any external manifestation of the disease. Dr. Jenner adduces those cases to show the continued susceptibility to variola through life; but as the cases differ as to particulars, I shall briefly state them.

In one of those cases the mother had small-pox herself many years before, but had never been vaccinated; and on meeting in the street, very shortly before her confinement, a child covered with the disease, and loathsome in appearance, she was very sensibly affected. The sensations passed off, and she had no outward manifestations of the disease; but five days after her delivery, pustules appeared on the infant, and the disease went through its usual stages, though in a mild form.

In the other case related, small-pox had been introduced into the house by the parish surgeon (1806) inoculating three of the sons of the family, but the mother was vaccinated by another surgeon. The vaccination was successful, and in five weeks after its performance (during four weeks of which time she had been exposed to the variolous infection of her three sons) she was delivered of a female child, which on its birth was found affected with the small-pox eruption. The surgeon, (Mr. Gervis, of Ashburton, Devonshire,) whose case the above was, distinctly states that at no period after the exposure of the mother to the variola in the house did she evince any sign of being affected by the effluvia; yet the disease was transmitted through her system to the constitution of the infant, herself clearly escaping any kind of manifestation.

In the case I have related, and which came under my own notice, the mother, it will be borne in mind, had been vaccinated, and successfully; but, notwithstanding, had, fourteen days prior to the birth of the child, and three weeks after her vaccination, "a most nauseating and depressing effect produced on her by the odour of one of the stools from her variolous son."

This strong perception of the variolous infection was not, however, sufficient against the protective influence of the vaccine matter which had been introduced into her system, to produce any development in her of the small-pox, and the infection passed to the fœtus in the womb.

The value of this case, in so far as it may be considered by the readers of THE LANCET to possess interest, consists, it may perhaps be said, in this, that it sets forth, at one and the same time, and in a more palpable way than any previously recorded, the continued susceptibility to variola after vaccination; and yet the protective influence of the vaccine lymph in operation, guarding the system so far in this instance as to prevent any eruption appearing, or any other than a transitory affection of the health.

Hamwell, Middlesex, August, 1854.



ON  
THE CONSTITUTION OF CHOLERAIC LIGHT,  
AND THE TRANSITS OF THE EPIGONIC  
POWER.

By WILLIAM JOHN THOMAS, Esq., M.R.C.S., Kirkdale,  
Liverpool.

I OBSERVED, in THE LANCET of the 19th inst., the announcement that Asiatic cholera is on the increase in London. In my communication, which was published on the 6th of May, I submitted to the readers of THE LANCET a series of eighteen propositions on the sanitary conditions of light. Now is the time to test in the metropolis of the world, where the elements of science converge, the truth of those propositions. I consider that a solemn duty is imposed upon every member of the profession who entertains original views on the subject of the *occult* causes of the pestilence, to lay those views before the profession. It may be said, "If the polarity of light is altered, what can we do to amend it?" This is not the proper question to propound in the infancy of our researches into the sanitary conditions of light. The practical question is this:—Is the polarity of light altered?—and how does that alteration operate upon the powers of life? When we have decided these questions, then will arise the therapeutic problem. First let us ascertain the cause of the pestilence, then we may consider the proper remedies. At present the pestilence is widely diffused. In the eastern hemisphere it ranges from 30° to 60° north latitude; in the western hemisphere from 20° to 50° north latitude. It approaches nearer to the equator in the western than in the eastern hemisphere of the globe. And what does this indicate? It appears to point out the fact, that certain alterations have taken place in the great polar elements circulating in the globe. In my former paper I ascribed the alteration to the pressure of non-polarized light in the interior of the globe, caused by certain changes in the luminous atmosphere of that grand cosmical magnet—the sun. These changes, whether they be secular or periodical, we must admit to be of primary importance. The pressure of non-polarized light would increase the velocity of the internal magnetic forces circulating in the globe.

We know, from mathematical demonstration, that if the velocity of the forces be increased, so as to be in a less proportion than as the square of two to one, the orbit becomes changed from the circle to the ellipsis. If exactly in the above mentioned proportion, the configuration assumed is that of the parabola. It would appear that the magnetic elements of the earth have been excited by the solar influence into increased rapidity of action. At the present moment, assuming one centre of operation, it would seem that a parabola of invisible magnetic light has been formed, the western vertex inclined towards the equator, the abscissa of the parabola of course participating in the equatorial inclination. Assuming this to be correct, all that portion of the parabola above the lesser ordinate defined by a segment of the earth's periphery, will come into opposition with the solar atmospheric light, and diamagnetize its most refrangible rays.

Let me entreat the indulgence of your readers whilst we trace, step by step, the resulting phenomena. The eruption of terrestrial magnetism would operate, in the first place, to deflect the violet ray from the unity of the normal luminous forces. Now, it has been ascertained by experiment, that in the violet ray resides a peculiar power, which deflects and affects the dip of the magnetic needle. The green, yellow, orange, and red rays give no indications of the possession of this remarkable power. This power to affect the needle, for the sake of brevity, I will call "the epigonic power." It is especially resident in the violet ray: the indigo and blue rays giving fainter indications of its presence. It appears, therefore, that the blue rays are the lines of demarcation of the epigonic power. It would seem that the presence of the epigonic power in light is essential to the integrity of animal and vegetable life. If then, as may be anticipated, a portion of the solar light is diamagnetized by *jets de feu*, of invisible terrestrial light, that portion must of necessity be the first in order—the most refrangible rays. If the diamagnetism and deflection of the most refrangible of the solar rays are the results of the collision with the *jets de feu*, one of the two following effects must ensue. Either the epigonic power will be peripolarized with respect to the polarity proper of the inferior rays of light—the green, yellow, orange, and red rays—the least refrangible: or, secondly, a series of transits of the epigonic power must ensue. These transits may be either progressive or retrograde, through the epipolarized rays of the solar spectrum. If the epigonic power be peripolarized, then the shock on the periphery of the nervous

centres, producing cholera, may be accounted for. In the normal conditions of light the epigonic power is a *constant* of the luminous forces. But in the abnormal condition, we have a *b-b*, and the former is impaired by the absence of the latter. According to the law of compensation, and the doctrine of the equilibrium of forces, the vital forces of animal and vegetable organisms ought to quit their respective organizations to supply the magnetic vacuum in the luminous forces. This we find to be the case; for in cholera, whether in the animal or vegetable kingdom, the organizations are broken up. Such is the external demand upon the floating and stored-up capital of the vital forces of organisms, that even the permanent capital of latent vitality, invested in the vito-crystalline lines of organic symmetry, is drawn upon; and the symmetrically organized lines of latent vitality are disrupted for the supply demanded by the extraordinary depreciation in the vital forces of light. In this respect the cholera may be viewed as a vast power capable of analyzing living organisms; acting in opposition to the laws of construction, and compelling the organized bodies to refund the electrical equivalents that bind in vital union the lines of organic systasis. Allow me, in conclusion, to suggest that, during the prevalence of Asiatic cholera in London, daily calotypes should be taken of the solar spectrum, not only through the prism in the ordinary way, but through various chromatic media: that special attention should be paid to the isolation of the violet ray, and that the action of that ray upon the magnetic needle should be made the subject of minute examination. The quantity and intensity of the epigonic force should be noted, and any variations accurately minuted. If any retrograde or progressive transits of that power are observed, either to the more luminous rays, or to the actinic, parathermic, or red rays, such transits should be accurately recorded; that the sustaining power of the magnet during the progress and crisis of the epidemic should be observed attentively; and that all variations in the formation and colouring of the spectrum should be registered. A number of valuable facts would be thus acquired, which might be made subservient to purposes of practical utility. As these observations cannot be undertaken without expenditure of funds and time, it appears to me to be the especial duty of the Government at the present moment to undertake them for the welfare of the public. If Viscount Palmerston would nominate Robert Hunt, F.R.S., to undertake the investigation, it could not be assigned to a more competent or experienced philosopher. His published works are a sufficient guarantee for the propriety of such a nomination.

Kirkdale, Liverpool, August, 1854.

## CALOMEL AND BICHLORIDE OF MERCURY IN CHOLERA.

By J. WEARNE, Esq., M.R.C.S., &c.

I HAVE been long attentively considering the present treatment of cholera as described in THE LANCET, and have been forcibly struck with the still prevalent impression in favour of the use of calomel. A vast host of medical men would rejoice, I presume, if they could induce the peculiar action of mercury *with sufficient rapidity*; but I think that when they consider how slow is the action of calomel, even when the system is less interfered with than it is in cholera—how much the desired action must be prevented by the vast outpouring of fluids from the viscera—and when they reflect further on the pertinacity with which it *has been tried*, in all doses, I can hesitate but little to ask, Whether there be not a more soluble and more active form in which mercury can be exhibited? I have seen the calomel come away in the evacuations of cholera patients in sufficient abundance to be collected in teaspoons, without benefit to any one but the manufacturing chemist. I have seen it given also, to the utter exhaustion of the patient's chance, on a system allied to that of Dr. Ayre's; but never have I seen the disease sufficiently protracted to admit of the evident existence of mercurial action; and my own impression is, that to the present day no decided merit can be ascribed to calomel.

A more active form of mercury, more soluble, more easily absorbed—I might say more antiseptic—is the bichloride of that metal. I allow that another adjective which must be employed, in giving it a true character, is that it is *dangerous*; but is it *too dangerous* to be tried, with anxious care and watching, in cholera?

I can only say that, should I again have the melancholy opportunity of treating cholera, I should consider it my duty to give this medicine a fair trial, in combination with opium,

in small and frequent doses, plentifully diluted with tepid water.

Practitioners of thirty years' standing can probably recollect—as I am sure that I can—the occurrence of cases of spasmodic cholera, treated with calomel and opium, exhibiting cold surface, blue skin, and the most awful spasm, but from which recovery was the general rule. Such cases still occur in this *ultima thule*, and I doubt not elsewhere. The voice was also suppressed in severe cases of the old spasmodic cholera; and I remember with the utmost clearness how strongly the first sight of a rice-water evacuation in 1833 enabled me to distinguish that peculiar fluid from every other that I had ever seen emanate from the human body. Would it not be well, then, that the existence of this symptom should be the indispensable title of every case to be ranked as cholera, and that such symptom should be present in every case subjected to experimental treatment?

I should also be glad to see the day arrive when the profession will be less anxious to publish infallible remedies for approaching supposed cholera. Suppositions cases might be left to the apprentices, while their masters should be devising some remedy for the real and patent dangers of the rice-water stage and its immediate antecedents.

Helston, Aug. 1854.

ON

## THE PRESERVATION OF THE HEALTH OF THE BRITISH SOLDIERS AND SAILORS, AND THAT OF OUR ALLIES.

By J. H. TUCKER, Esq.,

HONORARY SECRETARY TO THE EPIDEMIOLOGICAL SOCIETY.

At a time like the present, when our soldiers, as well as those of our allies, are, or have been, suffering from epidemic bowel complaints, cholera, dysentery, &c., I hope I may be excused for suggesting, through your journal, the use of dilute sulphuric and nitric acids, or sulphuric acid alone, as a means of prevention of cholera and dysentery.

In my paper, read before the Epidemiological Society on the 3rd of July, I alluded to these acids as prophylactics of cholera, and quoted Dr. Fergusson, who mentioned nitric acid as well as the juices of acid and sub-acid fruits, as preventive of dysentery.

It has been proved that in cider counties, where that drink is the common beverage, the inhabitants are in great degree exempt from epidemic bowel complaints; and Mr. Herapath, of Bristol, the analytical chemist, has shown that cider resembles sulphuric and nitric acids, with water, sugar, &c. — See *THE LANCET*, August 2nd, 1851.

Sir Gilbert Blane, M.D., in his work "On the Diseases of Seamen," Dr. Fergusson, and others, have spoken of the value of vinegar, both amongst patients in the navy and army, as preventive and remedial of disease, and both allude to the use of this article by the ancient Romans as a means of the preservation of the health of their armies.

Dr. Bryson, R.N., recommends quinine and wine as a means of prevention of fever, &c., but as these valuable articles cannot be rendered available, I presume, to our soldiers located where they are, and as the acids I have named can be, I hope I may not be deemed presumptuous in drawing attention to their efficacy. Dilute sulphuric and nitric acids, or sulphuric acid alone, in porter or ale, would not, I think, be objected to by our brave soldiers and those of our allies, especially when they understood the benefit to be derived from the recommendation of their medical officers.

Barners-street, August, 1854.

## SULPHATE OF BEBEERINE IN DIARRHŒA.

By WM. CLARENCE MATTHEWS, Esq., M.R.C.S.

At a time like the present, when our doors are besieged by patients labouring under severe attacks of diarrhœa, which, to say nothing of its being a premonitory symptom of that scourge, cholera, is in itself a dire malady, and will, as I can personally bear testimony, in the course of a few hours so reduce a patient as to render him almost unable to cross the room,—at a time like this it behoves us all to bring before the public anything which may occur to us as an antidote.

I am not aware that bebeerine has ever been extolled for its virtues as an astringent in this complaint. Remedies I am

aware are numerous, and tolerably efficacious, but none have I found to supersede this, and I have used it extensively both this season and last. Something, I admit, may be due to its combination, but the following I find a very near approach to a specific, and that with very few doses, as a rule; indeed, in many instances its effects are magical, for in the course of half an hour I have seen a patient restored from intolerable anguish to perfect ease:—Sulphate of bebeerine, twelve grains; sulphuric acid and rectified ether, of each twelve minims; to six ounces of cinnamon-water; make a mixture, one ounce to be taken every four hours. I generally first give a pill consisting of two grains of calomel and half a grain of opium, and if there is great pain, or the vomiting is urgent, order a sinapium to the scrobiculus cordis, then follow up with the bebeerine mixture. In almost all cases of diarrhœa which fall under my care I adopt this treatment, and in no instance has it failed.

Longsight, near Manchester, August, 1854.

## TREATMENT

OF

## CHOLERA AND DIARRHŒA

IN THE

VARIOUS HOSPITALS,\* INFIRMARIES, AND DISPENSARIES IN THE METROPOLIS.

No. III.

We are glad to say that since we closed the report inserted in the last number of this journal, the epidemic has not progressed with the gigantic strides with which it had advanced during the last four weeks; this is certainly a good sign, and we harbour the hope that a rapid decrease will soon take place. The alarm of the public mind is not of that distressing and lowering kind which is so unfavourable in trying times; the medical profession do their duty, sometimes under very painful circumstances, and the prospects are getting less gloomy.

Efforts are being made at home and abroad to improve the treatment, and new agents are being tried, with moderate success. Amongst these we should mention strychnine, which has now been extensively used in Paris, both in the form of simple alkaloid and the sulphate. It is M. Abeille who has principally extolled this remedy, which had already been used endermically at St. Petersburg, in 1832, by M. Dreyfus. Those practitioners who have followed M. Abeille's plan have not been quite so successful as the advocate of strychnine: we find, for instance, M. Hérard stating, in *L'Union Médicale* of the 26th of August, that he has tried the remedy (the sulphate of strychnine) in twenty-four cases, thus subdivided:—fourteen very severe, seven severe, and three moderately so. The dose varied according to the severity of the cases, from the fifth of a grain to half a grain; and out of the fourteen patients of the first subdivision eleven died and three recovered. In the second, two recovered and one died; and as the four remaining ones became worse with the strychnine, they were given ipecacuanha, and got well. The three patients of the last division recovered, like all those, (says M. Hérard,) whose symptoms are not severe, whichever be the means employed.

So much for strychnine. Still practitioners should not therefore maintain, or allow it to be stated, that no therapeutical agents have any effect on cholera; the main point to be kept in view is the distinction between the stages. When a patient presents all the symptoms of the last stage, our art is powerless; but we would ask, as M. Richelot justly does, in the journal above quoted, "What effect have remedies in the third stage of pneumonia?" How many patients recover with whom that stage becomes fully developed?

Sinapisms have been highly spoken of by M. Legroux, physician to the Hôtel Dieu, and his article in the *Gazette Hebdomadaire* seems to us extremely sensible. He states,—“We possess no direct action against the unknown cause of cholera; nor any remedy for this malady when fully developed. To combat the disease we have no weapons but those to be found in general therapeutics, and the treatment should therefore be based on the indications deduced from the principal phenomena, and the morbid changes which are taking place.”

M. Legroux thinks we should principally promote reaction in opposition to the algid concentration, and do so by moderate means of calefaction. We should, in the first instance, do no

\* We place the hospitals in each series from east to west.

*harm* in our treatment, recollecting that many patients recover who take nothing but cold water; and we should call back the heat of the body, not by bringing it in contact with a high temperature, but by stimulating the natural sources of animal heat. Nothing better for this purpose than sinapisms placed alternately over the trunk and extremities.

The author emits the following propositions:—1. Cholera patients can recover only by a series of organic efforts; there is no panacea for the disease in the confirmed stage. 2. Great heat is in general painful to cholera patients; when the heat to which they are exposed is continuous and exaggerated, as advised to be used by the authors of popular tracts, the patient is very likely to die. 3. Sinapisms always afford relief, and when properly used they form an essential basis of treatment. 4. Cold fluids are mostly accepted with gratitude by the sick, and act as a sedative; emetics, purgatives, and opium fulfil special indications. 5. Popular writings on cholera should be modified, revised, and brought to the level of the experience of modern times.

Leaving the Continent, and returning to the efforts made at home to diminish the mortality from cholera, we may observe that it is curious that Dr. Johnson's plan of evacuating with castor-oil (see last week's *LANCET*, page 164) should have been thought of almost at the same time by Mr. Crammey, of Middlesbro'-on-Tees, whose letter will be found in our issue of last week, page 178; nor should we pass unnoticed the suggestion of our correspondent "M.D.," who, in a letter printed at the same page with Mr. Crammey's, advises *mechanical pressure* to the *flooding bowel*. The author is probably largely engaged in midwifery practice.

### LONDON HOSPITAL.

#### CASES OF CHOLERA.

THE east districts of the metropolis (Shoreditch, Bethnal-green, Whitechapel, St. George's-in-the-East, Stepney, and Poplar,) have returned less deaths from cholera for the week ending August 19th, 1854, than the west district, (Registrar-General's Report,) the numbers being respectively 105 and 184. When we consider that the east districts have about 100,000 more inhabitants than the western, and when we recollect that the latter districts comprise the wealthy sub-divisions called Chelsea, St. George's Hanover-square, Westminster, St. Martin-in-the-Fields, and St. James's Westminster, we cannot help feeling some surprise, especially as the high-water mark is almost the same, (twenty-eight feet for the west, and twenty-six for the east.) Pleased as we must have been by Dr. James Bird's excellent paper, "On the Laws of Epidemics," (London: John Churchill, 1854,) we hardly can, with the facts just mentioned before us, read the following passage without feeling a little doubt as to the soundness of some of the opinions expressed:—"Regarding the peculiar blood-predisposition of individuals, communities, or races, which facilitate the production of epidemic cholera, nothing very definite has as yet been ascertained by minute chemical experiment, though it may be generally stated, as laid down in my pathological summary of the disease, published in 1849, that it consists 'of a diminution or altered quality of its fibrin and other normal ingredients, impairing its formative and vital power, caused by unhealthy assimilation and improper food, malarious influence, damp, ill-ventilated apartments, unhealthy exhalations from drains, and certain occult epidemic conditions of the atmosphere.'"—p. 28.

Although it is clearly proved that the present epidemic exercises its deadly influence both on the most forlorn and most exalted members of the community, probably in consequence of the "occult epidemic conditions of the atmosphere," mentioned by Dr. Bird, we would nevertheless freely subscribe to this author's advice when he says (page 31):—"Since cholera and other epidemics, then, may be potent for evil in proportion as the accessory circumstances which attend the attacks remain unchanged and unremoved, it is the duty of every wise and paternal government to prevent the market sale of improper articles of diet, or meat in a state of incipient decomposition; as well as to provide for the population houses of refuge, with a supply of good and unsalted water; to prevent dwellings for the poor being built in very damp and unhealthy localities, where they are surrounded by septic emanations from decomposing vegetable and animal matters; to improve, as much as possible, the condition of those already built, by draining, ventilation, whitewashing, and general cleanliness; and, as a wise precautionary measure, to allow of no more intercourse between the sick and persons well in health than may be necessary for their comfort, nursing, and proper medical treatment."

In fixing our attention upon the London Hospital, and keeping in view the facts to which we have above alluded regarding the eastern districts, we find that thirty-six cholera patients were admitted from the 24th of July to the 25th of August. These were placed under the different physicians of the institution, and the treatment carried out has been the same as that carried out in the epidemic of 1849—viz., the initiatory, emetic, mustard poultice to the stomach, &c. &c. Of the thirty-six patients just mentioned, nineteen have died; and on our visit to the hospital (August 25th) there were seven patients in the men's ward, but none on the female side. Four women have, however, been treated; of these two have died. One nurse employed in the receiving-room, and an occasional assistant, were attacked; of these two women, one perished of the disease. It is a singular fact that the husband of the deceased died of cholera in 1849, so that her place of abode, more than the hospital, is likely to have been concerned in the development of the disease.

In this hospital the cholera patients have been, as in other charitable institutions, placed in a distinct ward, which latter possesses over some of those which we have seen a very great advantage—viz., remarkable spaciousness. The ward occupied by these seven patients could easily contain twenty beds. It will be perceived that the proportion of deaths is larger here than in some other hospitals; this fact is, however, deceptive, for the results must mainly depend on the stage in which the patients are brought to the ward.

### ROYAL FREE HOSPITAL.

#### CASES OF CHOLERA.

THE first case of cholera treated in this hospital during the present epidemic was admitted on August 10th; and it is not a little remarkable that cases were so long in presenting themselves, seeing that in other institutions cholera patients were received as early as July 18th. The case to which we are alluding as being the first, referred to a little boy, who was taken ill in Gray's-inn-lane, and at once brought to the hospital. It appears from the data which we obtained from Mr. Curgenvin, house-surgeon to the institution, that from August 10th to August 26th, forty-two patients have been admitted suffering from Asiatic cholera. Of these only seven died, and hence we must conclude that but a small proportion were brought in the last stage of cholera. All had severe vomiting and purging, with cramps, and had suffered from diarrhoea for some days previous to their admission. We have by these facts a clear proof of the efficacy of remedies, when the disease is not allowed to reach the last stage.

At this hospital, as well as in other charitable institutions, the cholera patients have been placed in distinct wards. On our visit (August 26th) there were ten beds occupied, and it was confidently expected that most of the patients would recover. Two of these were collapsed, cold, and shrivelled, when admitted, but they are nevertheless now doing well.

The line of treatment here adopted is to give, when the patient is not too far collapsed, a scruple of calomel, followed up, six hours afterwards, by a draught of one ounce of castor oil and one ounce of tincture of rhubarb. These measures were generally followed by five or six copious evacuations, after which most of the symptoms were considerably mitigated. When the patients were much collapsed on admission, a saline powder was administered, composed of two drachms of common salt, seven grains of chlorate of potash, and a scruple of carbonate of soda. This usually caused violent sickness, and a great commotion of the whole system. The patients were subsequently allowed as much fluid as they wished to take, in the shape of barley-water, beef-tea, &c. Those who took the calomel and castor oil were given, after full operation, simple saline mixture, and some patients thus treated left the hospital in a few days, after having presented very distressing symptoms. We did not perceive that large doses of opium or brandy were administered in this hospital. It is worthy of observation that on August 11th one cholera case was admitted into the general ward, (all the others were subsequently placed in a separate room,) and on August 26th a patient of that general ward was attacked with the disease; she is now recovering.

### UNIVERSITY COLLEGE HOSPITAL.

#### CASES OF CHOLERA.

EXCEPTING Charing-cross Hospital, this is the institution in which the fewest cases have been treated. Since the beginning of the epidemic up to August 28th, only three cases of con-

firmed cholera were admitted. Of these, one patient died on August 28th; and by the kindness of Mr. Robertson, the physician's assistant, we had an opportunity of seeing the only case in the house, a man now in a fair way of recovery. The treatment adopted has principally consisted of two grains of calomel every ten minutes, with small doses of opium. This was given in the shape of a draught, with chloric ether when the cramps were very strong.

In the case which ended fatally, the patient was getting worse under the calomel treatment, and the hyposulphite of soda, which had proved useful last year towards the end of the epidemic, was tried. This salt is given for the purpose of allowing sulphurous acid being evolved in the stomach, this taking place by the contact of the salt with organic acids. To aid this process, sulphuric acid lemonade was also administered. The hyposulphite of soda was given in half-drachm doses every half-hour; but as the patient was becoming paleless, recourse was had to saline injection into the veins. The proportion of saline matter was as follows: three drachms of common salt, seven ounces of carbonate of soda, and ninety-four ounces of water. Of this fluid, seventy ounces were thrown into a brachial vein, by which measure the patient, who had been in a state of deep collapse, revived considerably; he spoke and seemed sensible, but in about five hours he again became moribund. The injection was then repeated, and forty ounces thrown up, but the patient died whilst the operation was being performed. A distinct ward was here also set aside for persons attacked with cholera, and it was noticed that no female suffering from the disease was brought to the institution.

#### ST. GEORGE'S HOSPITAL.

##### CASES OF CHOLERA.

In referring to the Registrar-General's Report for the week ending August 19th, 1854, (and those concerned deserve all praise for the very lucid and instructive manner in which it is drawn up,) we find that the west districts are being more severely visited than the north and central districts; the west presenting 184 deaths, and the north and central respectively 88 and 32, the population of the two latter being nevertheless larger than that of the former. The difference is accounted for, in the Report, by the unequal elevation above Trinity high-water mark, the north and central districts being 135 and 49 feet, and the west districts only 28 feet above the mark. Nor can the influence of the elevation be for a moment doubted, when we find 370 deaths in the south districts, which are only six feet above the high-water mark.

St. George's, situated at the extreme west, has admitted more cases than King's College and Charing-cross, and this circumstance fully coincides with the remarks made in the Registrar-General's Report respecting the cases returned in the central and western districts. In St. George's Hospital, about fifteen cases have been treated from the beginning of the epidemic to August 21st. Out of these, six have died, and on the date just mentioned there were in the house only two cases of actual cholera, as also one of choleraic diarrhoea.

In this institution the cholera patients have not been placed in separate wards, and here, as at King's College, persons admitted for other complaints have been seized with the disease after some cases had been brought from without. But it should be observed that the occupants of beds nearest to the cholera patients were not attacked. The question of contagion, we need hardly say, is still *sub judice*, but it may perhaps be said that it is safer to err on the safe side; at all events we are sorry to find that two nurses took the disease, which proved fatal to one of them. It should also be observed that several of the attendants have suffered from diarrhoea; but this is, at the present time, an affection from which very few people are free.

The treatment adopted by Dr. Bence Jones has principally been acetate of lead and opium, also tincture of capsicum, &c. Dr. Wilson has used the dilute sulphuric acid with chloric ether, and when, after five or six doses, the patients improved, they were ordered to take sulphur in combination with carbonate of soda. For frictions to the legs, when the cramps were very painful, Dr. Wilson has employed a liniment in which entered chloroform. The latter agent was also prescribed to be taken internally in an emulsion with yolk of egg. A pregnant woman, who was very severely attacked, partially recovered under this treatment; but she subsequently miscarried, and died. One of Dr. Bence Jones's patients also recovered from the original attack, but died of the consecutive fever. Dr. Nairne has mostly used the mustard emetic at first, and when a certain amount of reaction had taken place, he

gave scruple doses of calomel if the vomiting continued. When the irritability of the stomach was allayed by these large doses, two grains of calomel were taken every second hour. For pains in the stomach, the usual mixture is composed of appropriate doses of carbonate of soda, sulphate of magnesia, and antimonial wine in mint-water. Brandy and opium are not largely given here, nor is the warm bath so much used as in other institutions.

#### ST. MARY'S HOSPITAL.

##### CASES OF CHOLERA.

From the commencement of the epidemic—viz., since about the middle of July—six cases of confirmed cholera were received into this hospital. Of these, three have died, and two on the day of our visit (August 21st) were in the house. One of the latter patients was at that time recovering, and only suffering from a slight attack of bronchitis; the other, a female about twenty-five years of age, had been admitted on the same morning, and was, when we saw her, in a state of deep collapse.

In this case we had an opportunity of seeing the injection of a saline fluid into the venous system, performed by Dr. Sibson with the usual cannula and shield and the pumping apparatus. The fluid used was composed of one grain of carbonate of soda and ten of common salt to one ounce of water. About a pint of this fluid was injected, but the collapse was too deep, very little impression was produced, and the patient died soon afterwards. A separate ward has here also been set aside for persons suffering from cholera, principally on account of the alarm created in the other patients by the sight of the symptoms presented in cholera cases.

The treatment adopted in this hospital consisted principally in the adoption of such means as would allay the vomiting—viz., effervescent saline draughts, prussic acid, &c. In purging, the remedies varied, according as the matters evacuated presented acidity or alkalinity: in the first case, sulphuric acid was used, and in the second, chalk mixture. We did not perceive that calomel or opium were employed. Warm air was had recourse to in one case with apparent advantage, and patients were allowed the free use of ice. With some, both brandy and frictions were tried, but without success, as the collapse was of a decided character. No children were admitted with the disease; the females greatly predominated, and it is worthy of remark, that no cases occurred spontaneously within the walls of the hospital.

#### FARRINGTON GENERAL DISPENSARY.

No case of cholera has been reported at this institution, but diarrhoea has been very prevalent. 800 cases of diarrhoea were relieved here in the four weeks previous to the 15th of August. 200 cases occurred during the following week, none of which have terminated fatally. The patients are directed to take, every hour, a tablespoonful of a compound chalk mixture, each dose of which contains, tincture of opium, five minims; aromatic confection, six grains; prepared chalk, three grains; water, half an ounce. This is the dose for adults. Children take half the dose. The opium is omitted when the diarrhoea occurs in infants. In some cases sulphuric acid has been given, but then the patients frequently return to the dispensary complaining that the medicine does not relieve the complaint. In addition to the epidemic diarrhoea, biliary affections and various forms of dyspepsia have been unusually frequent and obstinate.

#### KENSINGTON DISPENSARY.

MR. GUZZARONI writes:—"The treatment generally adopted by me in cases of cholera consists in giving an emetic, composed of one tablespoonful of mustard and two of salt, (unless the vomiting has been previously very severe and long-continued.) After the stomach has been thoroughly cleared out, I usually give a scruple dose of calomel, which is repeated in a short time if the first dose is rejected. If the cramps are severe I order ten or fifteen drops of chloroform or chloric ether every quarter of an hour; and, with the view of checking the purging, I administer from fifteen to twenty-five drops of dilute sulphuric acid every half hour. If the sickness be very severe and protracted, I give the patient iced brandy and water, *ad libitum*, and a mixture composed of prussic acid and sesquicarbonate of soda. I likewise direct mustard cataplasms to be applied to the pit of the stomach and calves of the legs, and bottles of hot water to the feet, &c.

"I have treated altogether eight cases of cholera in the week—

house; the first occurred in a man, aged thirty years, brought into the house about three weeks since by the police in a state of collapse, and who died about seven hours after admission; the next was in an old woman, aged eighty-three, which likewise terminated fatally; the two following in old women, respectively aged seventy-six and seventy-seven, with the like result; the fifth in a man, aged twenty-four, who died about ten hours after being seized; the sixth in a woman, aged sixty-six, which terminated fatally; and the seventh in an infant, nine months, with the like result. The eighth is at present under treatment; she is a young woman, aged twenty-two; the symptoms were well-marked, and when I saw her she was in a state of collapse. I gave her a mustard emetic, and, shortly afterwards, ten grains of calomel, and three grains every half hour after, which she has persisted in up to to-day, having taken, altogether, three drachms of calomel. Under this treatment reaction has come on, but she is now suffering from secondary fever. With regard to the hiccups, which often succeed an attack of cholera, and are frequently very harassing, I find the following formula useful:—Camphor, one scruple; spirit of sulphuric ether, two drachms; sesquicarbonate of soda, one drachm; acacia mucilage, half an ounce; distilled water, six ounces. Mix. Two tablespoonfuls to be taken every three hours."

#### EASTERN DISPENSARY.

MR. JOHN BARRY writes:—"Up to this date (August 26th) no cholera has made its appearance at our institution, although diarrhoea has been on the increase in the district, and generally more obstinate in its character. The number of cases treated since my last communication, on the 18th inst., being 164.

"I have observed this fact—viz., that in places where the drainage is defective, consequently giving rise to noxious effluvia, then diarrhoea is of the most obstinate nature, for there remains the exciting cause.

"The noxious smells arising from decayed animal and vegetable matters are in some parts exceedingly offensive, and at all times a sure source of disease. It would be well if the proper authorities were to constantly see to the removal of these exciting causes, and not wait until the eleventh or twelfth hour.

"I should like the Board of Health, with Sir Benjamin Hall at its head, to make a tour of inspection through the courts and alleys of Whitechapel, not forgetting Petticoat-lane. I feel confident they would gain more experience respecting the real state of things thus, than by shutting themselves up in that very clean respectable house of theirs in Whitehall."

#### PIMLICO AND WEST LONDON GENERAL DISPENSARY.

MR. WM. GROVE GRADY, the surgeon to the above institution, has forwarded the following:—

"In contrasting the phenomena and symptoms of the present epidemic with that of 1849, I do not perceive any material difference, except as regards the type, which I do not consider so very virulent. In all the cases of cholera I have met, diarrhoea was a prominent symptom, and so exceedingly mild and unattended with pain as to throw the sufferer off his guard, and not to warn him of his danger till collapse supervenes. If the diarrhoea proceed unchecked for a few hours, vomiting succeeds it, and in a little time after this cramps and collapse follow in succession as a matter of course.

"Though I have paid particular attention to the laws which govern the disease now as well as in 1849, I have not discovered any diagnostic by which I can discriminate choleraic diarrhoea from non-choleraic, but I have looked on those cases of diarrhoea which resisted my treatment for a considerable time before they yielded to leave no doubt in my mind as to their true nature; and I have always, where the atmosphere is charged with malaria, as it is at a season like this, given the patient the benefit of the doubt, and treated the case in such a way as not to trifle with life till collapse sets me at defiance. The alvine evacuations and gastric discharges are to be looked on as most deceptive in judging of the nature of the case in the early stage, but not so when the disease is fully established; it is not to be depended on, for I have seen all the stools of the natural colour, when perhaps the very next presented the rice-coloured, with all its formidable consequences; and it is only during such time as the stools are of a natural colour that you can hope to save life; a point of great practical importance to be attended to, because I have known men not look on the case as cholera till they noticed the serous discharges, a period of great danger, for it is then that the serum and salts are passed off from the blood,

causing a fatal collapse, and which no artificial means that I am aware of can restore. It is of importance that we should lose no time in hermetically sealing up the bowels, (if you allow me the term,) and if we can do so we shall have no occasion to be puzzling ourselves about trying to cure fatal collapse. In 1849 I found all the cases admitted into the hospital were still purging, and as soon as I checked it the patients got well, and were discharged cured. As we very generally are not called till the last moment, and when perhaps another evacuation may determine the fate of our patient, it is of paramount importance that we should have at hand a remedy, and administer it at once, that will have the desired effect, and this can be accomplished by administering large doses of acetate of lead and opium; it is wasting time and loss of life giving the ordinary astringents in such cases. I have, indeed, long since discarded them from my practice, and never think of using them. Vomiting is a very embarrassing symptom; for while it lasts there is little chance of getting our remedies to rest on the stomach, and much valuable time is lost. I have invariably succeeded in removing the vomiting by administering creosote in considerable doses. In small doses this remedy is not effectual, and will fail. Against collapse we have no remedy. We should use the best means in our power to arrest the premonitory symptoms from the onset, but a patient in this formidable state should not be forsaken, for I have seen a few extraordinary recoveries quite irrespective of medicine; but I would warn those who are disposed to administer heroic doses of calomel to be cautious, for I have witnessed cases in which several hundred grains of calomel had been given, and some of the patients only recovered to tell a miserable tale, and to soon die a wretched spectacle.

"As the success of treatment in cases of cholera entirely depends on the promptness with which the medicine is administered, it should be at hand, and given the moment you visit your patient. In this way I have saved many a life. It is not my intention to enter into the minutiae of the treatment of cholera, but merely to draw attention to remedies of great practical importance and public utility, at a time when thousands are dying around us. In every case in which I have prescribed the above-mentioned medicines, I have been informed by the patient that the bowels have never been moved after the first dose, so powerfully astringent is it; but I have, for caution's sake, always continued its administration for some hours after, when I deemed it expedient, and in my hands it has never caused one unpleasant symptom."

#### PIMLICO ROYAL DISPENSARY.

MR. J. C. PIGG, the resident medical officer, writes, "That from July 26th to August 28th, nearly 1500 persons have been supplied with medicine for diarrhoea, the institution having latterly been open at all hours for that purpose. Fifteen cases of Asiatic cholera have proved fatal; in three of these, after a partial recovery from a state of collapse, they subsequently sank from the consecutive fever. With but two exceptions all had suffered from diarrhoea for a few days previous. In mild cases of diarrhoea the following are our formulæ:—

"Chalk mixture, P. L., one ounce; tincture of opium, five minims; pulverized kino, ten grains. Mix for a draught. Or, aromatic confection, ten grains; prepared chalk, ten grains; compound tragacanth powder, one scruple; tincture of opium, three minims; tincture of capsicum, five minims; compound spirits of ammonia, ten minims, peppermint-water, one ounce. Mix for a draught.

"For children: Chalk mixture, P. L. two ounces; tincture of catechu, half a drachm. Mix. One drachm to be taken three times a day.

"Dr. Ogle has ordered with considerable benefit the dilute sulphuric acid, as follows; dilute sulphuric acid, two drachms; dilute nitric acid, one drachm; adding peppermint-water to make half a pint. Mix. One ounce to be taken every four hours.

"When attended with pains, cramps, or vomiting, large mustard sinapisms have been applied to the whole abdomen. In most cases of diarrhoea the disease has in a short time succumbed to the above remedies."

#### BLOOMSBURY DISPENSARY.

MR. THOMAS CHAPLIN, the resident medical officer, gives us the following information, in addition to that which we received from him last week:—"From the 16th to the 30th of August, 1854, 129 cases of diarrhoea were admitted. They have all terminated favourably, the treatment employed being that described by Dr. Pidduck, the physician to the dispensary, in



THE LANCET of August 19th. One fatal case of cholera has occurred, the patient being a woman upwards of 80 years of age. The treatment consisted of grain doses of calomel, with two grains of rhubarb, every hour, and castor-oil. One other patient, in whom the true cholera symptoms manifested themselves, recovered under the saline treatment."

## Reviews and Notices of Books.

*Clinical Lectures on Paralysis, Diseases of the Brain, and other Affections of the Nervous System.* By R. B. TODD, M.D., F.R.S., Physician to King's College Hospital. London. Churchill. Fcp. 8vo, pp. 462.

THERE must be a fatality in the readiness with which physicians who devote much time to physiological study yield themselves up to strange vagaries of opinion on the preservation of health and on the treatment of disease. Dr. Carpenter, for instance, believes "that simple water is the best of things." Dr. Todd, we here see, is frightened at the sight of blood; and a greater man still may probably, for all we know, be brooding over "a Cilia theory." We were rather startled, some time since, in learning from a lecture published by the author of the present work, that he was in the habit of treating pneumonia with cooling drinks of Spirit of Minderus, and we now find him advocating the same do-nothing system of therapeutics in the treatment of apoplexy.

"There is a practice, unfortunately too common, but which I think is every day becoming less common—namely, that of following an attack of apoplexy by depleting measures very much as a matter of course. However applicable such a mode of treatment may be to strong, young, hale, and plethoric subjects, I presume no one will say that it is very well adapted to patients who have passed the meridian of life; whose blood and tissues are more or less contaminated by morbid matters, and with whom a morbid state of the arteries of the brain has already greatly weakened the nutrition of that organ. The case, indeed, which I have just detailed to you, is one of many which *proclaim aloud* that a depletory system ought not to be pursued indiscriminately, or even generally, in apopleptic cases."—p. 117.

The case thus referred to is that of a man who died of cerebral hæmorrhage, apparently without having received any treatment whatever. We cannot, for the life of us, see on what foundation the dead man's loud proclamation is supposed to rest. It is the rush from one extreme to the other. Dr. Todd cites in proof of his opinion against the use of depletory measures in apoplexy, 155 cases collected and published by Mr. Copeman, of which 129 were bled, and 26 were not; of the 129, 51 recovered, and of the 26, 18 survived. But Mr. Copeman's cases prove nothing, as we showed in reviewing his work some years ago; for granting, what is extremely doubtful, that all his cases were apopleptic, unless he is able to show that the 26 cases were of as severe a character as the 129, or, in other words, that the larger proportion did not recover, owing to their milder nature, the statement stands without proof. Clever people may prove anything by statistics, either in medicine or politics; and we do not doubt that Dr. Todd will be able to show by their aid the success of his own treatment. If, however, he really desires that a fair comparison should be made between the plan of depleting process in apoplexy, and the plan which we may call *flex-tomy*, the materials can easily be found in the case-books of the hospital to which he is physician, or in the cases under his own care and those under that of his colleagues.

It is true that Dr. Todd permits the use of depletory measures for apoplexy occurring in "strong, young, hale, and plethoric subjects," but how often do such persons become the subjects of this disease? He would forbid such in persons past the meridian of life, in whom cerebral hæmorrhage was owing to heart disease, or to the giving way of a cerebral artery from degeneration of its coats. No doubt many of such cases are not to be saved by bleeding, nor by any other means and

when such patients die, the disorganization produced by extensive cerebral hæmorrhage may be said to "*proclaim aloud*" against a depleting system. But are there not other cases of this kind which may be saved by a judicious use of the lancet? We believe that there are such cases, and that Dr. Todd's teaching in this most important respect is unsound, and full of danger.

Dr. Todd earnestly warns his students against the *nimidia medici diligentia*—"It is a lesson hard to learn, and more difficult to act upon, that nature can do more than the physician."—(p. 104). It is a lesson, however, of which Dr. Todd's pupils are not likely to be ignorant. In our opinion, if there be the Scylla of a too active medical interference in disease, there is also the Charybdis of a scientific *laissez faire*, which will recognise the most mysterious secrets of pathological change, but which will scarcely put forth a finger to arrest its progress.

We are compelled to differ from Dr. Todd's cerebral pathology in several instances; for example, we cannot agree with the following conclusions:—

"You will find, I think I may say invariably, that the accumulation of fluid in the ventricles, when it exceeds a certain amount, produces coma. . . . On the other hand, the increase in the sub-arachnoid fluid is not accompanied by any special symptoms," &c.—p. 56.

According to our experience, fluid seldom accumulates in the sub-arachnoid tissue without accumulating to some extent in the ventricles also; and its accumulation, either in the one or the other locality, or in both, produces coma, or does not produce it, according to the rapidity with which its effusion has taken place. The brain appears to be at least equally capable of bearing pressure without loss of function from the accumulation of fluid within its ventricles, as from a similar accumulation external to its convolutions.

We have always thought, notwithstanding the experiments of Matteucci and Raymond, and the interesting observations collected by Eckhard, that to attribute either physiological or pathological phenomena to galvanic or electrical forces is but a new-fashioned mode of refusing to plead ignorance, not less objectionable than the old one of attributing all manner of unintelligible phenomena to "vital force." We regret seeing Dr. Todd associating himself with the electricians. Thus—

"You must recollect that we treated him with galvanism, and as is usually the case where there is recent rigidity of the paralysed muscles, they were more affected by the galvanic current than those upon the sound side—a circumstance which is due, as I think, to the exalted polarity of the nerves supplying the rigid muscles"—p. 43.

Again—

"Hence the polarity was much below par, and the galvanic stimulus, which excited free action in the sound limbs, produced little or no effect on the paralyzed limbs."—p. 55.

We do not underrate the importance of such experiments as those above referred to, but up to the present moment the information we possess scarcely establishes a logical probability, far less any approach to proof, that the nervous and the electrical agencies are identical; and any theories founded upon their assumed identity must be considered as but a cloak which intellectual pride casts over the ragged reality of scientific ignorance.

Dr. Todd, as might have been expected, explains the phenomenon of epilepsy on the same galvanic principles. These, he says,—

"Depend upon a disturbed state of the nervous force in certain parts of the brain—a morbidly excited polarity. This undue exaltation of the polar force induces subsequently a state of depression or exhaustion."

On the morbid anatomy of the disease, too, our doubts are called forth:—

"This state of exhaustion is very apt to continue as one of weakened nutrition, in which the brain tissue is more or less in the condition of white softening. If the parts involved in

this be the convolutions, mental power—memory, perception—suffer; if the deeper parts, as the deeper parts of the white matter of the hemisphere, and the corpora striata and optic thalami, then we have hemiplegic paralysis.”—p. 396.

We do not believe that the author can have seen much of the morbid anatomy of epilepsy, or he would not have fallen into the grave error of stating atrophy of the brain to be a frequent coincident in the disease. A pretty extended experience has shown us that the very contrary is the truth, the nutrition of the brain being preserved in epilepsy to a very late period and in a very remarkable manner.

Of course, Dr. Todd has a perfect right, in these days of minute classifications, having seen a few cases of epilepsy with hemiplegic symptoms, to found a new variety of disease, as “Epileptic hemiplegia.” He would, however, find it very difficult, by reference to any considerable number of cases, to prove more than the occasional coexistence of the two affections.

The same may be said of his “choraic hemiplegia.” We are satisfied that we have taken no objections to Dr. Todd’s views which are not supported by fair and sufficient reasons. In taking up this his last production, we had hoped to have found far more to instruct than to challenge criticism. But we really have not found these clinical lectures either sufficiently simple for the comprehension and instruction of students, or sufficiently developed in order and argument to be deemed an acquisition by the experienced practitioner. We entertain grave doubts, too, whether the clinical teacher in our hospital schools can conscientiously discharge the duty before him if, instead of devoting his energies to the necessary instruction of his young pupils, he permits himself to enter upon “questionable disputations,” and to address, in truth, the wide circle of the profession through the more limited one of his own clinique.

*A Manual of the Practice of Medicine.* By T. H. TANNER, M.D., Licentiate of the Royal College of Physicians, Physician to the Hospital for Women, &c. &c. Second Edition, re-written and enlarged. London: H. Renshaw, 358, Strand. 1864.

MOST of our readers will remember Dr. Spillan’s “Manual of the Practice of Medicine.” It appears that this little production, although long out of print, is in constant demand; so much so, that Mr. Renshaw was induced to ask Dr. Tanner to prepare a small work on the Practice of Medicine, modelled on the same plan.

The scope and objects of Dr. Tanner’s work are thus briefly described in the preface:—

“In fulfilling my task, I have endeavoured to make the following pages the medium of as much practical information as the limited space at my disposal would allow, my aim having been to obtain brevity, not so much by omission as by a strict avoidance of all reiteration, by on all occasions saying what I mean in the fewest number of words possible, as well as by a careful selection of those points only which can aid the practitioner in the discharge of his duties at the bedside; in short, I have endeavoured to paint the features of disease, not imperfectly, but as it were in miniature.”

The task entrusted to Dr. Tanner has been exceedingly well-executed. The work, which is a foolscap octavo of 340 pages, embraces all the more important facts in medicine, clearly arranged, and tersely expressed. The practitioner or student wishing at any time to refresh his memory in the theory and practice of Medicine, may do so by means of this work at a very trifling cost of time, labour and money.

*On the Ferns of Great Britain.* Illustrated by JOHN E. SOWERBY, Esq. The Descriptions and Synonyms by CHAS. JOHNSON, Esq., Botanical Lecturer at Guy’s Hospital, London: Printed by Taylor and Francis, Red Lion-court, Fleet street.

It sometimes happens, although not so frequently as could be desired, that the same tastes and pursuits are inherited by different members of the same family. This is the case to a

remarkable extent with that of the Sowerbys, several members of which have long been favourably known to the public as laborious, successful, and withal modest, cultivators of various departments of natural science.

The tribe of ferns is unsurpassed for elegance of form and construction by any other vegetable productions, and on this account, as well as the readiness with which many species are grown in Wardian cases, they have been great favourites, not only with professed naturalists, but with most persons possessing a taste for flowers, plants, and other natural productions; so that now a collection of living ferns constitutes one of the most elegant and common of drawing-room ornaments.

Beautiful as the British examples of the fern tribe are, it appears that no good coloured representations of the different species have as yet been published. This want the beautiful work of Mr. Sowerby is intended to supply at a very moderate cost. The plates contained in the part before us are most admirably and naturally coloured.

## MORTALITY AND SICKNESS IN THE ARMIES AT MADRAS.

To the Editor of THE LANCET.

SIR,—I beg to forward for insertion in your journal a copy of the following extract from the *Fort St. George Gazette*:—

“Return showing the *Sickness, Mortality, and Invaliding, in Her Majesty’s and the Hon. East India Company’s Armies in the Presidency of Madras, from the 1st of April, 1862, to 31st of March, 1863.*”

	Average strength.	Admissions into Hospital during the year.	Deaths from ordinary causes.	Deaths from disorders.	Invalided.	Ratio per cent. of ordinary deaths to strength.	Ratio per cent. of deaths by disorders to strength.	Ratio per cent. of deaths from disorders to strength.	Ratio per cent. of invalids to strength.
Her Majesty’s Army:									
Europeans .....	4542	8226	203	101	219	4.50	2.30	6.70	4.80
Hon. E.I.Co.’s Army:									
Europeans .....	6986	8199	123	54	80	1.76	0.77	2.53	0.70
Natives .....	55709	49089	614	125	783	1.10	0.28	1.38	1.30

Assistant-General’s Office, Fort St. George, April 23, 1864.

A medical authority of much repute a few months since asserted, that a want of more inspectors during war accounted for the numerous casualties that then took place amongst Her Majesty’s troops serving in India, but, if so, why is it that during peace, when they hold the best stations, their mortality so greatly exceeds that of the Company’s European troops? Out of 4542 men, 523 died or were invalided in one year; whilst, out of 6986 of the Company’s Europeans, during the same period, the like return only gives 227 men, or, in round numbers, the casualties were about one in eight in the former, and one in thirty-one in the latter.

Trusting soon to see the Company allowed to raise all their own European battalions, or that the medical department of the Queen’s service will be placed under the authority of the Company’s superintending surgeons and medical boards, who understand the diseases of tropical climates,

I remain, Sir, your most obedient servant,  
Madras, July, 1864. A MEDICAL OFFICER.

**ROYAL ORTHOPÆDIC HOSPITAL.**—The half-yearly meeting of this institution, founded in 1836, for the cure of club foot, lateral curvature of the spine, and other contractions, was held in the hospital, Bloomsbury square. The report for this half-year, as read and agreed to, showed that the number of patients admitted during that period had been 981, being an increase over the preceding half-year of 231. Total number admitted since the opening of the hospital, 16,227.

## THE LANCET.

LONDON: SATURDAY, SEPTEMBER 2, 1854.

SINCE our former observations on the origin and constitution of the new Board of Medical Examiners to the East India Company, we have obtained additional information upon the matter, and regret to state that it is far more discreditable to all the parties concerned, and more humiliating to the profession, than we at first believed. We have now before us facts, derived from more than one official source, which must either destroy the newly-formed Board in its infancy, or entirely deprive it of all claims to efficiency, and public or professional respect.

The profession will remember our congratulations upon the promise held out by the India Bill passed in the last session of Parliament; that in future all medical appointments in the Company's Service would become the reward of merit as tested by examination, instead of being, as heretofore, gifts in the patronage of the Directors. We then stated that, promising as the scheme appeared, everything would necessarily depend upon the mode in which it was carried into operation.

The Act of Parliament provided for the appointment of a Board of Examiners, who should ascertain the qualifications of candidates for the rank of Assistant-Surgeon. When the Act came into operation, the Board of Directors applied themselves to the duty of selecting the Board for recommendation to the Government and to the President of the Board of Control, Sir CHARLES WOOD. It should be mentioned that the Directors have always kept a very particular record of the services and qualifications of every medical officer in their employment, so that they were in possession of the data upon which to make a proper selection. After due consideration, the Board of Directors decided on recommending the following gentlemen to Sir CHARLES WOOD, their names being placed in the order in which they are now printed:—Mr. J. R. MARTIN, who was the professional adviser of four Governor-Generals, who was for many years at the head of the medical profession in the East, and who held the offices of Presidency Surgeon and Surgeon to the Native Hospital, Calcutta; Dr. JACKSON, late Apothecary-General to the Bengal Presidency, Staff-Surgeon of the first class, and the medical head of the dépôt of the East India Company in this country; Dr. GOODEVE, formerly Professor of Midwifery in the Calcutta Medical College; Mr. KIRK, Medical Superintendent on the Madras Establishment; Principal of the Madras Medical College, and Secretary to the Council of General Education in India; and Mr. EBBEY, a very distinguished Surgeon of Calcutta, and Surgeon to the Bengal Eye Hospital. This list, which must be considered unexceptionable, was sent to Sir CHARLES WOOD, but that honourable Baronet thought proper to entirely set aside the recommendation of the Directors, and nominated Dr. PARKES, and Messrs. PAGET, BUSK, and HOOPER, with Dr. SCOTT as Registrar of the Board. We are assured upon good authority that Sir CHARLES WOOD committed this gross injustice and blunder at the instigation of Dr. SCOTT, the present Examining Physician to the East India Company's Service, aided and abetted by others, to whom reference was made by

the President of the Board of Control. In this way, one of the worst jobs it has ever been our duty to place on record has been concocted, and for the time carried into execution. Professional opinion in this country and in India will, we doubt not, mark its sense of the conduct of all the chief parties implicated in this affair.

There were two plans according to which the intentions of the Legislature and the spirit of the recent India Bill might have been carried into operation. The examinations and the constitution of the Board might have had reference either to the special acquirements of candidates in the subjects of ordinary medical education and examination, or to the special qualifications required in the medical officers of the Indian army and service, these qualifications having reference to military surgery and the study and treatment of tropical disease. The Board of Directors took the latter view, and selected a board of gentlemen of the highest standing and character in the Indian service. We are bound to say that we think the Directors were right, and that their selection was at once a just recognition of the claims of the medical officers who have acquired distinction in the Company's service, and of the qualifications which should properly be tested by an Indian Medical Examining Board.

Sir CHARLES WOOD and his advisers must have held a different opinion. They have evidently considered that examination in the ordinary subjects of medical education would be the best test of fitness for the Indian appointments. Accordingly, the programme of the examinations set forth nothing but the usual subjects of the different examining boards. But has Sir CHARLES WOOD taken the best means of carrying out this view? We believe the profession will consider that if he had ignored the claims of Indian military practitioners, a point on which we have already expressed a strong opinion, he was bound to take the very best men from the various examining boards of this metropolis. This should have been done if the object had been to raise the qualification of knowledge still higher than that now given for licences and degrees in this country. We see that all candidates are required to be members of some College of Surgeons; or to possess a degree of some University in which an examination in surgery is imperative. Now it is something approaching to farce, that men who have already taken the Fellowship of the College of Surgeons; or the degree of Doctor of Medicine in the University of London, should have to go before Dr. PARKES, and Messrs. PAGET, BUSK, HOOPER, and SCOTT, to be examined on the very same subjects as those which have preceded their Fellowship or M.D. before the distinguished Examiners of these institutions.

We contend that the provisions of an Act of Parliament, which might have proved of the highest value, have been made the foundation of a gross job. The appointments made are a great injury to the Indian Medical Service at large, and especially to those whose distinction might have entitled them to honourable employment, as well as to the candidates who might have expected an examination at the hands of a Board whose examinations should confer honour on all those passing its ordeal with success. This job has been perpetrated during the recess, or its authors would already have been called to account within the walls of Parliament. Before the next session the indignation of the Indian Medical Service will have made itself felt, and the Minister who has been imposed upon will have to.

render some public account of the grounds upon which the Board recently announced to the profession has been selected. We need hardly say we shall return to this subject. A more disreputable transaction has seldom happened. The *medical* offenders in this case must be made known to the profession.

It is probable that the worst evils to which the profession of Medicine is exposed have their origin in the attributes which tend most to adorn and ennoble it. The bitterest enemies to our calling have never dared to attack us upon the score of our humanity, or of the unpaid services which we render to the community. Ever ready to respond to the call of the suffering and distressed, the practitioners of Medicine in this country have earned for themselves a reputation for benevolence to which the followers of no other calling can justly make the slightest pretension. Never, we fervently hope, may we lose this honourable distinction. But it is not an unmixed good. Unfortunately our readiness upon all occasions to exert ourselves in the cause of humanity has been made the means of inflicting upon the great mass of the working members of the profession the most unjust and intolerable injury. The poor and the needy have a right to look to us in the hour of their tribulation and their sorrow for that relief and comfort which it is in the power of none else to administer. Hence arose the system of gratuitous advice. Hence arose, through the length and breadth of the land, the hospitals and dispensaries which confer such signal services upon the great mass of the poor. In no country in the civilized world is so much unpaid-for service rendered to those requiring it, as by the medical practitioners of this kingdom. Most desirable, then, is it, not so much for the interests of those who give as for those who receive, that such noble and disinterested charity should not be abused. Especially is this to be desired, not only on the ground that no really deserving and destitute person should be left without medical aid at any moment that he may require it, but that they who comprise the great mass of the profession, struggling often for existence, should not be robbed of their fair and legitimate reward. Ostentatious, but self-interested, acts of "charity," upon the part of "physicians and surgeons," we regret to say (but the truth must be spoken) are exercised at the expense of those who have been denominated the "subordinates" amongst us. The readiness with which the *opinion* of a "physician or surgeon" can be obtained gratuitously, by those well able to afford moderate payment for medical advice, we unhesitatingly declare, so far at least as large towns are concerned, has been one of the most fertile sources of degradation and poverty to which the surgeon in general practice has been exposed. What is the remedy for such an abuse? We feel heart-sick at referring to the "labours" of "committees" upon this subject. The committee under the auspices of the metropolitan *clique* of the Provincial Association have done nothing! Unfortunately some of its members are too deeply interested in carrying on the abuse to effect even the slightest amelioration of so direful and ruinous a system. Gladly then do we place before our readers the Report of the Colchester Committee.

#### "GRATUITOUS PRACTICE IN COLCHESTER.

##### REPORT.

THE Committee appointed at the anniversary meeting of the Colchester Medical Society 'To consider the subject of gratuitous practice in Colchester, and report thereon at the next meeting,' in accordance with the terms of their appointment, report,—

That they have met, and have directed their attention and inquiries to the important matter referred to them.

It appears to your Committee that the subject may reasonably be viewed under two heads—viz., the system of gratuitous advice, which is given too indiscriminately at our public institutions, as the Hospital and the Idiot Asylum; and, secondly, that system of private gratuitous practice, which seems to have been carried to an extent not altogether required by the supposed necessitous circumstances of the individuals receiving it.

Your Committee beg to submit for your approval a series of resolutions to which they have agreed, and in so doing respectfully remark that the subject appears to be surrounded with some difficulties, but at the same time your Committee do not doubt that if the profession proves true to itself individually, and will in all cases act with that sense of duty which is due to the general body, that conduct so shaped will ultimately tend to check that indiscriminate system of gratuitous advice which is now prejudicing the common interests of the profession. And your Committee further believe that such a course will prove highly advantageous to the profession, by inducing amongst its members a more friendly feeling.

##### RESOLUTIONS.

1. That gratuitous advice and medical attendance are given too indiscriminately in Colchester.
2. That such indiscriminate gratuitous practice leads to injurious consequences to the profession.
3. That your Committee have every reason to believe that such indiscriminate practice may be made a means of obtaining patients in respectable circumstances, who would otherwise remain with their usual attendants.
4. That inasmuch as the so-called "gratis attendance" is carried on to an unjustifiable extent, and sometimes (it is feared) for the purpose of individual notoriety and benefit, to the injury of the profession, your Committee cannot but express their strongest reprobation of a system that ceases to be philanthropic where so perverted.
5. That your committee cannot avoid bringing before this Society the erroneous principle of gratuitous attendance at public institutions.
6. That the notice of your Committee has been called to the fact that a large number of the hospital patients, and particularly of the out-patients, are of a class who are able to pay for medical and surgical aid, and that it invites the Society to call the attention of the Committee of that institution, through the 'hospital staff,' to the subject. And,
7. That your Committee has directed its attention to the fact that a large number of the hospital patients, and particularly of the out-patients, are of a class who are able to pay for medical and surgical aid, and that it invites the Society to call the attention of the Committee of that institution, through the 'hospital staff,' to the subject. And,

(Signed) E. WILLIAMS, M.D.  
GEORGE B. CLARK, Surgeon.  
P. M. DUNCAN, M.B. Lond.  
WILLIAM WAYLEN.  
D. PHILBRICK MORRIS.  
SAMUEL A. PHILBRICK, Sec."

Is there a single town in Great Britain which cannot justly echo the truthful sentiments so forcibly enunciated by our brethren in Colchester? We believe not. Is it not possible that we can unite in a cause which interests nineteen-twentieths of the profession, and that majority, too, the real workers amongst us? We believe it is, and in no way can this be more effectually carried out than by stigmatizing as the common enemy, the man, whatever his position, who makes indiscriminate gratuitous medical advice the stepping-stone to his own advancement at the expense of his brethren.

THE town of Morpeth is blessed or cursed, according as the matter is judged by official partiality or by the experience of the ratepayers, with a Board of Health. This Board it appears has zealously adopted the little tubular drainage pipes so strongly recommended by the late authorities at Gwyder House, and the efficacy of which was so strikingly illustrated at Croy-

don. The most certain means of carrying off the soil from houses, if we may be allowed to draw our conclusions from the *practice* of the Board, which we presume is based upon their theory, is this:—lay down a little pipe, say a four-inch, but be careful not to exceed that dimension, for a main-drain; let seven smaller pipes, communicating with as many houses, empty their contents—that is, if the contents will flow—into this main-drain, and the result will be, that the system of sewerage is perfect, according to the Morpeth Board of Health. It may be, and indeed probably will happen, that the little pipes will get choked up, and that the houses will become very unpleasant from the regurgitation of fecal matter and effluvia. But then that ought not to happen, and if it does, it is the fault of the inhabitants and not of the Board of Health, whose system is constructed upon the most scientific principles. But somehow these little pipes *will* get choked up, the soil conveyed a little way into them from the water-closets dries, hardens, and the result is an obstruction. It appears that Mr. O'CONNOR, a surgeon in the town, not appreciating as he ought the admirable system of the Board of Health, and finding that the health-pipe designed to carry off the sewage from his house into the four-inch main was completely obstructed, hit upon the simple but unscientific expedient of flushing it. Now, flushing, it would seem, is no part of the system of the Morpeth Board of Health. So grave an offence called for exemplary punishment. Mr. O'CONNOR was cited before the magistrates to answer for his treasonable conduct. The magistrates, not taking the same view of the enormity of Mr. O'CONNOR's crime as the Board of Health, acquitted him. But they with, as we think, some inconsistency, refused to order him his costs. But although the magistrates had thus decided that it was not a "wilful waste of water" to flush the little tubes of the Board of Health, in order to keep them clear, it was not to be expected that the Board, which is more enlightened, and which has a system, should be convinced. Mr. O'CONNOR has therefore been served with a notice, which is so admirable an illustration of the views entertained by the Morpeth Board, as to the uses of water, and the absurd prejudice every Englishman cherishes, that his house is his castle, that we are induced to publish it.

"Morpeth Local Board of Health.

"To MAURICE JAMES O'CONNOR, Esq.

"Notice is hereby given to you not wilfully or negligently to waste, or cause to be wasted, or unlawfully to flush, draw off, or take any water from the Water Works belonging to the said Local Board; and notice is hereby given to you at all reasonable hours to permit DAVID GIBSON, who is duly authorized by us in that behalf, to inspect the works upon your premises for the supply of water.

"Dated this sixteenth day of June, 1854.

"(Received the 2nd of August, M. J. O'C.)

"(Signed)

WM. TROTTER.

THOS. JOBLING.

ANTHONY CHARLTON.

JOS. SHEW.

FRANCIS R. GREY.

"W. WOODMAN, Clerk."

From this document we gather that the conviction of the Hon. and Rev. FRANCIS R. GREY and his colleagues, that flushing water-closets is a sinful waste of water, is so strong, that they think the sanctity of private dwellings ought to be violated in order to guard against so shocking a crime.

But we suspect the Morpeth Board will have to encounter a somewhat obstinate and perverse opposition to their new system of "privy espionage." People will hardly submit

quietly to have an inspector at their elbows to put down the water-closet handle, when it shall seem to the said inspector that enough water has been allowed to flow. We doubt very much whether *any* time will appear "reasonable" to indulge the agent of the Board of Health in the gratification of such an inquisitorial and indecent curiosity. If the Board persist in such a course, it must alter its title. A Board that is bent on obstructing drain-pipes, and preventing the escape of sewage, cannot, with any propriety, be called a Board of Health. The Board of Filth would be a more appropriate appellation.

There is something so supremely ridiculous in the proceedings we have referred to, that it is impossible to treat them in a serious tone. But it is not a light matter that an estimable member of society should be subjected to annoyance, expense, and persecution, because he chooses to criticise in a spirit of freedom the principles and conduct of a public board. This is the disgraceful aspect of the case. It argues little for the wisdom of the Board, or the accuracy of the principles of the sanitary contrivances it has adopted, that it should be so sensitive to criticism, and so prone to defend its policy by appeals to law and the violation of constitutional rights.

## Correspondence.

"Audi alteram partem."

### NECESSITY OF LECTURES ON MILITARY SURGERY.

To the Editor of THE LANCET.

SIR,—I am indebted to Mr. Beveridge, of the navy, formerly a pupil of the class of military surgery in our University, and now serving in the Black Sea fleet, for the enclosed memorandum of a somewhat novel mode of bloodletting practised by the Circassians.

This was transmitted to me a few days ago, along with a very instructive case of conservative surgery, in which a forearm of considerable utility was preserved, after a wound in which the radius was broken, and the whole of the ulna, with the exception of a fragment at its upper and lower ends, was shot away.

Notwithstanding the numerous and convincing articles which have appeared in your own and in other journals, on the expediency of instituting additional chairs of military surgery, I hear of no effort making to establish, under the patronage of the Government, such a chair in your metropolis. You are aware that a sum of money has been voted by Parliament more than sufficient to endow two additional chairs of military surgery on the same moderate scale on which I have, with infinite pleasure and with some success, conducted the duties of the chair of military surgery in the University of Edinburgh for upwards of thirty years past. I will not believe that the public is indifferent to such a measure, were it even more remotely connected with the health of its fleets and its armies; and a heavy responsibility rests upon those who, with means at their command, are allowing the experience of another war to pass over our heads without a more adequate provision to treasure up its results for the instruction of those who are to come after us.

Is there such a lack of professional zeal that no man will step forward, under the present interesting circumstances, to claim his share of the Parliamentary grant? to supply what the late Baron Larrey termed a "*lacune*" in the arrangements of the Parisian school? to teach this popular branch of medicine? and to receive, to record, and to make known the experience of our army and navy surgeons now serving in the Baltic and on the confines of the Black Sea—perhaps at this moment in the Crimea—fields in a great measure new to British enterprise and professional experience?

My friends, Mr. Tuffnell, of Dublin, and Dr. Mackenzie, of Edinburgh, are present with the army in Turkey, no doubt enriching themselves with important materials for their respective courses of lectures, and, as opportunities offer, with drawings and preparations. I, who am now too old to be equal to a similar employment of my time, must be content



receive from my old pupils communications similar to that which has given occasion to this letter. Of this I have ample promise, and feel confident that I shall not be disappointed. I have never rested the expediency of additional lectureships on military surgery on what has been done, but on what has been *lost*; and every year convinces me more and more, from personal experience, that "much tangible and available information is elicited by incidental observations in the course lecturing, and that numerous important communications, both verbal and written, are voluntarily given to a professor, which would never be called forth by authority. It is in this way that the experience of the existing generation of army and navy surgeons will be most advantageously handed down to their successors in office; and it is the loss annually sustained by the profession and the public, from the want of additional establishments of this kind, which I deeply deplore."

I am, Sir, your very obedient servant,  
Altamont, Perthshire, Aug. 1864. GEORGE BAILLINGALL.

"*Novel Mode of Venesection.*—On the 19th inst., at Ghelinkjek, a Circassian was observed to be bled in the following manner: he applied a handkerchief tight round his neck till the veins of his forehead became turgid, when his comrade made several punctures with a sharp instrument. The bleeding was stopped by removing the handkerchief from the neck and tying it round the forehead over the orifices. On inquiry, it appeared that he was suffering from headache.

"I learn that the Circassians are much subject to rheumatic arthritis, possibly from night exposure while asleep on the ground, (their wandering habits being proverbial,) and have seen several cases of obstinate cutaneous affections; they are not liable to fever or ague, as those belonging to the squadron employed on their coast have been."

## THE OPERATION OF TRACHEOTOMY.

To the Editor of THE LANCET.

SIR,—The operation for opening the trachea proposed by "Delta" in the last number of THE LANCET, is precisely that so recently recommended by Dr. Marshall Hall. Sir Charles Bell, who was the first to perform the operation, with the view of applying the nitrate of silver to ulcerations of the larynx, as suggested by me, was in the habit of using the scalpel. He made his incision with the blade of that instrument, and then dilated the wound by introducing the handle.

I prefer Dr. Marshall Hall's operation—firstly, because it is more simple and more easily performed; secondly, because it is attended with less effusion of blood; and thirdly, because the dilatation may be effected with his scissors to any required extent.

I am, Sir, yours very respectfully,

J. BEDDINGFIELD.

Longville-house, Needham-market, Suffolk, Aug. 1864.

## CHOLERA IN NAPLES.

To the Editor of THE LANCET.

SIR,—The cholera continues its ravages in Naples and its vicinity. The daily returns now give the deaths at about 200, exclusive of military convicts and those private cases of the higher class who wish to be buried separately in the new "Campo Santo." Their deaths are generally returned as from typhus. The masses are thrown into large pits dug in the old burying-ground. Of the English visitors and residents ten have already died—one under peculiarly disagreeable circumstances. Captain Jones, of a regiment now quartered at Sorfù, cruising in his yacht, was seized with the epidemic at Castellammann, and died after a few hours. The municipal authorities of Castellammann refused permission to take his remains into Naples to be buried in the English burying-ground; being a Protestant, neither was he allowed burial in the Castellammann Campo Santo; so they buried him in the sandbank (by the sea-side) which forms the embankment of the railway. Amongst the military the disease has been particularly fatal; as many as 100 of the garrison have died daily, and three general officers. In Palermo the disease has appeared, and the popular excitement has been raised to such a pitch there by reports of "poisoning the wells," that it has been found necessary to put the town in a state of siege.

I am, Sir, your obedient servant,

Chinje, Naples, Aug. 1864.

ROBERT WHYTE, M.D. Edin.

## THE CHOLERA.

OUR comments of last week were intended to show that, although in this country in by far the majority of cases of cholera the invasion of the disease is gradual, yet that in a few instances here, and more frequently in hot countries, its outbreak is sudden, and not marked by prodromata of the ordinary character.\* To assert that *all* adduced examples of sudden invasion could be shown to have been ones of the ordinary kind, if properly investigated, because some have been so, would be as false in logic as we believe it to be in fact. They might or might not, by further inquiry, be settled; but if such further inquiry is impossible, we must rest satisfied with such evidence as we are provided with, and infer the truth accordingly. Now, to our minds, there is sufficient warranty for believing that cholera may invade the system at once and suddenly. But, even if that view be adopted which would maintain there is no sudden outbreak of diarrhoea, spasms, and vomiting, without some prodromata and prodromata, of whatever kind they may be, *practically* the result must be admitted to be identical; for while allowing, in the majority of cases, that the patient has marked and evident diarrhoea for some hours, or even days, which is a great many cases is so bad as to be subjected to treatment, or, if not, yet well known to exist both by the patient and his friends, nevertheless there occur instances in which a person dies of cholera who not only never came under treatment for premonitory diarrhoea, but who affirmed that nothing was the matter with him before the perfect development of the disease, and of whom, moreover, his friends, with ample opportunity for observation, had no suspicions. If in such cases as these, then, it still be maintained there existed diarrhoea, &c., or other known prodromata, we would reply—first, their existence is not proved; and, secondly, if they did exist, they were denied, or thought nothing of, either by the soon dead person or his acquaintances. Practically, then, there would be no difference. "A trumpeter of the 51st Regiment blew the trumpet for the officers' dinner so strong and so correctly as to be the subject of remark, and yet only a few minutes after he was seized with cholera, and died before the officers' dinner was over." This case has been more than once brought forward as a proof of the suddenness (without diarrhoeal prodromata) and rapid fatality of cholera. A strenuous advocate of views opposed to our own observes upon it, that he had the authority of Mr. Mout, surgeon of the 9th Regiment of foot, to say that he remarked how strong and correct this man sounded his trumpet, and that an hour or an hour and a half after he saw the man in collapse, but that he also had his authority to mention that he did not inquire whether this man had or had not a diarrhoea previous to the attack of spasms, &c. But, after all, what is really shown by this case? It is *negative* in evidence as regards the premonitory diarrhoea; of course no one

\* In addition to our previous extracts from the "Weekly Returns," we add the following from last two weeks' reports:—

"6, Vittoria-cottages, South Lambeth, on 19th of August, the daughter of a lamp-lighter, aged sixteen years, malignant cholera, collapse, (11½ hours.)" Dr. Ayres, the medical attendant, says:—"In this case there was no premonitory diarrhoea; the attack commenced with copious vomiting, and the patient was already (as far as I can ascertain by the most careful inquiry) in commencing collapse when the first purged motion occurred. The bowels had been moved *only once* on the preceding day."

"At South Villa, Oval, 13th of August, the widow of a physician, aged fifty-five years, malignant cholera, (12 hours.)" Mr. Wright, the medical attendant, adds on his certificate:—"No premonitory diarrhoea."

"At 161A, Strand, on 14th of August, the son of a government clerk, aged sixteen years, cholera, (24 hours.)" The informant states, that no diarrhoea preceded the attack.

"At 2, Portland-street, Wandsworth-road, on 21st of August, the son of a coach-painter, aged three years, Asiatic cholera, (9 hours.)" The medical certificate says, "Premonitory diarrhoea none."

"At 53, Brompton-street, Caledonian-road, on 20th of August, a silversmith, aged forty-four years, Asiatic cholera, (17 hours.)" He was seized suddenly whilst at his workshop, went home as soon as possible, and died the following day.

"At 10, Princes-terrace, Caledonian-road, on 21st of August, a (celebrated) cricketer, aged sixty-two years, epidemic cholera, (18 hours.)" He had no premonitory symptoms. He was attacked at two o'clock A.M. on the day of his death. He had been bowling at a match at Canterbury during the previous week.

"At 59, Queen's-road, on 22nd of August, the son of a carpenter, (deceased) aged five years, cholera maligna, (34 hours.)" In these two cases of father and son there was no premonitory diarrhoea; both went to bed about ten o'clock at night as well as usual, and were seized about two in the morning. The father had two motions before sickness came on, the child none, but was attacked with incessant vomiting; when that was stopped purging came on; at nine in the morning both were in collapse, although the child at that time and throughout was not much purged. They died as if poisoned. This statement is from the surgeon's remarks."

could affirm it really existed. But it is *positive* in this, that a man was considered by others to be well, was at duty, did that duty so perfectly as to excite comment, (a duty, it should be remarked, connected with *strength and correct mastership of voice*), was very ill (as to be known to be so) a few minutes after, and died before the dinner was over to announce which he blew the trumpet! There is no denying these facts, and these are the only *certain* ones about the matter. It may be true that there "is no proof in reality he was not labouring under a diarrhoea—perhaps for some days or some weeks; but we would ask—Where is the proof that he was? One of the first steps to a preparation for a sounder and more eclectic revision of the phenomena of cholera will be the desire, on the one hand, to embrace a knowledge of facts happening beyond the sphere of one's own personal and limited range of observation; and, on the other, the intention to consider and discuss them as free from flippancy and dogmatism as is possible.

We do not mean that the latter necessity is made evident by any remarks which have fallen from the writer we have just quoted from. It has been forcibly revived, however, by the perusal of a pamphlet now before us,\* and which we regret to say is not alone in betraying those characteristics we deem it proper, in our editorial duties, to express our regret at. Dr. Tucker informs us that his position as the medical superintendent of a dispensary gave him "an opportunity of observing the effects of the saline treatment of cholera, which, under Divine Providence, were marked with such signal success as to call forth an expression of thanks from the governors of the institution, and the testimonial of a public meeting specially convened in October, 1849."—p. 4.

Dr. Tucker, having blown his own trumpet in this manner, next "ventures to endeavour to counteract the evil and erroneous impression that 'confirmed cholera is incurable,' and to re-establish public confidence by the circulation of the comparatively consoling fact that, under proper treatment, cholera is less fatal than typhus fever or the malignant scarlatina." (p. 4.) Having shown us how Drs. Watson, Graves, and others treated their patients, and also that "the fatal result of this unsound system of medical practice was the 'booking' of their patients for the ocean of eternity," (p. 11,) and afterwards having admired "the scientific views and the striking facts which are exhibited by Dr. Stevens in his recent publication," (p. 14,) the author proceeds seriously to work, the result of his labours being represented in the following *resumé*:—"Facts and fair experiments prove that the deadly poison, or the proximate cause of the new pestilence, causes death by its destructive action on the vital electricity—that is, the life of the blood in the material bodies of human beings; and, from what I have seen myself, I believe that the saline plan of treatment of cholera, or the use of the vital electricity that is contained in saline matter, is not only a great improvement in the practice of medicine, but a certain specific in the new pestilence." (p. 49.) We are reminded, however, by the second edition of another tract just laid upon our table,† that Dr. Tucker's "certain specific" has to wage war with another, which has an advantage his has not had, that of being introduced to our notice by more calm and sensible writing:—"Should it be proved, as I anticipate, that sulphur is an antidote to the cholera poison, it is not unlikely that the same remedy may be available for other epidemic diseases."—p. 15.

We wish we could join Mr. Grove in such anticipation. Whilst he finds safety in sulphur, and Dr. Tucker in "the vital electricity that is contained in saline matter," Mr. J. H. Tucker‡ cries *eureka* in respect to cider and sulphuric and other acids. We can recommend the perusal of his essay as giving "a bird's-eye view" of the "acid plan" in the treatment of several intestinal disorders. We have also received the "Notification of the Central Board of Health of Jamaica," a sensible and well drawn up code, and which has been ordered to be reprinted by the Secretary of State for the Colonial Department. The members of the "Central Board" "declare it to be their decided belief that the presence of the prevailing epidemic in Kingston cannot be traced to recent importation, nor to direct communication through human intercourse," (p. 4;) that "this disease is rather one of place than of person," (p. 4;) and also that "it is an admitted fact in the history of cholera, that the establishment of hospitals for the reception and treatment of the sick has been, on the whole, unsatisfactory." (p. 11.)

\* Observations on the Nature and Treatment of the Asiatic Cholera. By James Tucker, M.D. M.B.C.S. England. London. 1854. pp. 49.

† Sulphur as a Remedy in Cholera and Diarrhoea. By John Grove, M.B.C.S.L., &c. Second Edition. London. 1854. pp. 35.

‡ On the Use of Vegetable and Mineral Acids in the Treatment, Preventive and Remedial, of Cholera and other Epidemic Disorders of the Bowels. By J. H. Tucker, Surgeon, &c. London. 1854. pp. 32.

Relative to the progress of cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar-General for the week ending August 26th:—

Districts.	Elevation above watermark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	53
Central (St. Giles, &c.).....	49 "	393,256	36
Western (Kensington, &c.)	28 "	376,427	179
Eastern (Shoreditch, &c.)...	26 "	485,522	119
Southern (St. Saviour's, Lambeth, &c.) }	6 "	616,635	460
			847

In the corresponding week of 1849, cholera carried off 1272 persons. In the present summer, its weekly progress is traced in the following numbers: 5, 26, 133, 399, 644, 729, and 847. In the first seven weeks of the epidemic of 1849, the deaths were—9, 22, 42, 49, 124, 152, 339. In that year it commenced about the end of May, the healthiest part of the year; it began six weeks earlier than the present epidemic, and its progress was slower; but in the fourth week of August, as has been shown, it had reached a higher rate of mortality than the disease which now prevails has yet attained. 2783 persons have already died of cholera; and 1706 of the number have fallen on the low grounds of London, out of 596,119 people whose dwellings are not ten feet above the Thames; 705 have died out of 645,819 on the higher ground, extending from ten to forty feet above the same level; and only 345 out of the 1,070,372 who live on the ground that has an elevation extending from forty to 350 feet. The mortality from cholera to 100,000 living at the three elevations is 287 at the lowest, 169 at the middle, and 32 at the highest region.

Mr. Vaughan, the summoning-officer of St. Matthew's, Bethnal-green, has forwarded information to Mr. Baker, the coroner for East Middlesex, relative to the deaths of two children, in Pleasant-place, North-street, Waterloo Town, who died from malignant cholera. The inquiry has been called for by the ratepayers, in consequence of the nuisances in the neighbourhood, where the epidemic is making rapid progress amongst the poor. There were other persons in the same house lying ill from diarrhoea and the usual symptoms of cholera.

The following letter has been addressed from Limehouse to the secretary of the Government Board of Health:—

"May we request the favour of your calling attention to the abominable nuisance we suffer in this parish from the discharge of gas refuse through the common sewer into Limekin Docks, more than sufficient to cause cholera and disease in this poor and thickly-populated neighbourhood.

"At this moment the stench is unbearable, and is supposed to arise from some communication existing from the gas works on Bow-common with the common sewer.

"We have frequently called the attention of the authorities to this subject, and it has ceased for a time. It is, however, now in force stronger than ever, and unless some immediate steps are taken, the worst consequences may be apprehended.

"We have had nearly 160 men and boys who work close to the docks more or less severely attacked during the last three weeks."

A correspondent also writes:—"I reside at Battersea, supplied by the Lambeth and Vauxhall Water Company. From Friday last to Monday I had no supply. We have the cholera raging in our parish, and three persons died from typhus fever not fifty yards from my house. With a family of children who require a quantity of water on Saturday night, it is invariably our lot to be without water on Sundays, and we have to send to the parish pump for a supply."

We are sorry to announce the death of Major-General Bush, which took place, from the prevailing epidemic, at his residence in Sloane-street, on Sunday evening. General Bush was at the head of the London Recruiting District, and was promoted to the rank of Major-General in the last Brevet.

A letter has been received within the last few days, by a gentleman in Waterford, from Captain Grant, late superintendent there of military pensioners, announcing the death, at Varna, by cholera, of Captain Dubordien, late sub-inspector of constabulary at Tremore. This melancholy event occurred the day after the lamented gentleman's arrival at that place.

Lillywhite, the well-known cricketer, has also fallen before the disease.

The reports from the northern districts of Ireland are happily more cheering. In Belfast the pestilence has not increased, and the medical men there have come to the con-

clusion that the type of the disease is less malignant than that of former years. A local paper (the *Chronicle*) thus reports:—"We have been rather surprised to see a statement in one of our local contemporaries that the deaths from cholera have been sixty per cent. of the cases. Those who have taken the trouble to investigate the matter will have perceived that, instead of sixty, there were not more than sixteen per cent. deaths of *bond fide* cholera cases. There is, no doubt, much cholera in town; but that is no reason why we should rank every serious disease which ends fatally under that head. There really has been little or no increase in proportion to the population. From twelve o'clock (midnight) on Sunday to nine o'clock last night there were eleven new cases of cholera and two of diarrhoea, with but one death. We still agree with Dr. M'Gee, that the disease is of a milder type than usual, or the deaths would bear a much more signal proportion. There is not a single case in Hollywood, so far as has yet been known, although there has been a keen eye for detection of the premonitory symptoms. On Thursday the official returns will exhibit the disease from its commencement this year."

The *Gazette des Hôpitaux*, of the 19th, publishes the following strange story:—Dr. Roger (de l'Ore) having been called upon to visit a patient in the worst stage of cholera, prescribed, but with scarcely the slightest hope that it would be efficacious, an emetic of one and a half grammes of ipecacuanha, to be taken in three doses, (*prises*), at intervals of half an hour. The person who was charged to administer the ipecacuanha, seeing the word *prises*, and finding that the medicine was a powder, imagined that it was a kind of snuff, and that the three *prises* meant three pinches. He consequently made the patient sniff up a third. The ipecacuanha thus administered, instead of making the patient vomit, caused him to sneeze with such force, and for so long a time, that a violent reaction took place. Heat returned to the surface, all the symptoms of cholera ceased, and when the physician paid his next visit he found the patient cured.

## THE WAR.

(FROM OUR SPECIAL CORRESPONDENT.)

MONASTIR, AUG. 7TH, 1854.

CHOLERA SPASMODICA has continued amongst the troops of the Light Division, but the cases have assumed more of a sporadic type, and, generally speaking, have exhibited a milder and more manageable character. In the outbreak which occurred at Devna, and in those cases in which the cholera poison may be supposed to have been imbibed there, all the symptoms were present in their most virulent form—cramps, incessant rice-water vomiting and evacuations, suppression of all secretory action, prostration, turgidity of surface, speedy death, and muscular irritability continuing for some time after all vital functions had ceased. It would be idle to enumerate the various remedies resorted to, for in none of these cases was the *morbis ipse* reached at all; symptoms only were reached, and in most instances these were alleviated but slightly before the last and fatal stage set in. Neither in these instances, although disorders of the bowels had been prevailing for some time previous throughout the whole division, would there appear to have been traced any marked premonitory stage. In a few cases slight acts of indiscretion were discovered which seemed, like a spark to gunpowder, suddenly to irritate the latent disease into full action. As to the cases which have latterly occurred, in some the symptoms before named have been all present, but less violent in character and slower in progress; in others, some of them have been wanting altogether. The chief difficulty in many of these has been in treating the secondary fever, or raising the patient from the extreme debility consequent on the attack. It is in this stage more particularly that in the field hospital the absence is felt of many of those conveniences which are always to be found in civil hospitals, and which cannot be obtained here amongst a community so little civilized, and whose habits are so much at variance with those which prevail in other parts of Europe.

The prevalence of diarrhoea, and all the train of gastro-enteric irritation and dyspeptic symptoms, continues unchecked. Moreover, there is an amount of general debility far beyond what can be accounted for simply by temperature and climate, for it exceeds what is usually experienced after a much longer period passed in a tropical climate where the benefit of cool evenings and nights is not enjoyed. It is an important question how much influence the diet of the troops may have exerted in producing this result. The bread is dark-coloured and heavy. The corn-fields abound with weeds of all descriptions, and no care is taken to separate the seeds

of those from the corn preparatory to grinding. One of the contractors said that he could procure flour as fine as English or American flour, but a much higher price must be paid for it, for much more labour would be required in preparing it. From its appearance, the bread would seem to have a considerable proportion of rye-flour in it; but it is stated that it is wholly made from the wheat known as the bearded wheat, which is universally grown in this part of Bulgaria. The beef, which for a long time past has been the chief diet of the troops, seems universally condemned. It is coarse and tough; in short, the ox, being essentially a beast of draught and burden, is not proper for food. There is the principal portion of a Turkish regiment of cavalry, 400 strong, (the remainder being encamped with our cavalry brigade at Yeni-Bazaar,) attached to this division. They are now encamped lower on the plain than the line regiments, near to the royal horse artillery. They have not had a case of cholera in the regiment. Their chief meat, they say, is mutton; they avoid beef as much as possible. The men are a fine, hardy set of fellows; some of them really grenadiers in size; so that, glancing from them to their horses, it becomes a matter of surprise how so small a servant can carry so heavy a master, with his heavy lance and accoutrements. These soldiers would form an excellent example for argument in an oration by a temperance advocate.

To compensate for the deficiency in nutriment of the beef, the commander of the forces has ordered, by a general order of the 1st instant, that the ration of meat should be increased from one pound to one pound and a half during the present unhealthy season. By a previous order (July the 19th) a daily issue to each man of two ounces of rice or Scotch barley was authorized; so that if sufficient vessels for cooking are provided, the soldier ought now to have a substantial and nutritious soup. On the 31st of July, by another general order, half a gill of spirits was directed to be issued by the commissariat department for each non-commissioned officer and soldier, and the coffee lately ordered for the troops was directed to be used so as to produce a cup in the morning before going out on any duties, and another in the evening before going to rest. These arrangements, it is hoped, will produce much benefit.

The village of Monastir, near which this division is encamped, was formerly inhabited by Bulgarians of the Greek church, and their stone crosses still remain amongst the grave-stones of the neighbouring cemetery. It is said that they were ejected without any compensation or ceremony by the Turks. It consists of a collection of houses little better than mud-huts, with thatched roofs, placed without any regularity, and each with its surrounding vegetable garden or orchard enclosed by a high fence. No flower-beds are visible, nor any trace of refinement or industry. In the lanes between the houses are large dung heaps, the apparent accumulation of years; weeds grow on every side, and the whole place is stamped with the characters of indolence and neglect. One only redeeming point, and that which binds us to its neighbourhood, is its fountains. Of these there are several; small streams of water carefully carried through small stone conduits, from the ends of which the water flows constantly into a succession of stone troughs, placed at such a height that all animals, from the sheep or goat to the horse, can drink freely from them, or rather could drink before our arrival brought such a crowd of applicants to the spring. It is the difficulty of finding water which has prevented our camp from being again shifted before this date, to try the effect of a further move in ridding us of the disease which is amongst us. We are not yet out of the influence of the Devna plain. The face of the mountain bounding the lakes and marsh on the south looks down upon us; for the ridge of sloping land which separates us is much less elevated. Not unfrequently in the early morning the dense white vapour which rises from the lake forms a fleecy cloud above this intervening ridge, and obscures all, except just the summit, of the mountain beyond. The sea breeze rises, sweeps up the valley from Varna, and with the aid of the powerful heat of the rising sun the vapour is soon dispersed. The prevailing direction of the wind since arriving in this encampment has been from the south and south-east, just that which would drive any miasma that might float upwards from the marshes into a stratum of air higher than the intervening hills, directly upon us.

One great improvement in the present condition of the camp is the separation which has taken place in the encampments of the different regiments, and the consequent more free circulation of air. When the disease broke out at Devna, the two brigades of the Light Division, with the battalion of Rifle Brigade attached, were encamped closely together. The frontage of the whole camp for these seven regiments was, in all, about 850 yards; 144 paces, or about 120 yards, being

allowed for each regiment; the depth, on the average, was about 140 yards; so that, in a space of 840 by 140 yards, were dwelling upwards of 6000 men, and about 550 horses. The regiments of the two brigades are now separated as widely apart as is consistent with convenience for obtaining water and rations, and more space is allotted between the several tents of each regiment.

Flannel belts have been issued to a considerable number of the men, and it is expected that a further supply will shortly be received, so as to enable every man in the division to wear one. The great difference in the temperature before and after sunset renders this protection to the loins a most desirable acquisition. Medicines and medical stores have not been proportionate to the demand, notwithstanding every exertion on the part of the medical officers. It is understood that the difficulty of finding available transport has been the chief cause of the deficiency in this respect. The purveyors complain of want of clerks and assistants, to enable them to comply with the requisitions constantly made on their stores—a complaint constantly heard, too, and with apparent reason, amongst the officers of the commissariat department. The ambulance corps still continue at Varna; and in respect to sick or wounded, should transport be required for them, we should be as badly off in this division as we have ever been. The slow, ill-made, cumbrous bullock-wagon of the country would be our only resource in such an emergency.

The order from England for wearing the moustache was issued to the troops at Monastère this day, (August 7th.) It has been already, for some time past, adopted in other divisions,—it is presumed, with the sanction of the generals commanding them. That part of the order which enjoins the under lip, chin, and upper part of the throat to be shorn, as well as a fixed space on each side of the angle of the mouth, will prevent a fair test of the advantages which were anticipated, in a medical point of view, from the growth of the hair in this situation, whether as a respirator affecting the air passing to the lungs, or as an external protection under all circumstances of exposure to the upper part of the throat. In consequence of the number of men and officers who have suffered here from sore lips and chins, it is reported that the commander of the forces will, for the present, dispense with the use of the razor altogether. This will in many ways be a comfort and advantage to the soldier. Cleanliness may be preserved without razors, and one pair of scissors will cut the beards of a whole squad into a becoming shape without much expense of time or labour. Exposed as the British soldier constantly is, by his duties, to night air,—changing from the heated guard-house to the slow movement along his allotted beat,—and to all vicissitudes of climate, from the sun of the tropics to the extreme cold of Canada, not forgetting the damp fogs of England,—few can doubt that the growth of hair on the lower part of the face and upper part of the throat would be a valuable protection. But whether this growth can be permitted without detracting from that propriety of appearance and uniformity which the military eye requires—some persons are said to have a military eye *par excellence*, just as others have “an eye for a horse,” or “an eye for a picture”—is a matter which must be settled elsewhere.

The necessary preparations for the embarkation of the troops is described as going on with great rapidity in the transports and fleet. Yesterday a rumour went through the camp that cholera had broken out in some of the ships, but could not be traced to any reliable source. It is believed to be making considerable havoc in the French camps, and the deaths at Varna from the same cause are said to be numerous.

Assistant-Surgeon E. Alfred Jenkin, Senior Assistant in the 23rd Royal Welch Fusiliers, has died from an attack of the prevailing disease. He was one of the medical officers left behind at Devna, in charge of the sick who were unable to be moved at the time the Light Division quitted that encampment for Monastère. The Hospital Sergeant and the Hospital Orderlies of the 33rd, or Duke of Wellington's Regiment, who were also left behind to attend upon the sick at Devna, have all since died from cholera.

## Medical News.

**ILLNESS OF THE DUKE OF CAMBRIDGE.**—PARIS, Tuesday evening.—By Telegraph from Turkey, *vid Trieste*, it is stated that the Duke of Cambridge has been attacked with erysipelas. It is also reported that the *Ripon* had arrived at Malta with 160 sick on board.

**ROYAL COLLEGE OF SURGEONS.**—The following members of the College were admitted Fellows at the last meeting of the Council:—

ALDRIDGE, JOHN PETTY, Dorchester, June 6th, 1834.

BOWKER, RICHARD BYTHER STEER, New South Wales, May 7th, 1838.

BURGESS, FRED. JOSIAH, Bishops' Waltham, May 5th, 1834.

COOPER, THOMAS SANKEY, Canterbury, April 24th, 1839.

DALRYMPLE, DONALD, Norwich, August 19th, 1836.

FURNESS, THOMAS ALLASON, Newcastle-upon-Tyne, May 22nd, 1839.

HILL, SAMUEL, Clifton, Yorkshire, February 5th, 1836.

JOHNSON, CHRISTOPHER, Lancaster, February 22nd, 1839.

LOWES, FREDERICK JOHN, Gosport, May 13th, 1839.

MASSY, ISAAC, Nottingham, April 15th, 1831.

PART, JAMES, Camden-town, December 7th, 1832.

PURNELL, JOHN JAS., Charter-house-square, June 24th, 1839.

RUSSELL, GEORGE IRELAND, Gravesend, diploma of membership dated January 7th, 1820.

SLEEMAN, PHILIP ROWLING, Bristol, June 3rd, 1839.

STATTER, WILLIAM, Wakefield, February 3rd, 1829.

TURNER, SAM. MAYER, Newcastle-under-Lyne, May 6th, 1839.

At the same meeting —

D'OLIVER, ISAAC ARTHUR, of Tredegar-square, Bow-road, and EASTWOOD, THOMAS, of Oldham, Lancashire,

were admitted *ad eundem* members of the College.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, August 24th, 1854.

KERSHAW, BENJAMIN, Rochdale.

KING, DAVID, Ayr, N.B.

MORRIS, WILLIAM WHYTEHEAD, Stalbridge, Dorset.

PHILPOTT, HENRY GRAY, Brighton.

TURNER, THOMAS, Langport, Somerset.

WINDSOR, THOMAS, Manchester.

**UNIVERSITY OF LONDON.**—EXAMINATION FOR HONOURS.—*Anatomy and Physiology:* J. G. Blake, B.A., (Exhibition and Gold Medal,) University College; Henry Maudsley, (Gold Medal,) University College; Walter Barnett Ramsbotham, University College; Uriah Perrin Brodribb, B.A., Guy's Hospital; Edwyn Andrew, University College; Thomas Buzzard, King's College, John Lumsden Probert, King's College, and James Fitzjames West, St. Thomas's Hospital, equal; Samuel Giles, B.A., Guy's Hospital.—*Chemistry:* A. R. Kilroy, (Exhibition and Gold Medal,) London Hospital; John C. Thorowgood, (Gold Medal,) University College; Wm. Turner, St. Bartholomew's Hospital; Henry Maudsley, University College; James Gibbs Blake, B.A., University College.—*Materia Medica and Pharmaceutical Chemistry:* Wm. Turner, (Exhibition and Gold Medal,) St. Bartholomew's Hospital; Henry Maudsley, (Gold Medal,) University College; John Charles Thorowgood, University College; Uriah Perrin Brodribb, B.A., Guy's Hospital; James Gibbs Blake, B.A., University College, and Wm. Tiffin Iliff, Guy's Hospital, equal.—*Botany:* Jas. Gibbs Blake, B.A., (Gold Medal,) University College; Edwyn Andrew, University College, and Uriah Perrin Brodribb, B.A., Guy's Hospital, equal; Wm. Newman, St. Bartholomew's Hospital.

**APPOINTMENTS.**—Dr. Waller Lewis has accompanied the Right Hon. the Secretary of State for the Home Department and Viscountess Palmerston to their seat at Broadlands, in Hampshire, as their medical attendant during the existence of the present epidemic.—M. J. H. Sylvester, (Associate, King's College,) who held the studentship in Human and Comparative Anatomy at the Royal College of Surgeons in 1852 and 1853, and who was presented with an assistant-surgery in the East India Company's service last year, went out to India last January, and after being only a few months in Bombay, was nominated by the Governor (Lord Elphinstone) temporarily to fill the chair of Anatomy and Physiology in the Grant Medical College, and to be Curator of the Museum.—W. Dalton, Esq., F.R.C.S., has been appointed surgeon to Cheltenham College, vice J. Fortnom, Esq., resigned.—Dr. Quinlan has been appointed medical superintendent of the Borrisoleigh Dispensary, in place of Dr. Pinchin.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, AUGUST 26TH.**—In the week that ended last Saturday, the number of deaths arising from all causes was 2039. In the ten corresponding weeks of the years 1844-53, the average number was 1114, which, if raised in proportion to increase of

population, becomes 1225. The prevailing epidemic has produced an excess, amounting to 814, above the corrected average. In the thirty-fourth week of 1849, which ended August 25th, the total number of deaths registered was 2456. In that week the mean temperature was 62°·9; last week it was 61°·2, which is 1°·1 above the average. From cholera the deaths last week were 847, while those from diarrhoea were 214.

### Obituary.

On the 27th inst., of cholera, in the discharge of his professional duties as resident medical officer of the Westminster General Dispensary, Mr. CHARLES WATKINS TILLY, aged thirty-five. The deceased was admitted a member of the College, June 6th, 1842, and died regretted by all who had the pleasure of knowing him.

On the 28th inst., in London, after fourteen hours' illness, GEORGE COWLEY, of Winslow, Bucks, M.R.C.S. and L.S.A. As in life he was universally respected, so in death his loss is as widely and intensely deplored.

At Paris, WILLIAM HILL, M.D., aged thirty-two, late of Ballyhigh, Ireland.

At Bergeworth, Worcester, Dr. BEALE COOPER, in his eighty-second year. The deceased was mayor of Evesham for several years. He never practised much as a physician, his whole time being devoted to the interests and welfare of his native city. For a few years preceding his death he had been somewhat retired, not taking much part in public affairs.

At his residence, Liscreagh-cottage, Cork, EUGENE O'SULLIVAN, M.D.

Mr. E. A. JENKINS, Assistant-surgeon of 23rd Royal Welsh Fusiliers, of cholera.

### The BRITISH MEDICAL DIRECTORY for 1855.

ALL duly-qualified Medical Practitioners are respectfully requested to forward, as soon as possible, their "ENTRIES" or "RETURNS" for this Annual Volume. References to the Entries in the Directory for the current year, (1854,) stating that they are correct, will be sufficient. When alterations are required, they should be distinctly specified, and in all cases the names of the writers should be written clearly, and at full length.

Address to the Editors at the "BRITISH MEDICAL DIRECTORY" Office, 423, Strand.

### TO CORRESPONDENTS.

The Students' Number of THE LANCET will be published on the 16th of the present month. Prospectuses of Schools, Hospitals, and other Institutions, intended for insertion, should be forwarded immediately to the Office.

*An Inhabitant of the Edgeware-road.*—Such proceedings on the part of the road commissioners are to be deprecated at the present moment. We are fully aware of the very filthy state of the macadamised road in this locality, the under surface of which is in such a state of decomposition that it most engender disease. Cholera is already rife in the neighbourhood, and there is every reason to fear it will spread still more extensively if the works are carried on.

*Tyro.*—The work is published by Parker and Son, West Strand. Vol. 1, 18s.; vol. 2, not completed.

*McA.*—There is no clause in the University of London Medical Graduates Act empowering members of the Scotch Universities to practise in England.

#### THE CHOLERA.

To the Editor of THE LANCET.

SIR,—The successful treatment of cholera by Dr. G. Johnson, at King's College Hospital, by the administration of castor-oil and the application of heat, induces me to beg your insertion of this note, inasmuch as I have for some time given my attention to a suitable appliance for the application of heat, and I have succeeded in making a cushion or pillow of prepared india-rubber, that will resist the temperature of boiling water, and is so constructed as to dispense with the necessity of being removed from the body to alter the temperature; it may be applied wet or dry, so as to be equal to a warm bath, or dry air, or vapour bath, with a cataplasm or blister, or alone. Should any party be sceptical on the points adduced, I will be willing to send one, free of expense, to remove all doubt.

I am, Sir, your obedient servant,

PHILIP EAST, August, 1854.

W. HOOVER.

*A Juror, and others.* (Whitehaven.)—We have perused the report of the inquest on John Dixon, jun., contained in the *Whitehaven Herald*. Such scenes as that described by one of the medical witnesses are always injurious to the interests of the profession. Dr. Dixon is certainly not entitled to practise as an apothecary in England on his Glasgow qualification. Is it possible that the medical evidence given at the inquest by that gentleman is correctly reported? If so, it may be well asked, What was the object sought for from the means employed?

*Chirurgus.* (Brighton.)—Provided the case were not a medical one, an empiric could recover in the County Court "for work done and goods supplied." There is no law to prevent it. A member of the College of Surgeons, in the present state of matters, would stand in the same position.

*Chirurgus.*—We cannot recommend the work.

*A.*—Information will be found in the Students' Number, which will be published on the 16th instant.

#### TREATMENT OF CHOLERA BY PURGATIVES.

To the Editor of THE LANCET.

SIR,—About six weeks ago you published a letter of mine, signed "A Surgeon Afloat and Ashore," in which I stated that, by treating cases of cholera in the East Indies by purgative medicines, whatever might be the amount of purgation, I had never once failed in arresting the symptoms of that fatal disease, and restoring my patients to health within eight and forty hours. The medicines I employed were rhubarb and ipecacuanha, with a few grains of mercury with chalk, adding, in severe cases of spasm, some of the aromatic powder with soda, where there was acidity of the prime viæ, and always applying a large mustard poultice over the abdomen, made, where there was much pain of the bowels, with tincture of Spanish fly.

I perceive in the *Times* of Saturday last, that a Dr. George Johnson, of King's College Hospital, has adopted my plan with considerable success, and the article is headed, "Novel Mode of Treating Cholera." It would have been creditable to this gentleman had he acknowledged the source whence he derived his novel ideas, which, singularly enough, are precisely similar to those I published in your columns—viz., looking upon the disease as an effort of nature to throw off some offending matter, in which she was to be assisted by opening medicines and relaxants, instead of being frustrated by astringents and stimulants. Dr. Johnson, unwilling to adopt the medicines I advocated, has simply taken the principle of the practice, and has substituted castor-oil for rhubarb. I contend that the latter medicine is preferable to the former, as producing less debility. About three weeks ago, when in Paris, I wrote an account of my plan of treatment to the physicians of the *Hôtel Dieu*, "wha, should they adopt it, will, I have no doubt, be liberal enough not to arrogate to themselves the merit, if there be any, of a plan of treatment directly opposed to that hitherto in general use amongst surgeons."

I am, Sir, your very obedient servant,

J. BURKE.

*One of your Oldest Friends and Subscribers.*—Applotion should be made to Mr. H. Gilbert, Suffolk-street, Pall-Mall.

*Anti-Humbag.* (Weymouth.)—After carefully perusing the report of the proceedings at the meeting of the supporters of the Weymouth Sanatorium, we are unable to discover, either in Dr. Smith's speech or elsewhere, any statements to bear out the strictures of our correspondent.

*Bene Veno.*—Certainly.

*Dr. Stillman* will perceive the subject is noticed. It is probable we may still further refer to it.

*A Lady.* (Bristol.)—Chloride of lime, chloride of zinc, or common lime, would answer the purpose. The medicines named would stop the premonitory symptoms.

*A. B.*—The Town Hall would be a suitable place.

*Justitia.*—The report will most probably be commenced next week.

*G. S.*—1. No.—2. On the 1st of October.

*W. M.*—The cholera queries of the Cholera Committee of the Epidemiological Society may be obtained of Dr. Bryson, 8, Duke-street, St. James's; Dr. McWilliam, 14, Trinity-square, Tower-hill; or of Mr. Tucker, 38, Berners-street.

#### TARAXACUM.

To the Editor of THE LANCET.

SIR,—Will any of your correspondents tell me what ought to be a fair charge for a pound of the fluid extract of Taraxacum? One would think that for this article at least there should be something like uniformity of price, but I find it varies from 3s. 9d. to 22s. I observe this excellent remedy very freely advertised, but before ordering a thing we like first to know the cost.

I am, Sir, yours obediently,

A COUNTRY PRACTITIONER.

August, 1854.

COMMUNICATIONS, LETTERS, &c., have been received from — Sir George Ballingall; Mr. J. Beddingfield; Dr. David Nelson; Mr. John Baring; Mr. John Smith, (Ramsbottom); Mr. J. Burke; Dr. Pyemont Smith, (Leeds); Dr. Bedford; Dr. W. Alexander; Secretary of St. George's Hospital; Dr. R. White, (Naples); Mr. LeStrange; Dr. Foote; York School of Medicine; Queen's College, Birmingham; Tyro; Dr. Waller Lewis; Delta; Mr. J. Stansbury; Mr. Tusker; Dr. Macdonald, (Glasgow); Anti-Humbag; M. A.; A Subscriber, (Guernsey); Mr. Reeves, (Carlisle); X. Z.; Mr. Humble; Mr. James Figg, (Royal Dispensary, Pinlco); One of the Oldest Subscribers to THE LANCET; Dr. J. L. Crawcour; Mr. W. Stillman, (Whitehaven); Mr. Waters; Dr. Hope, (Seaford, with enclosure); Mr. J. Cogan, (Wheatley); Mr. R. B. Marriott, (Ipswich); Mr. T. Parrott, (Stratford); Mr. M. Curtler, (Gloucester, with enclosure); Mr. J. Fisher, (Ashull Moor); Mr. D. Cope, (Birmingham); Mr. Charles Taylor; Mr. T. Lowe, (Solihull, with enclosure); Mr. Oumming; Dr. Matthew Rao, (Carlisle); Mr. French; Dr. Goate, (Jersey, with enclosure); Mr. J. W. Way, (Southsea, with enclosure); Chirurgus, (Brighton); A Juror, (Whitehaven); Mr. W. Hooper; Justitia; G. S.; A Lady, (Bristol); A. B.; Enquirer; One of your Oldest Friends and Subscribers; A.; Chirurgus; Bene Veno; An Inhabitant of the Edgeware-road; Dr. Stillman; A Country Practitioner; Mr. John Brown; Mr. T. B. Tatham; Mr. Baines; &c. &c.



## Oleum Jecoris Aselli.

DR. DE JONGH'S LIGHT-BROWN  
COD-LIVER OIL.

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES,  
NORWAY, AND PUT TO THE TEST OF CHEMICAL ANALYSIS.

The most effectual Remedy for Consumption, Bronchitis, Asthma, Gout,  
Chronic Rheumatism, and all Scrofulous Diseases.

Approved of and recommended by BERZELIUS, LIEBIG,  
WÖHLER, JONATHAN PEREIRA, FOUQUIER, and numerous  
other eminent medical men and scientific chemists in Europe.

Specially rewarded with Medals by the Governments of  
Belgium and the Netherlands.

Has almost entirely superseded all other kinds on the  
Continent, in consequence of its proved superior power and  
efficacy—effecting a cure much more rapidly.

Contains iodine, phosphate of chalk, volatile acid, and the  
elements of the bile—in short, all its most active and essential  
principles—in larger quantities than the pale oils made in  
England and Newfoundland, deprived mainly of these by their  
mode of preparation.

A pamphlet by DR. DE JONGH, with detailed remarks upon  
its superiority, directions for use, cases in which it has been  
prescribed with the greatest success, and testimonials, forwarded  
gratis on application.

The following are selected from some of the leading Medical  
and Scientific Testimonials in favour of Dr. de Jongh's  
Cod-liver Oil.

## BARON LIEBIG,

Professor of Chemistry at the University of Giessen, &c. &c.

"SIR,—I have the honour of addressing you my warmest  
thanks for your attention in forwarding me your work on the  
chemical composition and properties, as well as on the medicinal  
effects, of various kinds of Cod-liver Oil.

"You have rendered an essential service to science by your  
researches, and your efforts to provide sufferers with this  
Medicine in its purest and most genuine state must ensure you  
the gratitude of every one who stands in need of its use.

"I have the honour of remaining, with expressions of the  
highest regard and esteem, yours sincerely,

(Signed) "Dr. JUSTUS LIEBIG.

"Giessen, Oct. 30, 1847.

"To Dr. de Jongh at the Hague."

The late

## Dr. JONATHAN PEREIRA,

Professor at the University of London, Author of the "Elements of Materia  
Medica and Therapeutics," &c. &c.

"MY DEAR SIR,—I was very glad to find from you, when I  
had the pleasure of seeing you in London, that you were  
interested commercially in Cod-liver Oil. It was fitting that  
the author of the best analysis and investigations into the  
properties of this Oil should himself be the Purveyor of this  
important medicine.

"I feel, however, some diffidence in venturing to fulfil your  
request by giving you my opinion of the quality of the Oil of  
which you gave me a sample, because I know that no one can  
be better, and few so well, acquainted with the physical and  
chemical properties of this medicine as yourself, whom I regard  
as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of  
responding to your application. The oil which you gave me  
was of the very finest quality, whether considered with refer-  
ence to its colour, flavour, or chemical properties; and I am  
satisfied that for medicinal purposes no finer oil can be procured.

"With my best wishes for your success, believe me, my  
dear Sir, to be very faithfully yours,

(Signed) "JONATHAN PEREIRA.

"Finsbury-square, London, April 16, 1861.

"To Dr. de Jongh."

Sold Wholesale and Retail, in bottles, labelled with Dr.  
de Jongh's stamp and signature, by ANSAR, HARFORD,  
and Co., 77, STRAND, Sole Consignees and Agents for the  
United Kingdom and British Possessions; and by all respect-  
able Chemists and vendors of Medicine in Town and Country,  
at the following prices:—

HALF-PINTS ... 2s. 6d. | PINTS ... ... 4s. 9d.

IMPERIAL MEASURE.

"Hospitals and other Charitable Institutions requiring large  
quantities may be supplied on considerably reduced terms.

## Drug Price Currents forwarded free

of Postage, on application, by Messrs. HEWLETT and GODDARD,  
Wholesale Druggists, 46, Arthur-street West, Upper Thames-street, near  
London Bridge, removed from Hatton-garden; containing the ready Cash  
Prices for Drugs and Pharmaceutical Preparations of the purest quality,  
Messrs. H. and G. solicit the attention of the Medical Profession resident in  
the Provinces, Infirmary Committees, Dispensaries, &c. &c., to the advantages  
attendant upon the above Price Current.

## Pure Coco-Oleine, as prepared by

PRICE'S PATENT CANDLE COMPANY, for use at the Hospital for  
Consumption, Brompton. It has no unpleasant smell or taste, and is sold at  
about half the price of Cod-liver Oil, for which it often proves an efficient  
substitute. It may now be had in sealed quart and pint bottles, from all  
retail chemists and druggists, and wholesale from the principal wholesale  
druggists, and from Price's Patent Candle Company, Belmont, Vauxhall,  
London.—Imperial Quarts, 8s. 6d.; Imperial Pints, 2s.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN  
HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties  
being so beneficial where opiates are inadmissible: also to his MEDICINAL  
EXTRACTS, prepared from the fresh plants (*Hippocyanus Niger*, *Conium*  
*Maculatum*, *Atropo*, *Belladonna*, *Cotyledon Umbilicus*, &c.) also to his Liq.  
Taraxaci, Liq. Galli Aparinis (a valuable alternative), Liq. Farietaris (diuretic),  
and Liq. Belas (prepared from the *Egle Marmelos*, or *Indian Bead*), for Dy-  
sentery and Diarrhoea.

W.T. has a large supply of *ERIAN RAZEL* on hand.

2, Edwards-street, Portman-square.

## JOZEAU'S COPAHINE MEGE

Or SACCHARATED CAPSULES, approved of by the French College of  
Physicians, successfully administered in the Paris and London Hospitals, and  
acknowledged by them to be the best remedy for the cure of certain diseases.  
(See THE LANCET of November 6th, 1852.) Price per 100, 4s. 6d.; 50, 2s. 6d.

To be had of the Inventor, GABRIEL JOZEAU, French Chemist, 49, Hay-  
market, London, whose name is printed on the Government stamp; and all  
the principal Chemists.

## Cotyledon Umbilicus. — Epilepsy

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS,  
(vide THE LANCET, Feb. 4th, and March 25th, 1854.) Davenport's Preparations  
specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Insipiated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

Taraxacum (Davenport's) Liquor, or Fluid Extract, prepared by Spontaneous  
Insipiation, possesses every characteristic of the Fresh Juice, and has proved  
highly efficacious where the ordinary Extracts have proved inert. Dose, a  
liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge,  
33, Great Russell-street, Bloomsbury.

BY HER MAJESTY'S ROYAL LETTERS PATENT.

## Major's Remedies for the Horse,

the best and most effectual ever discovered, superseding the "burning  
iron" and the torture of the "cautery."

MAJOR'S BRITISH REMEDY, for the cure of ringbone, spavins, splints  
&c. A single bottle sufficient to cure from four to six spavins, 11 15s.

MAJOR'S SYNOVITIC LOTION, (the Remedy, No. 2.) for grogginess,  
weak joints, sprains of the back sinews, ruptures of the sheaths of tendons,  
suspensory ligaments, shoulder lameness, and inflammation; also for the cure  
and prevention of breaking down, &c.—In bottles, large size, 11 1s.; small,  
10s. 6d. each. The above invaluable remedies can now be forwarded to any  
part of the United Kingdom. Pre-payment by check or post-office order,  
made payable to Joseph Major, Post Office, Charing-cross.

JOSEPH MAJOR, Horse Infirmary, British-yard, Cockspur-street,  
Charing-cross.



DOUBLE PATENT.

## Briet's portable Gazogene,

OR SODA-WATER APPARATUS,

for the immediate production of Soda-water, Ginger-  
beer, sparkling Wine, Lemonade, &c. &c.

SPECIAL POWDERS for generating Gas in the  
same, cheaper and more effective than any other  
preparation.

SELTZER POWDERS, prepared from a recent  
analysis of the fresh water from the spring by a cele-  
brated German chemist.

PATENT REFRIGERATOR, or Gazogene-Cooler

PATENT PORTABLE FILTER, a cheap and  
useful article, not occupying more than four to six  
inches in space, and filtering from six to ten gallons  
per twenty-four hours, suitable for Military, Navy, and  
Travellers in all Climates.

Sole Wholesale Agents, GEBHARDT, ROTTMANN  
and Co., 21, Bartlett's-buildings, Holborn, London.

NOTICE is hereby given, that proceedings will be  
adopted against all parties selling or exposing for sale  
the imitations of the above-named articles, as the said  
imitations are infringements upon these patents.

## London Hospital Medical College.—

The WINTER SESSION will Commence on Monday, October 2nd, when an Inaugural Address on the opening of the New College will be delivered by Dr. LITTLE, at Three P.M.

Medicine—Dr. Little.  
Surgery—Mr. Curling, F.R.S., and Mr. Critchett.  
Descriptive and Surgical Anatomy—Mr. Adams.  
General Anatomy and Physiology—Dr. Carpenter, F.R.S.  
Practical Anatomy—Mr. N. Ward, Mr. Wordsworth, and Mr. Gowland.  
Chemistry—Dr. Letheby.  
Pathological Histology—Dr. Clark.  
Dental Surgery—Mr. Barrett.

SUMMER SESSION, 1855, commencing May 1st.

Midwifery—Dr. Ramsbotham.  
Materia Medica—Dr. Davies.  
Forensic Medicine—Dr. Ramsbotham and Dr. Letheby.  
Botany—Mr. Bentley.  
Comparative Anatomy—Mr. Coles.  
Practical Anatomy—Dr. Letheby.

General fee to the Lectures, £50; to the Hospital Practice and Lectures, eighty-four guineas, payable in two instalments of forty-two guineas each, at the commencement of the two first Winter Sessions. Applications by post to be made to the Honorary Secretary.

## St. Bartholomew's Hospital and MEDICAL COLLEGE.—The WINTER SESSION will Commence on

October 2nd, with an Introductory Address by Dr. BURROWS, at seven o'clock P.M.

### LECTURES.

Medicine—Dr. Burrows.  
Surgery—Mr. Lawrence.  
Descriptive Anatomy—Mr. Skeay.  
Physiology and Morbid Anatomy—Mr. Paget.  
Chemistry—Mr. Stenhouse.  
Superintendence of Dissections—Mr. Holden and Mr. Coota.

SUMMER SESSION, 1855, Commencing May 1st.

Materia Medica—Dr. Roupell.  
Botany—Dr. F. Farre.  
Forensic Medicine—Dr. Baly.  
Midwifery, &c.—Dr. West.  
Comparative Anatomy—Mr. M'Whinnie.  
Practical Chemistry—Mr. Stenhouse.  
Natural Philosophy—Dr. Martin.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to nearly 90,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered weekly; those on the medical cases, by Dr. Roupell, Dr. Burrows, and Dr. Farre; those on the surgical cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skeay. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Warden, Dr. BLACK. Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, examinations will be held for two Scholarships of the value of £15 for a year. The examination of the classes for prizes and certificates of merit, will take place at the same time.

Further information may be obtained from Mr. Paget, or any of the Medical or Surgical Officers or Lecturers, or at the Anatomical Museum or Library.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1854-5, will Commence on Monday, October 2, 1854.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1854.

R. W. JELF, D.D., Principal.

## Mr. G. Hind, F.R.C.S., will resume

his DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.

Class-room, 20, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

## Medical College, Royal Free Hos-

PITAL.—During the WINTER SESSION, 1854-55, whilst this Institution is undergoing the alterations and extensions required by the Royal College of Surgeons,

COURSES OF PRACTICAL INSTRUCTION ON ANATOMY and SURGERY will be given by Dr. Knox (late Lecturer on Anatomy, Edinburgh), and by Mr. GALT, Co-Lecturers on Anatomy and Physiology.

Terms and any further particulars may be obtained on application at the Office of the College.

## The Royal London Ophthalmic

HOSPITAL, MOORFIELDS. FOUNDED 1804.

Consulting Physician—Dr. Farre. | Physician—Dr. F. J. Farre.  
Surgeons—G. W. Mackmurdo, Esq., F.R.S.; J. Dixon, Esq.; G. Critchett, Esq.; W. Bowman, Esq., F.R.S.; A. Poland, Esq.  
Assistant-Surgeon—J. C. Wordsworth, Esq.

During the past year, 10,421 Patients were treated at this Hospital, and 380 Operations performed, 183 being for Cataract. The Patients are seen daily at Nine o'clock, and Operations performed on Fridays at Ten.

Fee for attendance on the Practice for ONE YEAR, or with the consent of the Medical Officers for an unlimited period, £5 5s.: for THREE MONTHS, £3 3s.

## Charing-cross Hospital Medical

SCHOOL, WEST STRAND, LONDON.

WINTER SESSION, October, 1854, to March, 1855.

Chemistry—H. H. Lewis, A.M.  
Anatomy—Mr. E. Canton.  
Demonstrations and Dissections—Mr. Goldsbro.  
Surgery—Mr. Hancock.  
Physiology and Pathology—Dr. Hyde Salter.  
Medicine—Dr. Chowne and Dr. Bowland.

SUMMER SESSION, May, 1855, to the end of July.

Practical Chemistry in the Laboratory—H. Lewis, A.M.  
Materia Medica—Dr. Stegall and Dr. Willshire.  
Botany—F. W. Headland, B.A.  
Midwifery, &c.—Dr. Chowne and Mr. Hird.  
Medical Jurisprudence—Dr. G. Birkett and Mr. Hird.

All the Lectures required by the College of Surgeons and Society of Apothecaries, £45, without Practical Chemistry, which is £2 2s.

### HOSPITAL PRACTICE.

Consulting-Physician—W. Shearman, M.D.  
Physicians—Dr. Golding and Dr. Chowne.  
Assistant-Physician—Dr. Rowland.  
Surgeons—Mr. Hancock and Mr. Avery.  
Assistant-Surgeon—Mr. E. Canton.

MEDICAL PRACTICE.—Full period required, £15 15s. Surgical, £15 15s. Both Medical and Surgical, £26 5s.

JOHN ROBERTSON, Hon. Sec.

## St. Mary's Hospital and Medical

SCHOOL.—The WINTER SESSION will Commence on Monday, the 2nd of October, with an Introductory Address by Dr. ALDERSON, F.R.S., at Half-past Two o'clock.

### LECTURES.

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones.  
Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James Lane.  
Pathological Anatomy—Dr. Markham.  
Chemistry—Dr. Albert J. Bernays.  
Medicine—Dr. Chambers and Dr. Sibson.  
Surgery—Mr. Coulson and Mr. Spencer Smith.  
Clinical Medicine—Dr. Alderson.  
Clinical Surgery—Mr. Ure.

SUMMER SESSION, 1855, commencing May 1st.

Botany—Dr. J. S. Burdon Sanderson.  
Materia Medica—Dr. Sieveking.  
Practical Chemistry—Dr. Albert J. Bernays.  
Midwifery, &c.—Dr. Tyler Smith and Mr. I. Baker Brown.  
Medical Jurisprudence—Mr. Ancell.  
Military Surgery—Dr. James Bird, F.R.C.S.E.  
Ophthalmic Surgery—Mr. White Cooper.  
Aural Surgery—Mr. Toynbee.  
Dental Surgery—Mr. Nasmyth.  
Comparative Anatomy—  
Natural Philosophy—

HOSPITAL PRACTICE.—The hospital contains upwards of 160 beds, 65 of which are devoted to Medical, and the rest to Surgical, cases. This division includes a ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the hospital: 218 poor married women were delivered at their own homes during the past year. The in-patients are visited daily by the Physicians and Surgeons at one o'clock. Lectures on Clinical Medicine will be regularly delivered by Dr. Alderson, and on Clinical Surgery, by Mr. Ure; and occasionally by the other Medical Officers in their respective departments. The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

There are three Resident Medical Officers, who board in the hospital, and are appointed for eighteen months; two non-resident Medical Officers; a Medical and a Surgical Registrar. Clinical Clerks and Dressers will be selected from the best-qualified Students. All the above offices are open to competition amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of gentlemen in practice in the vicinity of the hospital, willing to receive Pupils to reside with them.

St. Mary's Hospital,  
Aug. 8th, 1854.

H. SPENCER SMITH,  
Dean of the School.

# University of Edinburgh.

SEPTEMBER 1st, 1854.  
The Session will be publicly opened on Tuesday, October 31st, at Two o'clock P.M., when an Address to the Students will be delivered by the Very Reverend JOHN LEE, D.D., Principal.

The Classes for the different branches of Study will be opened as follows:—

## I. LITERATURE AND PHILOSOPHY.

Classes.	Days and Hours of Attendance.	Professors.
Junior Humanity .....	Wed. Nov. 1, twelve and two o'clock.	Professor Pillans, 43, Inverleith-row.
Senior Humanity .....	Wed. Nov. 1, nine o'clock (half-past eight).	
First Greek .....	Wed. Nov. 1, ten and one o'clock.	Professor Blackie, 43, Castle-street.
Second Greek .....	Wed. Nov. 1, eleven o'clock.	
Third Greek .....	Thurs. Nov. 2, two o'clock.	
First Mathematical .....	Wed. Nov. 1, twelve o'clock.	Professor Kelland, 20, Clarendon-crescent.
Second Mathematical .....	Wed. Nov. 1, ten o'clock.	
Third Mathematical .....	Mon. Nov. 3, nine o'clock.	
Logic and Metaphysics .....	Wed. Nov. 1, one o'clock.	Sir W. Hamilton, Bt., 16, Great King-st.
Moral Philosophy .....	Wed. Nov. 1, twelve o'clock.	Prof. M'Dougall, 6, Clarendon-crescent.
Natural Philosophy .....	Wed. Nov. 1, eleven o'clock.	Professor Forbes, 3, Park-place.
Rhetoric and Belles Lettres .....	Tues. Nov. 7, four o'clock.	Professor Aytoun, 16, Great Stuart-street.
Practical Astronomy .....	Tues. Nov. 7, twelve o'clock.	Professor Smyth, 1, Hillside-crescent.
Agriculture .....	Thurs. Nov. 9, four o'clock.	Professor Low, Mayfield, Trinity.
Universal History .....	Tues. Nov. 14, two o'clock.	Professor Innes, 15, Inverleith-row.
Theory of Music .....	Wed. Nov. 1, twelve and three o'clock.	Professor Donaldson, Marchfield.

## II. THEOLOGY.

Divinity .....	Tuesday, Nov. 14, eleven o'clock.	Principal Lee, College.
Divinity and Church History .....	Tuesday, Nov. 14, twelve o'clock.	Rev. Jas. Robertson, D.D., 25, Ainslie-pl.
Hebrew { Junior Class .....	Tues. Nov. 14, nine o'clock.	Rev. David Liston, Elm Cottage, Whitehouse Loan.
{ Advanced Class—Hebrew & Syriac .....	Tues. Nov. 14, ten o'clock.	
Biblical Criticism and Biblical Antiquities .....	Tues. Nov. 14, one o'clock.	Rev. Robt. Lee, D.D., 24, George-square.

## III. LAW.

Civil Law .....	Tues. Nov. 7, three o'clock.	Prof. Camb. Swinton, Inverleith-row.
Law of Scotland .....	Tues. Nov. 7, three o'clock.	Professor More, 19, Great King-street.
Conveyancing .....	Tues. Nov. 7, four o'clock.	Professor Menzies, 10, Hill-street.

## IV. MEDICINE.

Dietetics, Materia Medica, and Pharmacy .....	Wed. Nov. 1, nine o'clock.	Dr. Christison, 40, Moray-place.
Chemistry .....	Wed. Nov. 1, ten o'clock.	Dr. Gregory, 114, Princes-street.
Surgery .....	Wed. Nov. 1, ten o'clock.	Professor Miller, 51, Queen-street.
Institutes of Medicine .....	Wed. Nov. 1, eleven o'clock.	Dr. Bennett, 1, Glenfinlas-street.
General Pathology .....	Wed. Nov. 1, eleven o'clock.	Dr. Henderson, 61, Northumberland-st.
Clinical Surgery .....	Thurs. Nov. 2, twelve o'clock.	Professor Syme, 2, Rutland-street.
(Monday & Thursday)		
Clinical Medicine .....	Frid. Nov. 3, twelve o'clock.	Drs. Alison, Christison, and Bennett.
(Tuesday & Friday)		
Anatomy .....	Wed. Nov. 1, one o'clock.	Professor Goodair, 16, Dean-terrace.
Natural History .....	Thurs. Nov. 2, two o'clock.	Professor Ed. Forbes, College.
Midwifery and Diseases of Women and Children .....	Wed. Nov. 1, two o'clock.	Dr. Simpson, 52, Queen-street.
Practice of Physic .....	Wed. Nov. 1, three o'clock.	Dr. Alison, 44, Heriot-row.

## ROYAL INFIRMARY, at Noon, Daily.

Practical Anatomy, under the Superintendence of Professor Goodair.  
Practical Chemistry, under the Superintendence of Dr. Gregory.  
Analytical Chemistry, under the Superintendence of Dr. Gregory.

## ORIENTAL LANGUAGES.

The Professor of Oriental Languages proposes during the Session to attend in the College, with the view of giving instructions in Hindustani, &c. For particulars apply to Mr. Small, at the Library.

## LECTURES ON MINERALOGY AND GEOLOGY.

The Thompsonian Lectures on Mineralogy and Geology, will be delivered during the latter half of the usual Winter Course of Natural History, and be open to all who may choose to attend, separate tickets being issued for the same. The fee for this latter half of the Course is fixed at two guineas. The fee payable for the entire Winter Course—attendance on which alone will form part of the ordinary Medical Curriculum—remains as at present.

For the encouragement of persons, not ordinary Students at the University, who may desire to attend the Lectures on Mineralogy and Geology, they will be specially matriculated on payment of a reduced Matriculation fee of five shillings; it being understood that while such non-professional Students shall have the same access to the Museum as the Students of Natural History, they shall not have the privilege of access to the Library.

## UNIVERSITY OF EDINBURGH—Continued.

During the SUMMER SESSION, Lectures will be given on the following Branches of Education:—

Botany—by Dr. Balfour.  
Histology—by Dr. Bennet.  
Medical Jurisprudence—by Dr. Traill.  
Theory of Music—by Professor Donaldson.  
Military Surgery—by Sir George Ballingall.  
Clinical Medicine.  
Clinical Surgery—by Professor Syme.  
Comparative Anatomy—by Professor Goodair.  
Anatomical Demonstrations—by Professor Goodair.  
Practical Chemistry and Pharmacy.  
Practical Anatomy.

**MATRICULATION.**—Every Student, in the Faculties of Arts, Law, and Medicine, before entering with any Professor, must produce a Matriculation ticket for the ensuing Session. Tickets will be issued at the Matriculation Office in the College, every lawful day, from Ten till Four o'clock. Enrolment in the General Album is the only legal record of attendance in the University, except in the case of Students of Divinity, who are required to enrol at the Theological Library before applying for tickets from Professors in the Faculty of Theology.

**LIBRARY.**—The Library will be open for the purpose of giving out Books to Students, either on loan, or for reference in the Hall appropriated for that purpose, every lawful day during the Winter Session from Ten o'clock A.M. till Four o'clock P.M.; except on Saturdays, when it will be shut at One o'clock precisely.

Every Student applying for Books, must present to the Librarian his Matriculation Ticket for the Session, with the ticket of at least one Professor.

Every Book taken out must be returned within a fortnight, uninjured.

N.B.—Information relative to the Curriculum of Study for Degrees, Examinations, &c., may be obtained, on application to the Secretary, at the College.

A table of fees may be seen in the Matriculation Office, and in the Reading-room of the Library.

By authority of the Patrons of the University,

ALEX. SMITH,  
Sec. to the University.

## Surgeons' Hall, Edinburgh,

WINTER SESSION, 1854-55.

The following Courses of Lectures on Medical Science, and also those delivered in the University, qualify for Examination for the Diploma of the Royal College of Surgeons. All the Courses are for Six Months, if not otherwise specified.

## CLASSES OPEN ON FRIDAY, NOVEMBER 3rd.

Surgery—Mr. Mackenzie, 10 A.M.	
Surgery—(4, High School Yards), Mr. Spence, 10 A.M.	
Chemistry—Dr. George Wilson, 11 A.M.	
Analytical Chemistry, (Three Months' Course.)	Dr. George Wilson, 9 A.M. assisted by Dr. Macadam, till 4 P.M.
Natural Philosophy—(School of Arts), George Lees, LL.D., 12 noon.	
Clinical Medicine .....	Dr. Wm. Robertson, 12 noon.
(Royal Infirmary, Tuesdays and Fridays.)	
Clinical Surgery .....	Mr. Mackenzie, 12 noon.
(Royal Infirmary, Tuesdays and Fridays.)	
Anatomy .....	Dr. John Struthers, 1 P.M.
Anatomical Demonstrations .....	4 P.M.
Practical Anatomy—Dr. John Struthers, assisted by Dr. Greig, 9 A.M. till 4 P.M.	
Materia Medica and Dietetics—Dr. Douglas MacLagan, 2 P.M.	
Practice of Physic—Dr. Alexander Wood, 3 P.M.	
Practice of Physic—(4, High School Yards), Dr. W. T. Gairdner, 3 P.M.	
Pathology—(Royal Infirmary), Dr. Rutherford Haldane	
Royal Infirmary, at noon daily.	

By order of the Royal College,  
JOHN SCOTT, Secretary.

The Introductory Address will be delivered by Mr. SPENCE, on Thursday, Nov. 2nd, at 2 P.M.

**FEES.**—For the First of each of the above Courses, £3 5s.; for the Second, £2 4s.; Perpetual, £5 5s. To those who have already attended a First Course in Edinburgh, the Perpetual Fee for that Class is £2 4s. The Fees for the following Courses are,—Natural Philosophy, Practical Chemistry, and Practical Anatomy, £3 3s.; Anatomical Demonstrations, £2 2s. Practical Anatomy, with Demonstrations, £4 4s.; Analytical Chemistry, £2 a month, or £10 for the Winter Session. *Royal Infirmary*, Perpetual Ticket, £12 17s.; Annual, £2 7s. 6d.; Half-yearly, £3 5s. 6d.; Quarterly, £1 13s. Edinburgh Maternity Hospital, Six Months, £1 3s.

During the SUMMER SESSION, 1855, the following Three Months' Courses will be delivered:—

Natural Philosophy—Dr. Lees.  
Medical Jurisprudence—Dr. Rutherford Haldane.  
Midwifery—Dr. Kellier.  
Midwifery—(4, High School Yards), Dr. J. Matthews Duncan.  
Clinical Surgery—Mr. Mackenzie.  
Practical Anatomy, with Demonstrations—Dr. John Struthers, assisted by Dr. Greig.  
Practical and Analytical Chemistry—Dr. Wilson, assisted by Dr. Macadam.

The above Courses of Lectures qualify for Examination at the Royal Colleges of Surgeons of Edinburgh, England and Ireland; the Apothecaries' Hall, London; the Faculty of Physicians and Surgeons of Glasgow; the Boards of the Army, Navy, and East India Company; and also, so far as required, for the Universities of London, Oxford, Cambridge, St. Andrews, Aberdeen, and the Queen's University, Ireland.

In accordance with the recent statutes of the University of Edinburgh, one-third of the entire Medical Classes required for Graduation may be attended under any of the above Teachers; and one of the four years of Study required for the University Degree may be constituted by attendance, in one year, on two of the above Six Months' Courses, or on one of these and two Three Months' Courses.

Those who hold a Scotch or Irish Diploma, or Degree in Surgery, are admitted to the same rights under the Poor Law Amendment Act as Members of the Royal College of Surgeons of London.

Students are requested to bear in mind that the *Registration* at Surgeons' Hall closes on 30th November.

## A Member of the College and Hall

died, yesterday, in Horseman-grove-lane Prison, where he had been for a few weeks incarcerated for debt. He was always industrious, but had suffered from softening of the Medulla. His Wife and Children are actually destitute, and the most trifling Donation will be very thankfully received for them by Dr. W. Vesalius Pettigrew, 7, Chester-street, Grosvenor-place.

August 31st, 1854.

## The City and Borough Hospitals.—

A Hospital Physician, possessing ample means of instruction, who is acquainted by personal experience with the requirements of all the London Examining Boards, including the University of London, and whose residence is most conveniently situated in reference to the City and Borough Hospitals, has a Vacancy for a PUPIL.—For terms, &c., apply to Dr. Barnes, 13, Devonshire-square.

## Private Medical Tuition.—

A Physician of a practical and scientific reputation, residing near Russell-square, receives HOUSE-PUPILS, as well as others, whose Medical Education, in all its branches, will be carefully and privately instructed by teachers of great experience and acknowledged ability. As a private Medical School, this establishment offers unequalled facilities for enabling Medical Students to undergo the requisite Medical, Surgical, and Chemical Examinations at the different Boards. The Students must be instructed singly or in classes, as they may prefer.—Apply to Tans LANCET Office.

N.B. A Chemical Laboratory on the Premises.

## Bristol Medical School.—

SESSION 1854—1855.

The WINTER SESSION will Commence on Monday, October 2nd, and terminate in the middle of April, 1855, with a Fortnight's Recess at Christmas. The following Courses of Lectures will be delivered:—

Principles and Practice of Surgery—Mr. Clark and Mr. Pritchard.  
Theory and Practice of Physic—Dr. W. Budd and Dr. Stanton.  
Chemistry—Mr. Herapath.  
General Anatomy and Physiology—Dr. Brittan and Mr. Coe.  
Descriptive and Surgical Anatomy—Dr. Brittan and Mr. C. Leonard.  
Superintendence of Dissections—Mr. C. Leonard.

At the conclusion of the Session, Prizes will be delivered in accordance with the Regulations of the School.

Certificates of attendance upon the Lectures delivered at the Bristol Medical School, qualify Students for Examinations at the Royal College of Surgeons, at the Apothecaries' Hall, and the University of London.

It is intended that attendance upon these Lectures should not necessarily be restricted to Medical Students alone, and arrangements have been made by which Pharmaceutical Pupils may be introduced, by the Secretary of the Society, to attend the Course of Lectures upon Chemistry, Materia Medica, and Botany.

Fee for unlimited attendance upon all the Courses of Lectures required by the London Examining Bodies, Forty-five Guineas. Students from a distance may be provided with Board and Lodging in the house of a Gentleman under the recommendation of the Faculty of the School.

Information upon all particulars may be obtained upon application at the School, or to the Honorary Secretary.

Medical School, Old Park, Bristol,  
August, 1854.

JOHN STANTON, M.D., Hon. Sec.

## Leeds School of Medicine.

TWENTY-FOURTH SESSION.

The WINTER SESSION will Commence on Monday, October 2nd, 1854, when J. T. IKIN, F.R.C.S., President, will deliver the Introductory Lecture, at Twelve o'clock.

Anatomy, Physiology, and Pathology—Mr. Ikin, Mr. S. Hey, Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.  
Descriptive Anatomy—Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.  
Principles and Practice of Surgery—Mr. Hey and Mr. Nunneley.  
Chemistry—Mr. Morley and Mr. Scattergood.  
Principles and Practice of Physic—Dr. Chadwick and Dr. Heaton.  
Superintendent of Dissections—Mr. E. W. Ward.

SUMMER SESSION, 1855, Commencing May 1st.

Materia Medica and Therapeutics—Mr. Bishop.  
Midwifery and Diseases of Women and Children—Mr. Smith and Mr. Braithwaite.

Forensic Medicine—Dr. Pyemont Smith.  
Botany—Dr. Heaton.  
Practical Chemistry—Mr. Scattergood.  
Operative Surgery—

\*.\* Application for Tickets may be made to the Treasurer, Mr. Samuel Hey, Albion-place.

N.B.—Attendance at the above Lectures will confer the same Qualification for Examination as is obtained in the Medical Schools of London.

Clinical Lectures will be given at the General Infirmary on Medical Cases, by Dr. Chadwick and Dr. Heaton; On Surgical Cases, at the General Infirmary, by Mr. Smith, Mr. T. P. Teale, and Mr. Samuel Hey; On Ophthalmic and Aural Practice, at the Eye and Ear Infirmary, by Mr. Nunneley. Medical Libraries are connected both with the School and the Infirmary.

## Clerical, Scholastic, and Governess

AGENCY OFFICES, (late Valpy, Established 1833.), 7, TAVISTOCK-ROW, COVENT-GARDEN, LONDON. The gentry and families requiring Tutors, Governesses, or Companions, for either residence, travelling, or daily attendance, on making known their requirements to Messrs. MAIR and SON, will at once be introduced FREE OF CHARGE to qualified and experienced applicants with good testimonials. Schools recommended, and Ecclesiastical and School property transferred. A prospectus forwarded on application.

TO THE PROFESSION.

## Mr. Bowmer, M.R.C.S. Eng., 50,

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

TO MEDICAL MEN.

## Any one desirous of visiting the Sea—

side or retiring for a time from the cares of Practice, may hear of a qualified SUCCESSOR by addressing, M.D., Post-office, Nottingham.

## Partnership.—A Gentleman possess—

ing the usual qualifications, who has been engaged for several years in General Practice, desires a small SHARE in a large Business.—Address, X. Y. Z., Mr. Maddox, University-street, University-college, London.

## A Student is desirous of a Situation

as DISPENSER to a Surgeon, by whom his services will be considered as an equivalent to Board and Lodging. Time to attend Lectures, &c.—Address, X. Y. Z., Middlesex-hospital, Berners-street.

## Wanted, by a General Practitioner,

an ASSISTANT to Dispense, occasionally Visit, and attend Midwifery.—Apply, by letter, stating age and salary required, to H. B., 13, Baker-street, Portman-square, London.

MEDICAL.

## To be Disposed of, on very advan—

tageous terms, a well-established PRACTICE, situated in Shropshire, now doing a good Business. The house is large, and with every requisite for a genteel family residence, with a good garden, at a moderate rental. To a Gentleman wishing a good Country Practice, this will be found a desirable opportunity, as the most satisfactory reasons will be given for the disposal of it.—For particulars, apply to Mr. P. Harris, Wholesale Chemist, Birmingham.

## Halifax Infirmary and Dispensary.

Wanted, a RESIDENT MEDICAL OFFICER to the above Institution, who is required to be a Licentiate of the Society of Apothecaries. The salary is £80 per annum, with Board and Lodging, and a Compounder is provided. The appointment is vested in the Medical Staff, and will take place on Wednesday, the 27th of September next. Testimonials to be sent in by Saturday, the 23rd of September, addressed to the Venerable Archdeacon Musgrave, D.D., President of the Institution, Halifax.

Halifax, August 23rd, 1854.

## Kidderminster Infirmary.—Wanted,

a HOUSE-SURGEON to this Institution, who will be required to act as SECRETARY. Salary £80 per annum, with furnished rooms, coals, and candles. He must be a M.R.C.S. of London, Edinburgh, Dublin, or Glasgow, and will be required to enter into a Bond not to practise within six miles of the town of Kidderminster for five years after he leaves the Infirmary.—Applications, stating age, accompanied by testimonials, to be forwarded to the Committee at the Infirmary, on or before the 12th of September next.

August 23rd, 1854.

TO THE MEDICAL PROFESSION.

## Hanwell Lunatic Asylum.—A

Vacancy has occurred in the Office of RESIDENT MEDICAL OFFICER of the Female Department of the Middlesex County Pauper Lunatic Asylum at Hanwell; and gentlemen desirous to become Candidates for the appointment must be Fellows or Members of the Royal College of Surgeons, and Members or Licentiates of the Apothecaries' Company, married, and between thirty and fifty years of age. The salary will be £200 per annum, with board, including coals and candles, and residence at the Asylum.

Candidates are requested to send in testimonials, addressed to the Committee of Visitors of the Hanwell Lunatic Asylum, on or before the 2nd of October next, under cover to me, at the Sessions House, Clerkenwell-green, where information as to the duties to be performed may be obtained; and they must personally attend the Committee of Visitors, at the Sessions House aforesaid, on Friday, the 13th day of October, at Eleven o'clock precisely, on which day the Election will take place.

CHARLES WRIGHT, Clerk to the Visitors.

Dated this 24th of August, 1854.

TO THE MEDICAL PROFESSION.

## Dorset County Lunatic Asylum,

Forston, near Dorchester.—A Vacancy having occurred in the office of RESIDENT MEDICAL OFFICER of the Dorset County Lunatic Asylum, in consequence of the death of Mr. Sandon, the late Medical Superintendent, Gentlemen desirous of becoming Candidates of the Appointment, must be Members of the Royal College of Surgeons, London, and also Licentiates of the Apothecaries' Company, or Members of the Royal College of Physicians, London or Edinburgh; must have had experience in the treatment of the Insane, and the management of a Lunatic Asylum, and must not be under thirty years of age. The Salary will be £200 per annum, with Board and Residence at the Asylum.

Candidates are requested to send their Testimonials (stating age) addressed to the Committee of Visitors of the Forston Lunatic Asylum, on or before the 15th September next, under cover to Mr. John Brown, Dorchester, Clerk to the Visitors, from whom further information may be obtained. Due notice of the day and hour of Election will afterwards be given to such of the Candidates as the Committee may select for choice, and they will be informed whether their personal attendance will then be required.

Dated the 28th August, 1854.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS,

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

**An unopposed Midland Village**

PRACTICE, from which the receipts, including £80 from Appointments, are about £400 annually, can be Transferred with certainty to a doubly-qualified Gentleman for £250. The country is beautiful, the roads excellent, and the work very light.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**In a favourite Metropolitan Suburb,**

an old-established GENERAL PRACTICE, now become very select, from the continued ill-health of the Proprietor is for Disposal. Receipts at present under £300 a-year, but an Introduction, that will secure the whole, will be given, with Fixtures of House and Surgery, for £300. House, nine-roomed, with Stable, at the very low rent of £50.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Devon.—A perfectly unopposed**

PRACTICE, in a population of between 2000 and 3000, yielding £200 per annum, and at once extendible to £400, is offered, with the necessary Introduction, Drugs, Bottles, and Surgery Fixtures, for £300. A small Union Appointment is included, but no horse is necessary.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

TO SURGEONS.

**Near Eaton-square.—For Sale, price**

Four Hundred Guineas, to include Stock and Fixtures, a RETAIL BUSINESS, yielding, under the care of an Assistant, £400 per annum, and by aid of which an Extensive GENERAL PRACTICE has been formed during the last few years.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Wanted, by an M.R.C.S. Eng. and**

L.S.A., a Situation as Visiting and Dispensing ASSISTANT. A large town preferred.—Address, Mr. R. Brown, Post-office, Glasgow, Scotland.

**Wanted, an Assistant to Dispense,**

Visit, and take Midwifery occasionally.—Address, stating age, salary, &c., to P. B. Giles, Byford-house, near Hereford.

**A Gentleman, who has matriculated**

at the London University and Apothecaries' Hall, wishes to assist a Practitioner during the hours not required for his hospital studies, in consideration of board and lodging.—Apply to Mr. Monson Hills, Guy's Hospital.

**A Gentleman, possessing both quali-**

fications, is desirous of entering into an engagement with a General Practitioner in the country as Visiting ASSISTANT. The highest references can be given.—Address, X. Y., Post-office, Ipswich, Suffolk.

**Medical Pupil.—A Surgeon con-**

nected with a London Hospital, and able to offer considerable advantages, has a Vacancy for a well-educated Youth as PUPIL. Residence close to the Hospital.—Address to M. E., at Mr. Wetton's, Stationer, 213, Oxford-street.

MEDICAL.

**For Disposal, a well-established**

GENERAL PRACTICE, in a small railway town situated in the south of Yorkshire. Such an opportunity seldom offers for the safe transfer of £250 to £300 per annum.—Address, A. Z., Messrs. Butterfield and Clark, Wholesale Druggists, York.

MEDICAL.

**Wanted, by a Young Gentleman,**

aged twenty-two years, who has completed two years' attendance on Lectures, &c., at one of the largest Metropolitan Hospitals, a Situation to Visit, Dispense, and attend Midwifery. Unexceptionable references given.—Address Medicine, Post-office, Norfolk-street, Southsea, Hants.

MEDICAL.

**To be disposed of, a General Practice**

in a large town in the North of England. House in a commanding and pleasant situation. Rent moderate. Annual return between £200 and £300. Satisfactory reasons for retirement will be given. None but principals will be treated with. Premium required, £200.—Apply to A. B., care of G. H. Swithinbank, Esq., Grafton-street, Leeds.

MEDICAL.

**The Friends of a Young Gentleman**

about to commence his Studies at one of the London Hospitals are desirous to place him with a respectable married Medical Practitioner, who will allow him to attend the Lectures, and furnish him with Board and Lodging, and treat him as a member of the family, in consideration of his partial Services and a small annual payment. He is fully competent to Visit, Dispense, and perform the difficult Operations of Surgery. An Open Surgery objected to.—Letters addressed: Medium, Mr. Barlidge's Library, Grove-terrace, Baywater.

**Medical Transfer and Partnership.**

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RELINQUISH, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

TO SURGEONS.

**Wanted immediately, a Surgeon for**

a First-class SHIP proceeding to the Colonies.—Apply to John Bonus and Son, 81, Gracechurch-street.

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attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyocymus Niger, Conium Maculatum, Atropia, Belladonna, Crotalaria Umbellifera, &c.); also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariae (diuretic), and Liq. Belce (prepared from the Eggle Marmelos, or Indian Bael), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BAEI on hand.

2, Edwards-street, Portman-square.

## By Her Majesty's Royal Letters

PATENT.—T. MAYO, WATSON, and CO., 2, BERNERS-STREET, OXFORD-STREET, LONDON, Manufacturers of Mineral Erased Water, and Patentees of the Syphon Vase and Valvular Stopped Bottle. The objection so generally made to the common soda-water bottle, in the inconvenience attending its being opened, has induced Messrs. T. Mayo, Watson, and Co., in addition to the Syphon Vase to introduce the VALVULAR STOPPED BOTTLE, whereby the annoyance complained of is removed, the use of both corks and wire being dispensed with, and the advantages arising to those who are in the habit of drinking erated waters (more especially ladies and invalids) greatly enhanced, from the circumstance that any quantity, however small, can be withdrawn, whilst, at the same time, the portion remaining in the bottle retains its gaseous properties unimpaired. Applications having been made to them for agencies for the sale of the Syphon Vase and Valvular Stopped Bottle, Messrs. T. Mayo, Watson, and Co. have now made arrangements accordingly, and will be happy to treat with parties desirous of becoming agents.

### TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lytta P.L., easily applied and removed, and will not produce strangury or troublesome after-effects. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1852.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1852.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction."

60, Grosvenor-street, London.

"Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicatory, when carefully applied, and has not been productive of any degree of Strangury.

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"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared by Thomas B. Brown, Pharmaceutical Chemist, 42, Admiral-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

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## Warming and Ventilating, by Hot

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment.—

Barbiston House Worcestershire, March 1st, 1884.

SIR,—I am much pleased in being able to give you a justifying account of your Calorifere. Since I burn nothing but coke in it, the change has been quite surprising. I must say, that now I have a very high opinion of your machine, and find it a great comfort in my house, the cost of warming it was one shilling per day.

To J. Boilessve, Esq.

WM. SMYTH, (Sir, Baronsd.)

## Purification of Linen—Prevention of

Disease.—J. BOILESSVE, 55, King William-street, City, London, solicits the attention of the nobility and gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1883.

SIR,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) put up in the Laundry at Woburn Abbey in May, 1882, by Mr. Boilessve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy; I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

I am, Sir, your obedient servant,

J. Boilessve, Esq.

J. PALFREMAN, House Steward.



## Every excellence which the

Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.

H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D, and D to E.

HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

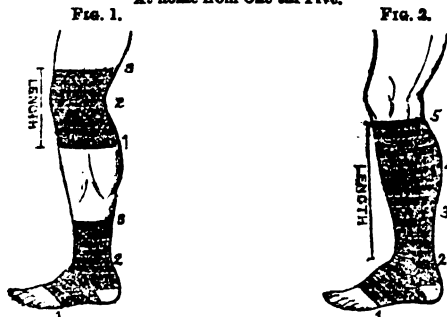


FIG. 1. KNEE-PIECE AND ANKLE-PIECE.—Mr. Bourjeaud begs to state that these may be worn together or separately. The former is especially useful in chronic enlargement of the knee-joint, weakness in the articulation, &c. &c.; and the latter should always be used after the subsidence of the inflammatory stage in sprains, dislocations, &c. &c.

FIG. 2. MR. BOURJEAUD'S REGISTERED ELASTIC STOCKINGS acting Spirally, free from Seams, requiring no Laces, and put on with the greatest ease.—

These stockings constitute one of the greatest improvements of modern times in appliances for compression, and Mr. Bourjeaud is happy to say, that the Medical Profession in London and the Provinces have pronounced them the most efficient that have ever been produced. They are made of most carefully-prepared webbing of varying elasticity, and disposed in stripes running spirally round the leg, and the amount of pressure may thus be regulated to a nicety. The elastic force is accurately calculated, and adapted, upon the directions of the medical attendant, to the different pathological states of the ankle, leg, knee, or thigh, requiring gentle and equable pressure. The stockings are put on without the slightest effort, from below upwards, and thus possess the advantage of driving the blood from the vessels before the pressure is exerted; no tedious lacing is required, and hence there is no risk of congestion of the head and unpleasant swelling of the legs consequent upon stooping. Patients afflicted with oedema of the lower extremities, varicose veins, enlargement or weakness of the knee or ankle, should wear none but these stockings; they are invaluable in all cases requiring compression, which latter may be made more or less powerful through the whole length, or only on a given spot, to answer the various indications which the surgeon wishes to fulfil.

The Stockings are to be obtained only at 11, Davies-street, Berkeley-square, opposite Mivart's Hotel.

## Mr. T. H. Wakley's Stricture Instru-

MENTS. Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.

## New Urethrotome, by Mr. Ure,

Surgeon of St. Mary's Hospital, described in THE LANCET of June 10th. —Manufactured only by PRATT, Surgical Instrument Maker, 420, Oxford-street. The cheapest House for Elastic Stockings, Trusses, &c. Wholesale and Retail.

TO THE MEDICAL PROFESSION.

## Fr. G. Ernst, Anatomical Machinist

and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Biding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam EMMET (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

TO THE SURGICAL AND MEDICAL PROFESSION.

## W. F. Duroch, late Smith, begs to

\* inform the Profession, that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent practitioners and lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their instruments finished in the best and most modern style. Surgical and Medical Instruments made to drawings, and kept in repair. Established 1798. No. 2, New-street, St. Thomas's-street, (near the Hospital), in Southwark. Superior dissecting instruments and equally moderate in price, well worth the inspection of the student.

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Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholemew's Hospital, London.

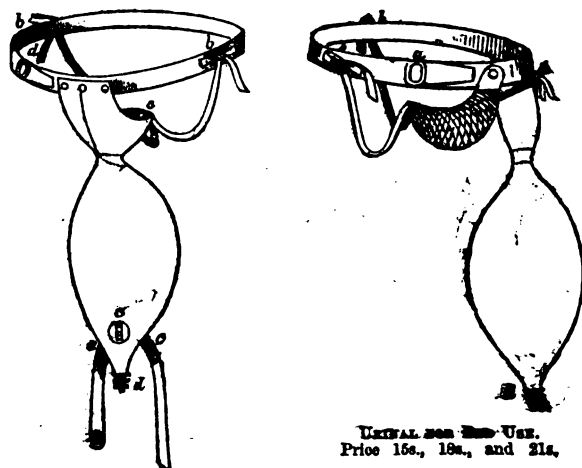
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Manufactured by W. S. SPARKS, 115, New Bond-street, London.  
A liberal discount allowed to the Medical Profession.



## Mineral Waters.—W. Best begs to

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seltitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Cologne, Arguebuzard, and Foreign Mineral Water Depot, 22, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

## Struve's Seltzer, Fachingen, Vichy,

and other MINERAL WATERS. Under her Majesty's special patronage.—ROYAL GERMAN SPA, BRIGHTON. The Pump-room and Promenades, offering every facility for a Course of Mineral Waters as perfect and beneficial as at the natural springs, are NOW OPEN for the 30th Season. Orders for Struve's Bottled Mineral Waters continue to be executed by George Wagh and Co., Chemists to the Queen, 177, Regent-street (west side), London, and by numerous other respectable houses in London and the provincial towns, where a printed account of Struve's Mineral Waters may be obtained gratis.

CAUTION.—Struve and Co. have no connexion with waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," &c., and every genuine bottle of Struve's Waters has the name of "Struve" on the label, as well as on both sides of the red-ink stamp over the cork, having the words "Royal German Spa, Brighton," under the Royal Arms.

## Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive and increasing sale amongst the public, is now very largely employed in DISINFECTING for which the cheapest and most convenient form is in the SPOON JARS; half-gallon, 5s. 6d.; gallon, 9s. 6d.; specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers, DINNEFORD & CO., Chemists, 172, Fleet-street, London; and all respectable Wholesale Druggists and Patent Medicine Houses.

## Cotyledon Umbilicus. — Epilepsy

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 29th, 1864.) Davenport's Preparations specially referred to are as under:—

Preserved Juices. Dose, one to three drachms; 5s. 4d. per lb.  
Impregnated Juices. Dose, half a drachm to a drachm; 16s. per lb.  
Solid Extract. Dose, five to fifteen grains; 20s. per lb.  
TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, prepared by Spontaneous Impregnation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.

IMPORTANT TO THE MEDICAL PROFESSION.

## Davenport's Syrup of the Iodide of QUININE AND IRON.

FROM DR. GOLDING BIRD.

"49, Russell-square.

"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple Compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.

"Fellow of the Royal College of Physicians,

"Physician and Professor of Materia Medica, at Guy's."

FROM DR. GEORGE P. MAY.

"Having for some time past extensively used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its Compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents, without their nauseous qualities, which renders it an admirable medicine in the treatment of some of the disorders of Childhood.

"Maiden.

"GEO. P. MAY, M.D."

SYRUP OF THE IODIDE OF ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

TARAXACUM (Davenport's) LIQUOR, or FLUID EXTRACT, prepared by Spontaneous Impregnation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm. 6s. per lb.

CITRATE OF QUININE AND IRON, 25 per cent. of Quinine. 4s. 6d. per oz.

SYRUP OF THE IODIDE OF IRON (P.L.), 3s. per lb.

ELMECONITE SOLUTION OF OPIUM. Professional testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, 15 to 30 Drops. 8d. per oz.

COTTLEDON UMBILICUS. The Solid and Fluid Extracts, 1s. 3d. and 1s. per oz. also the Preserved Juice, 5s. 4d. per lb., as recommended by Mr. Seltzer, (of Poole,) in Epilepsy.

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GREAT REDUCTION IN PRICE OF

## Sir William Burnett's Disinfecting

FLUID. Gallons, 5s.; Quarts, 2s.; Pints, 1s.; Half-pints, 6d.

This valuable Deodoriser and Disinfectant instantaneously destroys all BAD SMELLS without producing any itself. Its free use, as directed, PREVENTS CHOLERA and all CONTAGIOUS DISEASES.

Sold by all Chemists and Druggists, and at the Office, 18, Cannon-street, London-bridge.—N.B. Beware of a spurious imitation.

## The Cholera Prevented by the

destruction of all noxious effluvia.

CREWS'S DISINFECTING FLUID. Recommended by the College of Physicians. The cheapest and strongest CHLORIDE OF ZINC.

Quarts, 2s.; Pints, 1s.; Half-pints, 6d.—Sold by all Chemists, Druggists, and Shipping Agents, and at Commercial Wharf, Mile-end, London.

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THE MOST CERTAIN PREVENTIVE OF CHOLERA YET DISCOVERED. FURTHER GREAT REDUCTION IN PRICE.

## Crews's Disinfecting Fluid is the

Best and Cheapest for the Purification of Dwelling-houses, Stables, Dog-kennels, Ships' Holds, Cesspools, Drains, Water-closets, &c.; the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion.

The extraordinary power of this Disinfecting and Purifying Agent is now acknowledged, and its use recommended by the College of Physicians. Unlike the action of many other Disinfectants, it destroys all noxious smells, and is itself scentless. The manufacturer, having destroyed a monopoly fostered by the false assumption of the title of a patent, has to warn the public against all spurious imitations. Each Bottle of Crews's Disinfecting Fluid contains a densely concentrated solution of Chloride of Zinc, which may be diluted for use with 200 times its bulk of water. Vide Instructions accompanying each bottle.

It is sold by all Chemists and Shipping Agents in the United Kingdom, in imperial quarts, at 2s.; in pints, at 1s.; half-pints, at 6d.; and in larger vessels, at 6s. per gallon.

Manufactured at H. G. GRAY'S, Commercial Wharf, Mile-end, London.

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DOUBLE PATENT.

## Briet's portable Gazogène, OR SODA-WATER APPARATUS,

for the immediate production of Soda-water, Ginger-beer, sparkling Wine, Lemonade, &c. &c.

SPECIAL POWDERS for generating Gas in the same, cheaper and more effective than any other preparation.

SELTZER POWDERS, prepared from a recent analysis of the fresh water from the spring by a celebrated German chemist.

PATENT REFRIGERATOR, or Gazogène-Cooler.

PATENT PORTABLE FILTER, a cheap and useful article, not occupying more than four to six inches in space, and filtering from six to ten gallons per twenty-four hours, suitable for Military, Navy, and Travellers in all Climates.

Sole Wholesale Agents, GEBHARDT, ROTTMANN and Co., 21, Bartlett's-buildings, Holborn, London.

NOTICE is hereby given, that proceedings will be adopted against all parties selling or exposing for sale the imitations of the above-named articles, as the said imitations are infringements upon these patents.



## Hare-Lip.—Extraordinary Application and CURE.

Communication from Mr. BROADBENT, Surgeon, Ferry Hill, Durham.

MR. BENJAMIN NICKELS,

SIR,—I wish to state concerning your Plaster to the following effect. About ten days after an operation for Hare-lip, the boy fell against a stone step and ruptured the lip. The day previously I had received your Elastic Plaster, and on being summoned to the boy, (without much hope of success,) I applied three strips of the Plaster, extending from ear to ear, bringing the ruptured edges into apposition. Seven days after, the Plaster retained the cheeks in the position I had left them on the day of application. Fresh strips were then applied, and the edges ultimately united. In my opinion, no other plaster could have answered the intention, and I think it specially adapted to wounds on the face.

I remain yours obediently.

(Signed)

G. W. BROADBENT.

NICKELS'S PATENT ELASTIC ADHESIVE PLASTER, and ELASTIC ADHESIVE BANDAGES, which are made on quite a new principle, rendering them a cheap, efficient, unvarying support as a spiral covering, or stocking (without the trouble of lacing), for varicose veins, sprains, weak joints, and all rheumatic affections. These Bandages may also be cut and applied as ordinary strapping.

The Patentee has had the honour of receiving the highest testimonials in approbation of his ELASTIC PLASTERS from the following most eminent Members of the Profession, and many other Gentlemen, by whom they are patronized and used in their hospital and private practice:—J. C. W. LAYNE, M.D., Physician Accoucheur, Guy's Hospital. Mr. FERGUSON, Surgeon to his Majesty's Highness Prince Albert, Prof. Surgeon, King's College, London; Surgeon King's College Hospital. Mr. HILTON, Surgeon, Guy's Hospital, Surgeon to the City of London Hospital for Diseases of the Chest.

THE PATENT ELASTIC COURT PLASTERS are found most superior both in appearance and quality.

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With special application to **INFANTS, EMIGRANTS, and GOLD MINERS.**

Seventy-five per cent., and eventually 100 per cent., of the entire profits divided on a new and most equitable principle among the Members.

CAPITAL FUND £150,000, IN 15,000 SHARES OF £10 EACH.

First Call £1 per Share. The paid-up portion of the Capital, with its accumulations, to bear a Dividend at the rate of not less than £5 nor more than £10 per cent. per annum, with a Bonus of 25 per cent., of the Profits.

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Particular attention is earnestly requested to the system of granting Annuities and Assurances on *Infant Lives*, originated by this Company, and now in full operation; by which system, in addition to the general classes of Annuities and Assurances, parents or guardians can provide at a small cost for the education, endowment, marriage portions, and placing out in life of children; at the same time that should death occur before any given age, the whole of the premiums will be returned.

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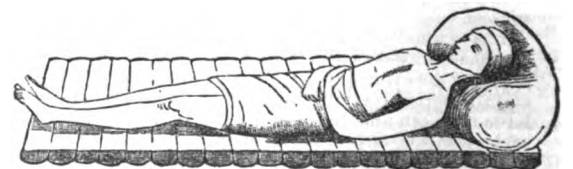
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JOHN PERRIER, M.D., Physician to the London Hospital.

Infirmary, Chichester, March 21, 1863.

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Yours truly,

THOS. NEWHAM, House-Surgeon.

HOOPER, 7, PALL MALL EAST, and 65, GROSVENOR-STREET.

# A Course of Lectures ON DISEASES OF THE EYE,

*Delivered at the Medical School of the London Hospital.*

By GEORGE CRITCHETT, Esq., F.R.C.S.,

SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL; LECTURER ON  
SURGERY AT THE LONDON HOSPITAL, ETC.

## LECTURE VIII.

*Affections of sclerotic and iris: "sclero-iritis;" "iritis;" reasons for not considering "scleritis" a separate disease; peculiar affection described by Mr. Dalrymple. "Sclero-iritis," or "rheumatic iritis;" age most liable; symptoms; local; character of the pain; appearance of the eye; arrangement of vessels; state of the iris; constitutional symptoms; rheumatic diathesis; causes; prognosis; liability to relapse; treatment; constitutional; very diversified in different stages; local treatment; question of belladonna; order in which remedies should be used; catarrhal complication.*

HAVING now described the more common and important diseases of the conjunctiva and cornea, I pass on, in pursuance of the anatomical arrangement which I have adopted, to the consideration of the affections of the sclerotic and iris, and, inasmuch as they possess a close vascular connexion, and as the former is never the seat of inflammation without the latter becoming involved, I merely propose making two sub-divisions; one in which the sclerotic is primarily and chiefly affected, and the iris only in a secondary and minor degree, which is termed "sclero-iritis," or sometimes "rheumatic iritis;" and the other in which the evidences of morbid action are chiefly seen in the iris, which is termed "iritis." I am aware that most systematic writers describe "scleritis" as a separate disease, and it would therefore be presumptuous in me to deny its existence, but I have never been able to make it out from personal observation, and as I am anxious to offer to you only that which I have ascertained and verified by my own experience, I do not feel it to be in accordance with the plan of these lectures to copy the description of this disease that is to be found in books. I feel assured that if it were a well-marked and not very uncommon form of inflammation, it would have come before my notice, more especially as I have carefully looked for it. I am therefore inclined to think that in some cases an over-minute anatomical sub-division of disease, aided by a vivid imagination, has led to the creation of an affection that has no real existence, or that another disease has been mistaken for it. I believe this to have been the case with Mr. Tyrrell: he describes the sclerotic as affected in parts, and as presenting pink patches beneath the conjunctiva, and to this he gives the term of "scleritis." I have frequently observed this disease, and have alluded to it when speaking of pustular ophthalmia. I believe it to be an affection of the sub-conjunctival fascia or cellular membrane; it occurs in a patch of a pinkish colour on the anterior part of the sclerotic, has a raised and thickened appearance, and is seen just beneath the conjunctiva. On making slight pressure, the vascular elevation may be emptied and seen to refill; it is usually attended with a dull, aching pain, and a feeling of distress and weakness, and increased lachrymation; it is generally limited to one part of the eye, and in the cases that I have seen it has been situated about the spot indicated by the insertion of the external rectus muscle.

I have usually found this disease very persistent, and disposed to remain in *statu quo*; it does not extend beyond its original seat, nor does it in any way damage the eye, and at the end of a certain period, varying from weeks to months, it subsides. I have not been able to trace any marked influence from any plan of treatment, either constitutional or local. I have always regarded it as dependent upon some constitutional cause, and as analogous to those indurated deposits that take place in the sub-cutaneous cellular tissue in various parts of the body in feeble constitutions. I feel satisfied that the sclerotic coat is not involved, because the more characteristic signs of inflammation of this part are wanting, and because it is at variance with all analogy to find a fibrous tunic inflamed partially and in patches.

Before I commence the description of "sclero-iritis," I desire briefly to notice an affection that has been described by my late friend and much respected colleague, Mr. Dalrymple, in No. 1619.

his valuable work, "On the Pathology of the Human Eye." It appears that the curious and rare disease that I now propose to notice was first described by Monsieur Sichel, of Paris; it was supposed by that distinguished oculist to originate in the choroid coat, and by Mr. Dalrymple in the sclerotic; and seems to consist of a partial inflammation near the margin of the cornea, the result of which is a circumscribed accumulation of fluid, that gradually shows beneath the conjunctival membrane. The description given by Mr. Dalrymple is so graphic and so exactly accords with a few cases that have come under my own observation, that I feel I cannot do better than quote his words. After alluding to the account given by Monsieur Sichel, he proceeds as follows:—"For my own part I believe the original seat of the disorder is in the sclerotic, and that the subsequent phases are due to inflammation advancing to contiguous textures, both internal and external; and that, in fact, an infiltration of tubercular matter takes place in the sub-conjunctival cellular tissue, as well as exudation between the sclerotic and choroid within, the most usual situation being about the 'corpus ciliare.' When this effusion has taken place, we see the pupil drawn towards the seat of the disease; and if it be not irregular it is at least eccentric. The iris also sometimes participates partially in the inflammation, as is shown by change of colour; still later in the disease the cornea itself becomes opaque in the vicinity of the sub-conjunctival swelling, and its tissue seems to become softened and swelled, and the opacity assumes a pale buff colour, without, however, distinct vessels pervading it. This degeneration of tissue is apt to spread, and in some cases almost surrounds the cornea. The vision is much less disturbed for a considerable time than might have been expected, and when opacity of the cornea does not exist, is but little troubled, showing how circumscribed is the internal implication of the choroid, and how limited is the pressure of the effusion. Pain is a variable symptom: sometimes in the first activity of the disease it is sufficiently acute, chiefly of a neuralgic character, and radiating, as in rheumatic scleritis, to the frontal and sub-orbital nerves; sometimes it is of a less severe kind, and gives rise to a sense of distension of the globe, and of stiffness in the movements of the organ; there is some amount of intolerance of light, and the constitutional symptoms are more or less indicative of a strumous cachexia with little or no febrile excitement. This malady is usually seen in young adults of a strumous diathesis, and in girls often associated with a disturbance of the catamenial function." Mr. Dalrymple goes on to mention the extreme obstinacy of this disease, and in allusion to some cases that had come under his notice, after having seen all the more active remedies carefully and perseveringly employed for a considerable period in vain, at length found benefit from the use of turpentine; he also recommends liquor potassæ, bark, and colchicum.

A case occurred to me at the Ophthalmic Hospital, about four years ago, that so exactly resembles the above description that it might have sat for the portrait. The patient was a young married female, tall, pale, and of a lax fibre; she had been for some time under one of my colleagues, and, in consequence of his accidental absence, came under my notice. I should only be recapitulating the above account were I minutely to describe her case; I may, however, mention that all useful vision had been destroyed in one eye by a previous attack, there being considerable opacity of the cornea, and staphyloma both of cornea and sclerotic. In the other eye the disease was in its early and acute stage; there was distinct bulging and thinning of the sclerotic at one point near the cornea, the sight was dim, and the pain was exceedingly severe, and came on in paroxysms. The case had been treated rather actively and antiphlogistically, but without the slightest benefit. My chief object in quoting this case is not so much to confirm Mr. Dalrymple's description as to mention the plan of treatment I adopted as worthy of further trial, on account of the remarkable benefit that immediately ensued. As it appeared to me that the more severe and urgent symptoms were in a great measure due to tension of the globe, and as I could distinctly see a part that was thinning and pointing, I introduced a fine needle and evacuated a small quantity of thin, yellowish fluid; this gave speedy relief, and the case rapidly improved. I repeated the operation once on a slight return of the pain. In a few weeks the globe recovered its shape, and sight was ultimately so far restored that she was able to thread a needle. About a year after she returned to me with threatenings of the old attack. I treated it in a similar manner, and with immediate benefit. The first attack followed very close upon a very severe flooding, and was probably due in a great measure to this cause. I should certainly adopt this treatment in any similar case, as the

result was in every respect satisfactory, and the second attack seemed to confirm still further the efficacy of the plan.

I will now proceed to describe, seriatim.—Firstly, scleritis; secondly, iritis; contrasting and comparing the two affections, both in reference to symptoms and treatment.

Sclero-iritis, or rheumatic iritis, most commonly attacks persons about the middle period of life, in whom some constitutional tendency to rheumatism exists; the symptoms are of a severe and distressing character; the attack is ushered in by a feeling of fullness and tenderness of the eyeball, soon followed by profuse lachrymation, and some intolerance of light; the pain is intermittent, and is chiefly referred to the eyebrow and temple, and even to the cheek and side of the nose; these symptoms, and especially the pain, are usually much aggravated towards night; after a short time vision becomes cloudy and dim. This disease usually attacks one eye at a time, although both are sooner or later involved. On examining the eye it is found highly injected, and on looking more minutely the vessels are found to be situated in the sclerotic coat; they are deep-seated, numerous, but small, and finely pencilled, of a pink colour, and pursuing a straight course towards the cornea, around which they form a capillary plexus; the conjunctiva is usually but slightly involved, a few large loose returning veins being chiefly visible, and being readily distinguishable from the sclerotic vascularity which is a main feature of the disease. On examining the iris, the pupil is found contracted and immovable, the colour changed usually to a greenish tinge; the surface is dull, and the healthy texture of the iris is no longer visible, the little irregularities being coated over by a thin film that uniformly pervades it, and does not present any tubercle, or even any thickening and deposit at the pupillary margin, as we observe in iritis: in severe cases, and especially after repeated relapses or fresh attacks, the capsule becomes cloudy, and as a result of this the sight is impaired. There are two local symptoms that have been insisted upon by some writers as peculiarly characteristic of this disease,—the one is a thin white line around the margin of the cornea, the other is the frothy character of the secretion: the former of these, viz., the white line round the cornea, merely indicates that the conjunctiva and cornea are not involved in the inflammatory action, but that the vessels dip down to the iris, leaving that portion of the sclerotic which is blended with the cornea unaffected, and consequently white; inasmuch as the conjunctiva is sometimes implicated, this symptom cannot be relied upon, its presence certainly indicates this form of inflammation, but its absence by no means contra-indicates it. As regards the other symptom, viz., the frothy secretion, I have often observed it in rheumatic affections, but I am equally sure that it is present in some forms of simple ophthalmia of the chronic and irritable type, so that no sure indication can be obtained from this symptom. Combined with these local signs we usually find some constitutional evidences of a rheumatic diathesis; thus, the patient has probably suffered at some time or other, and may be suffering at that time, from rheumatic pains in other parts of the body; the powers of the system are at a low ebb, the various secretions are in a vitiated state, the tongue is foul, of a whitish-brown colour, and coated over its entire surface, (I have so often noticed this peculiar state of the tongue in this disease, that I consider it a strong indication;) the urine is high-coloured, turbid, and scanty; the skin is usually moist, with a tendency to night perspirations; the pulse is rather weak, quick, and irritable. The more immediate and exciting cause of the attack is generally to be found in a prolonged exposure of the eye to a stream of cold air, to a humid state of the atmosphere, and to the injudicious use of cold applications to the eyelid. This form of inflammation often follows injuries of the eye, and operations performed upon this organ in persons prone to rheumatism, and subjected to premature exposure, or prolonged use of cold lotions. A favourable prognosis may generally be given if the disease is seen in the early stage, and if it is a first attack; that which we have particularly to fear is a relapse during treatment, and a return after treatment, (and it is always prudent to suggest the tendency to such a result,) which is very discouraging, both to the sufferer and to the medical attendant, and, as I have already intimated, is apt permanently to damage the sight.

The treatment of this affection embraces rather a wide range; in fact, it would involve a treatise on rheumatism to enter fully upon this subject. I must content myself, as usual, by indicating a few salient points, leaving the filling up of minutiae and of details to individual experience and observation; and I may add that there are few affections of the eye requiring more care, judgment, and patience. We may conveniently consider the subject under the two divisions of

constitutional and local treatment, as they very materially assist each other, and as either would be nearly useless without the other. In the constitutional treatment the secretions must be acted upon: drastic purgatives are useful, combined with diuretics; and if the rheumatic diathesis is very strong, colchicum is very valuable, if the general powers admit of its administration. If the system is feeble, iodide of potash is a useful substitute, and if the iris is much affected, it may be necessary to exhibit mercury; but though it may clear the surface of the iris, it will not control the inflammation of the fibrous tissue, which is the texture primarily and chiefly implicated. In cases that are very protracted, when the vessels are considerably congested, when the sight is a good deal impaired, and the various medicines I have suggested seem to fail, turpentine has been strongly recommended, and my own experience is very much in its favour, I usually give it in doses varying from a scruple to half a drachm, in a mixture, three times a day, carefully watching its effect in the latter stages of the disease, and sometimes combined with more active treatment. If the system is feeble, if the skin acts freely, and if the pain assumes an intermittent and periodical type, tonics are very useful, and if exhibited judiciously, have a tendency to prevent a relapse. Steel, quinine, and bark may be given; the two latter have obtained most favour with medical men. The late Mr. Tyrrell placed great reliance upon very minute doses of bark and soda, five grains of each thrice a day. It is difficult to arrive at any other conclusion than that the efficacy of so small a dose must have been chiefly due to the alkali, which is known to produce good results in some forms of rheumatism. Where the pain is very intense and protracted, and after the secretions have been freely acted upon, opiates may be given with great advantage, and I think the Dover's powder is the best form.

We may now consider the local treatment. In severe cases, and in the early stage, local bleeding by means of leeches, or, what is still better, by cupping to the temple, is highly useful, and sometimes cuts short the attack. I have known patients describe the relief as distinctly appreciable as the blood was flowing, and have been requested to allow the bleeding to be repeated. I hardly know any other affection of the eye in which such decided advantage follows local bloodletting. The effect may be kept up by the application of a blister either to the temple or forehead; the pain over the brow may be often relieved by rubbing in mercurial ointment, combined with opium, in the strength of one drachm to an ounce, to the seat of pain each night and morning for five or ten minutes; if the surface is blistered it may be dressed with this ointment. Warm applications are usually the most agreeable to the patients, and the most suitable for the disease; but even here exceptions occur in which cold gives relief, and then it is better to allow it. Authorities are at variance as to the propriety of using belladonna with the view of dilating the pupil. It is contended, on the one hand, that if the pupil is allowed to become very small, that it forms adhesions, is permanently contracted, and the capsule of the lens is rendered dull and cloudy; but that if the pupil is kept large, even if the capsule is implicated, some clear space for vision usually remains. Those, on the other hand, who are opposed to the use of belladonna say, that if the iris is implicated the pain and irritation are much increased by the dragging effect of this drug, and that if adhesions have formed it does not enlarge the pupil, and therefore that the motive for its use is not accomplished, whilst positive mischief is occasioned. There is doubtless much truth in the argument on both sides. In the early stage, when the iris is but slightly affected, it is useful to enlarge the pupil, and when the disease is subsiding the same effect may be produced with advantage; but during the active and fully developed stages of the disease, when the iris is thoroughly involved, belladonna often gives great pain, and does not influence the size of the pupil.

I have thus endeavoured briefly to indicate the leading principles which are to guide us in the treatment of rheumatic iritis, and it must be admitted that it seems to include some very different and even antagonistic methods, which are only to be reconciled by explaining each as belonging to some stage of the disease, or as applicable to some variety or constitutional peculiarity; and I can well conceive a student, after reading it, and mastering all its details, feeling somewhat embarrassed when a case of this kind is placed under his care. Therefore, though I feel it is rash, in a disease presenting so many shades of difference, both in its commencement and its various stages, to attempt to dogmatize and to map out a special line of treatment, still, though I should incur the imputation of empiricism, as the chief object of this course is to assist the student, I will suppose a case and my usual plan of proceeding, so as to give some

idea of the order in which I employ the various means I have mentioned. When a case of rheumatic iritis first applies to me, if it is in the early stage and severe, I order cupping to the temple to ten ounces; warm fomentations; mercurial ointment with opium to be rubbed in at night, where the pain is felt, for ten minutes; a drastic purgative of calomel and scammony, two grains of the former to eight grains of the latter, and a mixture containing nitre and sometimes a full dose of colchicum. Then in a few days, if the tongue becomes cleaner, and the secretions normal, I give iodide of potash, five grains, three times a day; or if the system is very feeble, or after the iodide of potash has been given for some little time, I give tonics; quinine, two grains, three times a day, is usually the best. In cases where the pain and sclerotic inflammation have subsided, and the iritis continues, the specific action of mercury is required. Under these circumstances, I always endeavour to act upon the system through the skin by increasing the amount of ointment rubbed into the temple and brow, as I do not find the internal use of mercury well borne by the rheumatic diathesis.

I am not exactly prepared to indicate the particular cases for which turpentine is specially suited. I have usually employed it where other means have seemed to fail, and with very marked benefit; and I have no doubt it is well adapted for some cases in their early stage, and as a primary expedient. A good deal of judgment is required to use the requisite amount of activity to subdue the disease without seriously impairing the powers of the system, as it is highly probable that relapses and returns of the disease are in a great measure due to a feeble state of the system, which must be carefully guarded against during the latter stages by the use of tonics and a liberal diet. The disease I have now described may be complicated with a catarrhal affection of the conjunctiva: this has been termed "catarrho-rheumatic ophthalmia." The former and less important disease may, to a cursory observer, mask the deeper and more serious malady; it is therefore of importance carefully to examine all severe catarrhal affections with a view of ascertaining whether rheumatic iritis coexist. The treatment of the catarrhal complication must be conducted upon the same principles as the simple form of the disease.

#### ON THE

### TREATMENT OF DISEASE BY BLOODLETTING.

By JOHN LANGLEY, Esq.

THE system of treatment which I have advocated through good and ill report would, I believe, if fairly and fully carried out, save thousands of our fellow-creatures who daily fall victims to those morbid conditions which are *always* manifested in organic and other diseases. Indeed, this observation applies to most, if not all, conditions of congestion, and consequent inflammatory action, which are the physical disorders from which, almost exclusively of any other causes, organic diseases\* arise; as also to all those inflammatory conditions of muscles, ligaments, and membranes, with painful affections of the joints and their articulations, commonly denominated rheumatism, hip-joint disease, and neuralgia; all of them terms—*refuge terms*—utterly inadequate to characterize the morbid conditions of the important parts affected; an opprobrium which equally applies to the same abnormal conditions of the cranial, thoracic, and abdominal viscera: as, of the brain, hydrocephalus; of the lungs, consumption; and of the peritoneum, ascites; all, to my mind, distinctions without a difference, being only the final symptoms, or rather fatal terminations, of the inflammatory conditions of the organs affected, resulting from inadequate depletory means and consequent congested condition and inordinate action. The same may be said also of the incipient stages of all tumours, and all painful conditions arising from the pressure of the over-dilated bloodvessels upon their contiguous nerves,—the only way in which, I believe, the sensation called pain can be rationally accounted for; also of the formidable and most distressing phases of uterine disorders and diseases, and also of that really peritoneal inflammation masked in the vague term of "puerperal fever." It is also a most important adjuvant in obstetric practice,—in the safe and speedy promotion of uterine relaxation, in rigidity of

the os uteri, and all other parts concerned in parturition, and the sheet-anchor in puerperal convulsions; and, what is perhaps of more importance, the fortifying those delicate parts which cannot fail to suffer from long pressure and contusion in protracted and difficult parturition, from naturally anticipated inflammatory action,—the only state to be guarded against, the hydra of all diseases.

I would also wish to include in the range of depletory treatment by venesection, mania, incipient blindness, and deafness, with almost all eruptive diseases.

The full, long, and positive experience I have had of the value of timely, copious abstraction of blood in all disorders or diseases of an inflammatory or congestive character, (and I confess I am aware scarcely of any others,) emboldens me to approach you in this unequivocal manner, especially knowing and feeling as I do that the whole profession, almost to a man, are opposed to me, although (*absit invidia*) not qualified† to decide the point, never having tested it—that is, never having carried it out to half the extent I have; but perhaps fearing the attempted remedy might be charged upon them as the cause of the fatal result, they leave the disease in uncontrolled mastery of the field, in accordance with the erroneous and dangerous opinion of Dr. Dickson, who, in his work on the "Fallacies of the Profession," written evidently *ad captandum vulgus*, attributes all the ills which "flesh is heir to" to the lancet. I have taken the liberty of sending the following cases, the last I shall trouble you with, and shall feel greatly obliged and honoured by your inserting them in your journal. You will find them strongly pertinent to the advocacy of my practice, and showing the kind of objections of the highest members of the profession to its adoption; and I most fearlessly challenge them, one and all, to satisfactorily repudiate either my theory or practice, and show wherein I am wrong, or even how any or what possible evil can result from my practice. An assertion without proof is "*vox et preterea nihil*." I would say to them, in the language of my favourite author, "*Si quid novisti rectius istis, candidus imperti, si non, his utere mecum*."

CASE 1.—On Tuesday, March 25th, 1852, I was consulted by Mr. J. L—, of Duke's-road, St. Pancras, who, with his wife, communicated to me the following statement:—On the 27th of December, 1850, having indulged in the repletory viands and stimulating beverages usual upon this festive season, he was seized about 10 o'clock P.M. with a fit, falling down senseless, with stertorous breathing, intense redness of face and forehead; heated head, and staring, visionless eye. In this dilemma his wife called in the nearest medical gentleman, who considered the case to be apoplectic. The parties present urged the necessity of taking away blood, which he repudiated, stating as his reason, that he considered it a case of "temporary determination of blood to the head, the effect of excitement and high living, and preferred attempting to relieve him by medicine, low diet," &c. This state continued with little alteration for some hours, when two leeches were applied *temporibus*.

On the following day consciousness returned, but a heavy, painful sensation was felt in the head, chiefly on the right side; his sight was misty; his head dizzy; and, contrary to his usual disposition, an irritability most distressing to himself and all around him; objects and circumstances which previously afforded him comfort and pleasure now caused him aversion and disgust. This condition continued with varied intensity for three months under medical treatment. The gentleman in attendance considered the case as one of a *nervous* hypochondriacal character, advised generous diet, and that he should be exposed to exhilarating and exciting positions, as visiting his friends, occasionally attending the theatre, &c.

Upon presenting himself to me, he complained of most distressing pain over the anterior portion of the right hemisphere of the brain, a feeling of distress and irritability which no moral effort on his part could assuage or control; the effort to do so increased the malady; the prattle of his children distracted him, and he was quite unable to attend to his business, as an upholsterer, and lived every hour in dread of a similar attack to the one he suffered as above described. His pulse was 120, hard, jerking, and wiry; his tongue dry and deep red; the

\* *Vide* Case of Puerperal Convulsions of extreme severity subdued by unprecedented depletion.—THE LANCET, January, 1849.

† In proof whereof, Mr. Webber's assertion at the late medical meeting in Hanover-square, that the instrument called the *lancet* had nearly become extinct with the profession, and, in a vituperative strain, expressed a hope that the journal, *quodam nomine*, would share the same fate; whereas I hope it may exist as much longer, as I know it has already, (having purchased the first number published nearly thirty years since,) and prove a powerful engine in enlightening the profession upon an error most fallaciously grounded upon hypothetical theory and untested experience.

\* The important distinctive line to draw in, between disorder and disease, between functional and organic evils; and, again, between disorders affecting the functions of vital organs immediately tending to their disorganization, and disorders affecting parts and tissues, which may be even obliterated in function and substance, if any such there be, without any material impediment to life. To such states I would say, careful attention must be paid that they do not grow into the more serious condition of organic lesion from neglect of active treatment.



temperature of the head far exceeding a natural heat, accompanied with a general distressing fidgetty uneasiness, a morbid vigilance pervaded his nights, constantly getting in and out of bed. Taking all the symptoms concurrently, accompanied with so much mental irritation, I could entertain no other diagnosis than chronic congestion of the vessels of the brain, or chronic meningitis. I proposed immediate venesection, which he repudiated, from the impression made upon him by the aversion of his previous medical attendant to such a course. I reluctantly yielded to his prejudice, gave him five grains of calomel, and ten of jalap, with a mixture of infusion of senna and sulphate of magnesia.

He came to me on the following morning; his bowels had been freely evacuated, and his night passed rather more tranquilly, but the pain of the head, irritability, and confusion of intellect still existed, with a pulse of the same character as the previous day. I now insisted upon bleeding him, telling him if he would not submit I would abandon his case, and leave him either to the affliction of insanity\* or premature death. This declaration fortunately prevailed, and I abstracted fifty ounces of blood from his arm. *No syncope followed*; some slight relief from pain. He expressed himself shortly afterwards as feeling more composed and comfortable; his pulse became more open and compressible, a condition I invariably recognise under such circumstances. I gave him acetate of morphia, one grain, to be taken at 8 o'clock in the evening; an evaporating lotion for the head, and foot-bath; mustard plaster between the shoulders.

27th December.—Eleven A.M.: Walked one mile to call upon me. His wife, who accompanied him, said he had passed a night of uninterrupted rest, pain much abated, with more natural, tranquil condition of mind, but with a pulse undiminished in frequency, and nearly of the same wiry character as at first. I took thirty ounces more blood from his arm; ordered him a cathartic; to repeat the previous treatment. Being obliged to leave town, I did not see him again until the 29th, at three P.M., when I found him much improved in every respect; had passed a very tranquil night without the morphia. I told him to keep perfectly quiet the rest of the day, take no medicine, and call upon me the following morning, which he did at eleven A.M. I was sorry to find him not so well; he had experienced return of pain in his head, although much mitigated, and his night passed very restlessly and miserably. His skin was heated; he seemed more irritable; his bowels had not been moved for thirty-six hours. I repeated the calomel and jalap and the night draught, and said if not much better tomorrow I should take more blood from him. "Why not now?" he said; "you know, sir, it has always relieved me." *Anxious to have that done he so much dreaded before.* He visited me on the following day, in nearly the same state as the preceding day, and was most anxious that I should bleed him again. Unswayed by his wish, I bled him to twenty-five ounces; *no syncope*; repeated the night draught, and told him I would call upon him the next day, which I did at one o'clock. I found him much relieved in every respect, reading quite composedly. I examined him very closely, and had every reason to be fully satisfied with the safe progress made. I told him we would rest upon our oars; prescribed the sort of diet I approved; ordered him to take an aperient every or every alternate morning, and in the absence of any material change not to come to me for a week. On the fourth day his wife called upon me, wishing me to see him, as she thought he was not quite so well, and stating that he persisted in saying he should not be so unless he lost more blood, an instinctive feeling which directed him rightly. I felt a conviction that further depletion was necessary, and had desired the week's previous abeyance from medical treatment that I might watch the ulterior effect of reaction, that *mischievous action*, which follows the inefficient depletions generally resorted to, but which was almost entirely absent after the large evacuations I effected in this case; corroborating my previous experience, that unless bleeding is carried to an extent to preclude violent reaction—that is, in such degree as to control and modify the muscular power of the heart and arterial system—little benefit is to be anticipated from it. As stated before I made this digression, I thought I should be justified in taking more blood; but that I might have my opinion fortified, I took the great liberty of sending

my patient to Dr. Robert Lee, in whose physiological and pathological acumen I had the greatest confidence, with the following note:—

[COPY.]

"MY DEAR SIR,—Will you kindly examine this patient for me, and prescribe for him agreeably to the symptoms which present themselves to your notice, without reference to any previous treatment.

"I am, my dear Sir, yours very respectfully,

"34, Albany-street, Tuesday morning."

"JOHN LANGLEY.

In obedience to my desire, the patient never said he had lost any blood, nor did Dr. Lee ask him, but ordered him to apply twenty leeches to his head, and prescribed a dose of calomel and jalap, to be followed by a black draught; *I think most clearly evincing that he considered depletion necessary, and could not detect any contra-indication to it, notwithstanding the great extent it had been previously carried to.* I desired him implicitly to adopt Dr. Lee's prescription, telling him that probably, after his full depletion, this local bleeding\* might have the critically curative effect. He applied the leeches, took the medicine, and came to me by my direction in three days, when he told me he had found little or no relief from the leeches. I still thought it right to bleed him, but determined before doing so to send him to Mr. Guthrie, with a note couched in the same terms as the one sent to Dr. Robert Lee. With that great kindness I have often experienced when in professional doubt, and which I take this opportunity of most gratefully acknowledging, Mr. Guthrie examined my patient very carefully, and sent me the following note:—

[COPY.]

"DEAR LANGLEY,—Take some blood from this man's arm, and send him to me again on Wednesday.

"Ever yours,

"G. J. G."

The same injunction was given and observed, as to the loss of blood, with Mr. Guthrie as Dr. R. Lee. I was happy to have the concurrence of both these eminent gentlemen in the propriety of further depletion, only differing in the mode. I took away thirty-seven ounces more, making a total, in less than sixteen days, of 150 ounces of blood, besides that from twenty leeches. While the last few ounces of blood were flowing, a profuse perspiration supervened, with tendency to fainting, when he expressed himself as feeling an extraordinary sensation in his head, with a clearer perception of passing events, saying, "I know myself now; I am J. L.—;" pronouncing his name with more distinct articulation than before. Not having completely fainted, I allowed him to recline upon my sofa; in a quarter of an hour he arose, said he felt quite comfortable, put on his coat without assistance, and walked home, a distance of a mile. With attention to his bowels, gradually improving diet, and exercise, in a week after I presented him to Mr. Guthrie, whom I had to meet with Sir Benj. Brodie upon a severe hip-joint disease. He told Mr. Guthrie he was quite well, and ready and anxious to go to his employment, which he did the following day, and has since continued to do. I feel it my duty to apologise to Dr. Lee and Mr. Guthrie for withholding the treatment adopted previously to my patient's consulting them, but when they read the following case, and the anathema against bleeding pronounced by such high authority, to my prejudice with my patient, I rely upon their candour to treat venially such, I hope, laudable deception, solely instigated by, to me, the highest incentive—the restoration to health of my patient.

(To be concluded.)

## OBSERVATIONS ON CHOLERA.

By M. J. RAE, M.D.,

PHYSICIAN TO THE CARLISLE DISPENSARY.

(Concluded from page 189.)

As precautionary measures to be adopted with respect to cholera, I would strongly insist upon all public establishments, as gaols, asylums, poor-houses, &c., being cut off, as far as practicable, from all communication with infected districts. Public hospitals ought not to be opened for the reception of

\* I cannot bring my mind to the conclusion that there are any diseases, or rather disorders, of this class unconnected with organic disturbance or positive lesion of the brain. The subject demands the most serious investigation. I know and feel that I have often dealt with mental aberrations, delusive feelings, and violent tempers, the "brevis furor iræ," with most happy success, viewing them as the result of chronic congestion, or modified, or sub-acute (as it is called) inflammation of the brain, and I most sincerely believe nine-tenths of our incarcerated fellow creatures are of this class, and the other tenth made up of anomalous cerebral conditions involving eccentricities.

\* This description of depletion is often resorted to in lieu of general bleeding; I feel assured it is quite useless as to its local influence in inflammations or congestions of any internal organs, especially the lungs or brain, as the only advantage gained is in reference to the quantity taken from the mass, and leeches to the feet would be triflingly more useful than to the scalp or pectoral muscles,—inflammation of the palpebræ or phlegmonous external tumours excepted.

cholera patients, unless under the most urgent necessity, because such a proceeding might lead to the outbreak of the epidemic in the other parts of these establishments, and therefore to the destruction of many individuals who might not otherwise have fallen victims to the disease. But the same objections may not hold good with respect to their admission into fever hospitals. If these are detached buildings, and their inmates can be accommodated in wards which admit of being isolated from the others, I would recommend their appropriation to that purpose. The risk of fever patients taking cholera may also be less than surgical and other patients. Sheds should be built, and houses taken and fitted up for cholera hospitals.

In addition to the thorough cleansing of towns, the removal of all cesspools, foul drains, and filthy accumulations of decaying animal and vegetable matters, and of all known sources of atmospheric pollution, I would recommend great attention to personal and domestic cleanliness, and the use of carefully-filtered water for dietetic purposes. If this cannot be had, that which has been boiled, and allowed to cool in closed vessels, as mentioned by Dr. Playfair, should be used. But I would more especially recommend, and strongly urge, the free use of disinfectants in houses in which the disease has shown itself—lime, sulphuric acid, chloride of lime or zinc. One or other of these should be freely employed in the rooms and wards occupied by cholera patients. The dejections and clothes cast off from the bodies or beds of the sick should be quickly saturated with chloride of lime, and be removed from the apartments without delay.

If the effluvia arising from the bodies of cholera patients and from their dejections be allowed to accumulate and remain in the atmosphere of their rooms, they act as powerfully depressing causes upon the sick, and therefore materially diminish the chances of their recovery from the malady. The free use of disinfectants in the chambers and dwellings of cholera patients, besides destroying all noxious effluvia, thus placing the sick under conditions more favourable to recovery, may also either directly destroy the choleraic poison eliminated by their bodies, or else indirectly by having removed the pabulum or conditions necessary to its spread and continuance, and therefore be the means of checking the progress of the epidemic, and of giving the attendants and others exposed to the influence of the contagion a greater immunity from attacks of the disease. I would also recommend the frequent employment of such agents in all houses during the course of the epidemic in their locality, whether the disease has made its appearance in them or not.

Great attention should be paid by all parties to the state of their bowels during the course of the epidemic. The ordinary diet, or that which experience has proved to be the most suitable to an individual, should be used by him during the prevalence of the malady. Chicory should, in my opinion, be wholly excluded as an article of diet; its irritant effects on the bowels frequently induce purging and griping in many individuals; and I have no doubt that its use as food will act as a very common predisposing, if not exciting, cause of an attack of cholera.

The moderate use of spirits should be particularly insisted on by all practitioners. Their daily and liberal use is often recommended by medical men as a sort of prophylactic in cholera, but I believe it to be a most pernicious practice, one more likely to induce than to ward off an attack of the disease. While I would permit drunkards and those accustomed to take spirits to have a fair, daily allowance of them, I would insist upon all perfectly sober and temperate individuals to abstain from the use of all intoxicating drinks during the prevalence of the disease amongst them, unless when they are exhausted by unusual bodily or mental labour, and then a little spirit may be taken by them with advantage. But persons of strictly sober and temperate habits, and who are in their usual state of health, cannot be too cautious in taking spirits, because the use of them tends to, and often does, produce biliary and intestinal derangement in such individuals, and therefore predisposes them to an attack of cholera; and the daily use of spirits during the prevalence of cholera, by these parties, may produce in them a state of the constitution that is peculiarly obnoxious to cholera. For the most severe and fatal attacks of the disorder often seize individuals of usually steady habits after a slight over-indulgence in drink. I come now to speak of the treatment of cholera.

Having had considerable opportunities of observing and treating the malady during the epidemic in 1848, and having tried, and seen tried, almost every variety of mode of treatment, with various degrees of success, as calomel, calomel and opium, acetate of lead, sulphate of zinc, and other mineral

salts, with opium, astringent mixtures, with brandy, &c., the mode of treatment which I found to be the most successful—and which I would adopt were I again called upon to treat the disease—is that by injections. Though calomel and opium, astringent pills, and mixtures, may be quite sufficient for the successful treatment of a mild case of cholera, or of the premonitory stage of the disorder, they are not to be depended upon in cases where the disease is developed in all its fearful intensity. There is always great uncertainty attending the treatment of a serious disease by the exhibition of remedies by the mouth alone, where great irritability and violent action of stomach exists; and as this condition of the stomach is so important a feature in an attack of cholera, the hope of treating a severe form of the disorder by remedies introduced into the system through this organ alone will generally end in disappointment. The remedies so administered may be rejected in whole or part, or may not be retained in sufficient quantity to make a decided impression on the disease; or not before either a fatal collapse has been established or the system has been reduced so much by the violence of the disorder as to render ultimate recovery hopeless. And bulky remedies, such as astringent mixtures of catechu and kino, with chalk, &c., are worse than useless, as they keep up the irritability of the stomach.

In a disease so dreadful and rushing so rapidly to a fatal termination as cholera, remedies to be of any use in the treatment of it must act speedily and with vigour upon the system. Injections of astringent medicines have this property; and if they are properly employed in the treatment of cholera, I believe that more invariable success will attend their use than that of any other mode of treating the disease. My method of treatment in a well-marked case of cholera was to give two or three grains of solid opium at once—no calomel; then an injection, of about eight ounces of a solution of starch, containing four to eight drachms of tincture of catechu, and twelve to fifteen grains of acetate of lead, to be thrown well up into the bowel; repeating the injection with the same or less quantity of astringents, according to circumstances, every two hours, or after every free motion; continuing the opium in one grain doses every hour; keeping up the circulation on the surface and at the extremities of the body, and endeavouring to relieve the violent spasmodic action by the application of warmth to the feet and limbs, and by the constant employment of turpentine stupes or stimulating liniments over the abdomen and spine; allowing fluids to be taken in small quantities only at a time, because their free use keeps up the irritability of the stomach, and encourages the looseness of the bowels, and if they are freely used cold they tend to chill the body, and induce collapse. The intense thirst that generally accompanies a severe attack of cholera is, no doubt, chiefly owing to the profuse watery discharges that have taken place from the bowels, but it is often caused partly, and always aggravated, by the large quantities of brandy that is often allowed patients by their medical and other attendants. I therefore give brandy very sparingly during the early stage of the disorder, trusting chiefly to the opium, or to tincture of opium with ammonia and sulphuric ether and ice, to support the strength and relieve the spasms and vomiting. One or two injections generally suffice to check the violence of the disorder, and to place the patient beyond danger from the attack. The injection being diffused over an extensive tract of mucous membrane is soon absorbed, and the constitutional sedative and astringent action of the remedies is therefore speedily produced, arresting the profuse discharges from the bowels, subduing the cramps, relieving the irritability of the stomach, and promoting the heat and saving the strength of the system.

But the topicals assist the constitutional action of the medicines in the production of these beneficial results. They corrugate the mucous membranes, relieving the congestion of the papillae and mucous glands and follicles. They constrict the bloodvessels, and check the vermicular action of the bowels; and the sedative effect of the lead upon the nervous filaments of the intestines must not be overlooked. The local effect of the astringents may also tend to divert the current of the circulation from the bowels to the surface of the body, and thus assist the action of the opium in keeping up the heat of the external parts.

The opium, in the form of a pill, is a useful auxiliary to the injections, and its small bulk does not offend the stomach. It soothes the irritability of the nervous system, restrains the action of the bowels, supports the strength, and keeps up the circulation at the surface of the body. Having subdued the looseness and tranquillized the nervous system by the above means, from six to ten grains of calomel alone were given, and

repeated every two or three hours until the bile appeared in the stools, when a favourable result in most cases might be confidently anticipated. Many practitioners attach little or no importance to the circumstance of the bile appearing in the stools; but its presence there shows that the liver, whose function had been suspended during the early period of the attack, has now resumed its action; and this is an evidence that the system is recovering from the shock given to it by the disease. I consider it of the first importance—nay, as an essential element of ultimate success—to get the liver and kidneys to act, and the intestines to return to their normal action, as soon after the cessation of the purging as possible. This guards against a relapse, checks or prevents secondary fever, and gives greater security against the supervention of collapse.

How much of the delirium, fatal coma, and depression, which often occur in cases after they have appeared to have been progressing favourably, have been owing to the presence of urea, bile, and other impurities in the blood? The suppression of the functions both of the kidneys and liver for so long a period as often occurs in cases of cholera, allows their excretory matters to accumulate in the blood, which act injuriously upon the brain and nervous system, depressing still further the vital powers, and co-operating with the direct effects of the choleraic poison upon the system, in the production of the unfavourable and fatal results of the attacks of the malady. And when we consider that the system is almost drained of blood in a severe attack of cholera, we may see the necessity of restoring that which remains to its normal condition as speedily as possible; to effect which the action of the liver and kidneys is essential, and as these organs cannot be roused to action during the violent and profuse action of the bowels, (hence the folly of giving calomel in frequent doses, with this object in view, in the early stage of the disease,) there should be no time lost, after the purging has ceased, in endeavouring to get them to resume their functions as speedily as possible. In urgent cases, or where violent reactionary fever was anticipated, twelve or fifteen grains of calomel were given at once, followed in two or three hours by five grains, and repeated if necessary. The calomel acts as a sedative, subduing the morbid irritability of the intestines, and the excited action of the stomach. It also stimulates the liver, promotes the healthy action of the bowels, and excites the kidneys to the performance of their functions. These results having been obtained, calomel was laid aside. Light bitter infusions, and occasionally a mild aperient, were given. In cases where a tendency to collapse existed, the opium was given more frequently, one-grain doses, combined with four grains of camphor, allowing a little more warm brandy and water or wine negus, warm beef tea, and applying the heat and frictions, or stupes, more assiduously to the extremities and abdomen. When the cold stage was fairly established, brandy and water, and a stimulating mixture, composed of sulphuric ether, tincture of capsicum, aromatic spirit of ammonia, and camphor mixture were given alternately, every half-hour or twenty minutes. Bags of hot salt, &c., were applied along both sides of the body, from the feet to the armpits; strong ammonia liniment, or mustard sinapisms, applied over the whole of the abdomen and chest; warm beef-tea or soup were given freely, but only small quantities of cold saline drinks were allowed; ice was given, instead of large quantities of cold drinks, when thirst was urgent. These means, assiduously applied, and varied according to circumstances, frequently succeeded in establishing reaction in very serious cases of collapse. Great care and attention are required in the management of the reaction succeeding the collapse, lest it be carried too far. The stimulants should be gradually reduced in quantity and frequency of use, and the warm applications cautiously withdrawn from the body. I have often seen fatal coma occur in cases where reaction had been well established, and a favourable result looked for, by allowing the warm applications to remain too long in contact with the body, the consequent profuse exhalations exhausting the patients. The same result may supervene upon the too free exhibition of stimulants. And as sulphuric ether and ammonia act quickly, and are not so permanent in their effects as brandy, I prefer giving them in the collapse stage, and at the commencement of the reaction, alternately with the brandy, because they are not so apt to be abused by the attendants; and the danger of subsequent coma is less to be apprehended when they are used along with brandy, than when brandy alone is employed in the stage of collapse. Reaction having been established, three or four grains of calomel were given, and small doses of calomel, calomel and opium, or with James's powder, were given every half-hour, or at longer intervals. Soda water, lemonade, whey, &c., were

allowed for drink, and beef-tea and wine were freely exhibited. A most troublesome irritability of the stomach often remains after the purging and cramps have ceased, and it is often a marked feature in the reactionary stage of the disorder. It is generally best treated by allowing small quantities only of fluids to be taken at a time, as soda water, and those containing mineral and vegetable acids, and by the free use of ice. The dilute sulphuric acid, in half-drachm or one drachm doses, often subdues it when nothing else will; and as the use of the acid does not interfere with the exhibition of calomel, it may be safely and beneficially administered. The value of this acid in checking the excessive action of the stomach in cholera was pointed out thirty years ago by a West Indian practitioner, as mentioned by Dr. Thomas. The acid, besides subduing the irritability of the stomach, acts beneficially on the intestines. Sometimes creasote, hydrocyanic acid, and the application of strong ammonia liniment, or cantharides plaster, to the region of the stomach, have most influence in subduing the morbid action of the stomach. In conclusion, I would strongly recommend the treatment of cholera by injections. This mode being more rapid and more certain in its effects and more successful in its results than any other that I have either seen or adopted.

Carlisle, July, 1854.

### ON A CASE OF DISLOCATION OF THE ELBOW-JOINT, WITH PARTIAL FRACTURE OF THE INTERNAL CONDYLE.

By WM. WALKER, F.R.C.S., &c.

MASTER D'A—, aged fifteen, while playing at leap-frog, missed his object, and fell over on one side, his forearm coming with great force to the ground. He was immediately raised up by his schoolfellows, when it was discovered that he could not straighten the arm. Mr. Newberry, surgeon, of Liverpool-road, was soon in attendance, and readily detected the nature of the accident, but was unable to reduce the dislocation. Cold lotions and rest were strictly enjoined, to arrest the swelling around the joint, when another attempt at reduction was made, which was also unsuccessful. As the friends of the youth expressed a wish that I should visit him, the accident having occurred a fortnight back, I communicated with Mr. Newberry, and met him twice or thrice in consultation; but as the joint continued in a state to cause some anxiety, we suggested the propriety of having further advice, when Mr. Coulson was called in, who, on examination, thought it probable the inner condyle was firmly fixed over the coronoid process of the ulna, and decided at once the necessity for the application of a splint, with screw extension, which was at once obtained from Mr. Fergusson's, Giltspur-street, Smithfield. The patient began by wearing it two hours daily, gradually increased to three. After thus persevering in this plan for three weeks, he was enabled to lay aside the instrument, and regained perfect use of the limb, and with the exception of some degree of thickening about the condyle, he has as useful a joint as before the accident. Mr. Coulson, will, I am sure, feel much pleasure at the successful issue of the case, and the treatment as suggested by him, and carried out according to his instructions.

St. John-street-road, Clerkenwell, Sept., 1854.

THE MALABAR COOLIES.—Blood drawn from their veins will be found greatly deficient in fibrin, albumen, and colouring matter. Their nervous system does not betray that amount of sensibility to external impressions which is observed amongst other classes, and it is a remarkable fact, that a Tamalian will bear any amount of what is known as "shock to the system," without any detriment; while the slightest drain from the body—as a few fluid evacuations from the bowels, or rather copious discharge from an abscess—is sure to be attended with the most serious consequences. The whole limb may be severed in surgical operations, and scarcely a groan will escape him. A patient cannot manifest less sensibility to pain under the knife of the surgeon than a poor Malabar, when previously desired to "screw himself up to the sticking-point;".....but the Tamal coolies, from a natural state of physical infirmity, are perfectly incapable of supporting anything like an exhausting influence.—Mr. DICKMAN in *Ceylon Miscellany*.

# A Mirror

## OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum  
et dissectionum historias, tam aliorum proprias, collectas habere et inter  
se comparare.—MORAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### KING'S COLLEGE AND CHARING-CROSS HOSPITALS. CASES OF HYDROPHOBIA.

(Under the care of Dr. TODD and Dr. ROWLAND.)

In a late number of this journal, we had occasion to call attention to a case of hydrophobia which had been treated at Guy's Hospital, (THE LANCET, vol. i. 1854, p. 535,) in which the patient perished with the well-known symptoms of this terrible disease; since that period several other cases have occurred in the metropolis, two of which were admitted into public institutions; and we beg this day to put upon record the details of these two instances of hydrophobia, which were respectively observed at King's College and at Charing-cross Hospitals.

Before doing so, however, we would just say that these cases present a difference of some moment with the one treated at Guy's, as the attacks in the former followed pretty soon after the bite of the rabid animal, whilst it is alleged that Dr. Hughes's patient had been bitten several years before he was seized with the symptoms of hydrophobia, to which fearful disease he speedily fell a victim. Now, it is not an unimportant matter for medical men to inquire whether an incubation of several years is possible; the disease, or tendency to the disease, lying dormant for a long time, and bursting forth under the influence of an exciting cause. Trustworthy records of cases are in existence, in which it is distinctly stated that seventeen and nineteen months elapsed between the inoculation of the poison and the development of the disease. Dr. Bardsley has recorded a case in which there was an interval of *twelve years* between the bite and the first hydrophobic symptoms; nay, even twenty and thirty years have been mentioned! We must confess that we have no more difficulty in believing in an incubation of ten years than in one of ten months, for it is plain that if the organism can remain tainted for ten months, without any outward manifestation being noticed, and the disease burst forth after that period, the attack can only be owing to a *peculiar* exciting cause, that cause coming from within or without. If from without, it may present itself in the shape of some extraordinary fright or shock; if from within, it may consist of some morbid change in the fluids of the economy, acting upon *predisposed* nervous centres.

Although it is somewhat repugnant to give faith to an incubation reaching over many years, and although the prospect of such a cruel and protracted suspense is awful to contemplate, it is nevertheless true that it requires hardly more stretch of mind to believe in such prolonged incubation, as to give credence to the possibility of *hereditary tendencies*. It has, in fact, never been explained in what hereditary morbid tendencies consist; but we can hardly conceive any other mode of operation than a mysterious modification of the fluids, influencing the nervous centres at certain periods and under certain circumstances. Now, when a person is inoculated with the variolous or vaccine virus, it is probable that the fluids (or, more properly speaking, the blood) are modified in a manner unknown to us, but in such a way that they become insusceptible to the influence of small-pox emanations. Now, to understand hereditary predisposition, or prolonged incubation, it is only necessary to reverse the matter, and say (still hypothetically)

that the fluids become *more* susceptible, under the influence of external or internal agents, of conveying a peculiar stimulus to the nervous centres.

This doctrine is, respecting hydrophobia, of a distressing and appalling nature, for there is but one step from believing in indefinite incubation, to crediting hereditary transmission of hydrophobic tendencies, by people who, after having been bitten, have never evinced any hydrophobic symptoms. This looks almost monstrous, and yet it is not widely different from latent secondary syphilis, in which some pathologists believe. In this latter case there may have been a chancre, (following an inoculation somewhat similar to that effected by the bite of a dog,) the sore may have become indurated, the organism tainted, the manifestations kept off by remedies, or never brought to light for want of exciting causes, and the disease transmitted to the offspring, without either parent having presented any secondary symptoms.

We must not plunge too deeply into these pathological arcana; it is, however, evident that the obscurity might, by patient and persevering investigation, be partially dispelled. The only fact to which we especially wished to allude, is the likelihood, judging by analogy, of very prolonged incubation of hydrophobia, the matter remaining of course wrapped up in doubt and uncertainty.

Whatever view may be taken as to this prolonged incubation, it is plain that the great majority of cases present symptoms soon after the inoculation of the poison, the average being between thirty and forty days. This is the lapse of time generally observed, and it seems as if these four or five weeks were required in order, in some degree, to saturate the economy, the slightest exciting cause being then sufficient to disturb the nervous centres. But, as has been justly said, all hopes rest on the *prevention* of the disease, for when once developed it is beyond the reach of our art. We should not be satisfied with half measures when a case is brought to us, and when the slightest suspicion exists, we should resolutely excise the bitten part, wherever situate; and use the cupping-glasses upon the wound thus made. Cauterizing, except it be very deep indeed, will avail nothing; no good can be expected save the part be completely destroyed, and a clean raw surface obtained.

The analogy of syphilitic inoculations might here be called to aid; for it is well-known that the virus having once been placed under the epidermis, no cleansing, washing, or cauterizing will avail in preventing the evolution of the sore; nothing but the destruction of the part being capable of arresting absorption. Practitioners cannot therefore be too careful, and should make up their mind to excise or cauterize deeply, and apply the cupping-glasses, as advised by Sir David Barry, whenever people are brought to them who have been bitten by a suspected animal.

Some authors think the parts should be excised, even when cicatrized, and although some time may have elapsed since the bite was inflicted. The propriety or efficacy of this measure may be questioned; for if there is any truth in the current theories respecting absorption, the excision of the cicatrix, when plenty of time has been allowed for the virus being taken up into the economy, is perfectly useless. The operation may, however, be performed, simply upon the plea that, with the prospect of so dreadful a disease as hydrophobia, *nothing* should be left undone which holds out the slightest chance of preservation.

We need hardly say that attention should especially be paid to such cases in the hot season, for it is ever during the prevalence of a high temperature that rabid dogs are met with. But the malady is, according to the registrar's report, (week ending June 22nd, 1854,) more frequent this summer than usual; four deaths having recently occurred from it. The heat alone does not, however, seem capable of engendering the disease; for it is well known that in some very hot countries, as for instance Egypt, hydrophobia is quite unknown; we are thus driven to suppose that it is the contrast of a high, with an habitual intermediate or low temperature, which may give rise to the disease in the canine race. Very prudent and praiseworthy precautions are at the present time taken by local authorities to check the spread of the disease; (the dread of which has been somewhat superseded by the alarm felt on account of the ravages of cholera,) and the muzzling of dogs is certainly a very wise measure. But wise measures should also be carried out with zeal, and we hope that all those concerned will obey orders with due alacrity. We say this, because we ourselves saw a wretched-looking dog, of small size, dragging its way along, with mucus hanging from its mouth, and very little promptitude evinced in destroying the poor animal.

The precautions to which we are alluding are the more imperiously demanded as the disease, as is well known, spreads rapidly amongst dogs, man being much less susceptible. In fact, individuals have been known to be bitten by the same animal which had communicated the disease to other dogs, and to escape unhurt. The inoculation must be complete for the effects to ensue, and the virus is arrested in its course by obstacles, such as clothes, &c.; so that persons who have to approach suspected dogs, should be careful to cover and protect any part exposed to injury. Nor should unnecessary alarm be created by the virus coming in contact with mucous membrane, as it is thoroughly ascertained that actual abrasion is indispensable for absorption.

In the two cases which we have to bring before our readers, the inoculation took place in an undoubted manner, by means of a bite from an animal in a rabid state, and the incubation lasted about the usual time. In one of the cases, however, there is a strong doubt as to the state of the dog. We shall have to allude to this circumstance (one of vast importance) in the sequel; but would just observe that we use the word *rabid* for want of a better one; as the dogs affected with the disease in question do not evince symptoms of furious madness. As to the term hydrophobia, it is not at all applicable to the canine species, as mad dogs (and also wolves) will drink freely, and are very greedy of water. The following details were obtained from the notes of Mr. Edwards, house-surgeon to the hospital:—

### KING'S COLLEGE HOSPITAL.

HYDROPHOBIA; DEATH; AUTOPSY.

(Under the care of Dr. Todd.)

GEORGE G—, aged thirty-six years, married, and by trade a colourman, was admitted June 25th, 1854, under the care of Dr. Todd. The patient said that about three months before his admission a Newfoundland pup, (his own property,) quite unprovoked, snapped at his wife's hand; he took hold of the dog, intending to beat him, when the animal bit his left hand. The dog seemed out of health for the two following days, snappish, and irritable, so that he thought it unsafe to bring the animal into the house again. The pup was now kept at the patient's workshop, but the continued barking and ferocity of the dog induced the man to drown him, and the whole of the circumstances were soon forgotten.

Nearly eleven weeks now passed away, when the patient's wife was attacked with small-pox, and he sat up with her at night and watched her. He now felt extremely depressed and weak, but thought that the want of rest sufficiently accounted for his feeling so debilitated. Two days before coming to the hospital he was, however, so exhausted that he went home with the intention of taking some beer and going to bed early. On trying to drink the beer, the patient experienced a choking sensation, but was able to get some of the fluid down, when he retired to rest and slept till the morning. On getting up he attempted to drink some coffee, but again felt as if he were going to choke; he then consulted a surgeon, who gave him some physic, a mustard poultice to his throat, &c.

*State on admission.*—The man seems in good health, muscular, and erect, and answers questions rationally; his face is pale and pupils dilated; he keeps his mouth open with the lower lip dropped, and the upper occasionally twitching. His forehead is covered with a cold, clammy sweat; he has a very anxious expression; and is perpetually swallowing. The patient says that he is suffering from headache; that he feels as if the gullet were clogged up with something like paste, which he cannot swallow; and that he dreads spitting as it brings on nearly as severe a fit as drinking. The slightest draught of air threw him into a spasm exactly resembling the state of a man under a shower-bath when the water first strikes down.

He asked for some water, and then turned to a patient, and talked very quickly, as if to lead away his mind from the consciousness that water was coming,—glancing occasionally and nervously round to watch the nurse's movements. When the water was put before him, his face became congested and his whole body shook; his features began to work like those of a man in an epileptic fit, beads of perspiration trickled down his face, he made a sort of sobbing noise in his throat, threw up his trembling hands as if to motion away the glass, when, with a powerful effort, he snatched it with both hands, lifted it to his mouth, and threw some of the water down his throat. Then the violence of the spasm was redoubled for a few seconds, and he sank back exhausted, like a man who had

been undergoing a severe bodily exertion. His mind is perfectly clear, and he seems a very sensible kind of man.

Mr. Edwards, the house-surgeon, gave him some ice, which he swallowed by an immense effort; he then took some water, and the spasm was of the same kind as before, only more violent and longer, and he seemed to endeavour as much as possible to stop it. The sobbing seems to originate in spasm of the glottis. Beef-tea enemata, and five grains of quinine every second hour by the mouth, were now prescribed. Dr. Todd saw him shortly afterwards, and desired this plan to be continued.

Twelve at night.—The patient complains that whenever he drops off to sleep, some breath of air brings on a spasm, when he starts up, dreading suffocation. He complains of fatigue, and longs for sleep. A screen has been put around his bed at his own request to keep the air off, though the night is extremely warm, and the other patients, covered only by their sheets, are tossing on their beds. The ice has relieved him very much; he was able, when Dr. Todd visited him, to hold the glass with water in his hand and look at the fluid.

Second day.—More irritable this morning, spits a good deal, and the sobbing respiration is almost constant. His countenance is paler than yesterday, and his expression anxious and distressed, more seemingly from constant annoyance than from any special pain. He refuses the enema, as it brings on a spasm. Pulse 128.

One P.M.—Became very violent, attempted to jump out of the window, and spits vigorously at every one; he bites, and is very fierce. After his dash at the window, (which was excited by the pupils coming in with Dr. Budd,) the poor man was secured and placed upon his bed, chloroform being at once administered. When fully narcotized, he was conveyed up-stairs into a private room, and there secured on the bed, when he began to spit round him to an excessive degree, and tried to bite his own hands, the sheets, &c.

He was given, by the stomach-pump, equal parts of beef-tea and wine; and by the rectum, quinine and opium. The patient was now kept for about eight hours under the influence of chloroform, a drachm being used at a time; and when he was occasionally allowed to recover, the spasms of the neck immediately occurred. He had slight episthymosis, and towards ten at night he began to throw up dark matter like the black vomit of yellow fever. He voided a good deal of it, and the fluid at last choked him.

*Post-mortem examination on June 27th, 1854, about sixteen hours after death, furnished by Mr. CONWAY EVANS, one of Dr. Todd's clinical clerks.*—The body, which was that of a well-nourished, rather muscular man, in the prime of life, was considerably congested; the face very much so, in fact, almost as if death had occurred during an epileptic convulsion. It was still under the influence of the rigor mortis. The scars of the bites (described in the case) on the front and back of the left hand were quite distinct; perhaps the one on the back of the hand was rather more blue than cicatrices of similar duration usually are, but certainly not very different-looking from an ordinary scar, being perfectly healed up, and presenting no trace of redness or tendency to open. The conjunctivæ were highly injected and some blackish-looking stuff ran out of the mouth, exactly similar in appearance to that which was vomited a few minutes before death.

It may here be observed that all the results of the post-mortem inspection were of the most negative character, and it seems not improbable that the extreme degree of congestion of most of the organs—brain, spinal cord, lungs, liver, kidneys, &c.—together with the black colour of the blood, were due in great measure, if not entirely, to the large quantity of chloroform continuously inhaled by the patient during the last eight hours of his life.

The skull and spinal canal were most carefully opened; nothing abnormal could be detected about the membranes of the cerebro-spinal centres, except that the pia mater was everywhere more congested than natural. A very small quantity of a clear, serous fluid was contained in the sub-arachnoid space. The arachnoid membrane (both the visceral and parietal layer) appeared quite healthy. The brain was plump and firm throughout. Both this organ and the spinal cord were most carefully sliced by Dr. Todd, but the only morbid appearance which could anywhere be detected was a state of very great congestion, more particularly of the grey matter, not of that of the hemispherical convolutions only, but of the grey matter generally—viz., in the corpora striata, loci nigri, cerebellum, medulla oblongata, and in the cord itself—being everywhere considerably darker than natural. The lateral ventricles contained a very small quantity of a clear,



serous fluid, and the white matter of the hemisphere (centrum ovale) presented in section a greater number of bloody points (divided bloodvessels) than is usually met with. Under the microscope nothing abnormal could be detected in any of the parts of the brain or spinal cord, which were subjected to examination, except that the minute cerebral and spinal vessels were everywhere highly distended with blood. The nerve-tubes, and the intervening granular and nucleated substance, exhibited no appreciable difference from the same structures in a healthy brain and cord.

The blood was everywhere very dark, almost black, and fluid; but its microscopical characters were precisely those of this fluid in a normal state. The lungs were gorged with black, fluid blood, but freely crepitant throughout; the heart, both as to its size and condition, and also that of its valvular apparatus, appeared and quite healthy. There was some degree of vascular congestion about the back of the pharynx; and the mucous membrane lining the interior of the larynx was also, perhaps, redder than natural, but only in a very slight degree. The mucous membrane of the stomach and intestines generally was highly congested; but this was the only appreciable change in these structures. The spleen was of the normal size, but rather softer and blacker than natural. The liver was of the normal bulk and consistence, but it presented somewhat of a nutmeg appearance, and was much congested. It was examined microscopically by Dr. George Johnson, whose report of it is this:—

"The liver-cells are very abnormal in appearance, being very white, granular, and opaque, the nuclei being indistinct, and very few of the cells having any oil in them." The kidneys were of the natural size and weight, but were highly congested. They were of the normal consistence, their surface smooth, and the lobular markings quite distinct. They were also examined by Dr. G. Johnson, who thus reports of them:—"The kidneys have the appearance of dark, vascular congestion. The Malpighian vessels are red to the naked eye, and also clear and red under the microscope. The minute renal arteries are of the normal thickness, and the intertubular capillaries clear and congested; there is no blood in the tubes, neither are there any hemorrhagic spots visible to the naked eye. There is no appearance of desquamation, nor are there any denuded tubes; but here and there a tube can be seen containing a fibrinous plug. The renal epithelium is everywhere present, but is less defined, whiter, and in some tubes less bulky than normal." "It seems to me," adds Dr. Johnson, "that the granular tubercles observed in the urine of this patient a few hours before death must have come from the epithelial cells, and not from the Malpighian bodies—a result of a modified nutrition of cells."

There was not, in this case, any attempt at cauterizing the wound, and the bite being soon forgotten no sort of fear or apprehension can have acted as an exciting cause of this distressing disease. We have therefore before us the immediate results of the introduction of the virus into the economy, and also very striking symptoms about the dog. It will be perceived that the animal was irritable and snappish, but did not evince much dread of water—a circumstance which we mentioned above as being of a very frequent occurrence. It is stated in the report that the dog snapped at the hand of the patient's wife, though it is not distinctly asserted that a bite was inflicted upon her. But it is well known that she might have been bitten, and still have escaped, as it would appear that the wound must be of a certain depth, and the animal peculiarly irritated, for the effects of the poison to become manifest. The horror of water was extremely well marked in this case, and the sight of the fluid gave rise to symptoms of a very bad character. But this dread of water and difficulty of swallowing have been known to be very slight in some cases. Wine or broth were even taken, and patients have been able to look at water in a dark vessel; but when a clear glass was presented, the spasms were at once excited.

The poor man did his best in the present case to overcome the spasmodic terror inspired by the sight of water, and "by a powerful effort he snatched the glass with both his hands, lifted it to his mouth, and threw some of the water down his throat." These struggles are really fearful, and remind us of a description of similar efforts written by Dr. Marcet. This author expresses himself as follows, (in the "Medico-Chirurgical Transactions," vol. i. p. 168):—

"On our proposing to him (a patient suffering from hydrophobia) to drink, he started up and recovered his breath by a deep, convulsive inspiration; yet he expressed much regret that he could not drink, as he conceived the water would give him great relief, his mouth being evidently parched and clammy.

On being urged to try, however, he took up a cup of water in one hand, and a teaspoon in the other. The thought of drinking out of the cup seemed to him intolerable; but he seemed determined to drink with the spoon. With an expression of terror, yet with great resolution, he filled the spoon, and proceeded to carry it to his lips; but before it reached his mouth his courage forsook him, and he was obliged to desist. He repeatedly renewed the attempt, but with no better success. His arm became rigid and immovable whenever he tried to raise it towards his mouth, and he struggled in vain against this spasmodic resistance. At last shutting his eyes, and with a kind of convulsive effort, he suddenly threw into his mouth a few drops of the fluid, which he actually swallowed; but at the same instant he jumped up from his chair, and flew to the end of the room, panting for breath, and in a state of indescribable terror."

There is much similarity between the immense efforts of the patients both in Dr. Marcet's and Dr. Todd's cases; but it would appear that the will, although determined, is conquered by the irritated state of the nervous centres. The fits of violence and the attempts to bite are, however, peculiar to the case treated at King's College, for this propensity is not general with hydrophobic patients.

The question then arises, Whether a bite from a human being in this state could be the means of conveying the disease to another person? We are inclined to think that such a wound would be harmless, but willingly concede that the data hitherto collected are not sufficient to warrant any conclusion on this head.

From the present melancholy case, as from all those which have preceded it, the sad fact is made evident that treatment is powerless in arresting the course of the affection, which clearly tends to a fatal issue. Where spasms are so violent, we naturally look to sedatives, and it will be seen that chloroform was largely tried, as the patient was, with short intermissions, kept eight hours under its influence. But scarcely had the effect gone off, than the spasms were as violent as before. Nor is opium more efficacious, as it is reported to have failed in a case where fifty-seven grains were given in fourteen hours. No better results have been obtained from the injection of warm water into the veins; bleeding to faintness; galvanism, as suggested by Rossi, of Turin; chlorine, both to the wound and internally; belladonna, as recommended by Pliny, &c. And yet *boni fide* cases of cure have been recorded; here is one, published in a Spanish medical journal, called the *Siglo Medico*, of the 21st of May, 1854, p. 162.

"A young man was bitten on the left hand by a dog presenting all the symptoms of rabidity. Cauterization only took place the next day, and he was then made to take belladonna-root. Three weeks afterwards, the patient suffered an attack of entero-peritonitis, and in the subsequent week he became agitated, restless, and irritable. The voice was deep, and the pulse hard, irregular, and frequent. These symptoms became more and more marked, and towards evening the patient fell into a state of great heat, with a choking sensation in the chest and throat; there was also dyspnoea, photophobia, thirst, and refusal of liquids, as attempts to drink aggravated the constriction about the throat. Intelligence, however, remained clear. Dr. Guisan now bled the patient again, (the first venesection had been used to combat the abdominal inflammation,) and prescribed calomel and opium. The man was considerably agitated during the night; he was again bled the next day, and took, every fourth hour, a pill, containing the one-sixteenth of a grain of arseniate of soda. The fits were numerous during the day, and one lasted four hours; the spasms were principally attacking the throat, and the limbs were convulsed. Matters became worse in the night, and the patient's life was almost despaired of. On the third day the fits continued, but were less violent, and not so numerous. On the fourth day, a visible improvement took place, and convalescence was soon established."

One might perhaps doubt, in reviewing the facts of this case, the real hydrophobic nature of the affection; for we know that fear and apprehension will give rise to symptoms almost similar to the disease in question. On this head we may mention the following fact:—"A young man was bitten by a dog which he fancied was mad, and on the fifth day evinced symptoms of hydrophobia, of which he was nearly dying when the dog which had bitten him was shown him, perfectly well. The intelligence tranquilized him so effectually that he was quite well four days afterwards."—(*Italian Journal of Physics*, January, 1817.)

We now turn to the case treated at the Charing-cross Hospital, the particulars of which were kindly furnished by Mr. Diamond, house-surgeon to the institution.

## CHARING-CROSS HOSPITAL.

HYDROPHOBIA; DEATH; AUTOPSY.

(Under the care of Dr. ROWLAND.)

ELIZA ANN F—, aged eleven years, of a nervous, excitable temperament, was admitted July 3rd, 1854.

*History.*—On May the 30th, the weather being very hot, (thirty-two days before the first symptoms of hydrophobia,) while returning from an errand, the child was bitten in the face by a dog belonging to a neighbour, which seized her on the bridge of the nose with the upper jaw, and on the inside of the upper lip with the lower jaw. It should be noticed that the animal was at the time after a bitch in heat. While taking her to a surgeon, her friends saw the owner of the dog, and on apprising him of the circumstance, he immediately sucked the wound on the nose (which was then bleeding freely,) within twenty minutes of the bite. The surgeon prescribed an aperient draught, and a lotion to apply to the wound, which soon healed up without any bad symptoms. *The wound in the lip was not treated.* The dog was being driven out of the house as the child entered the passage, and the parents say that the dog bit several children about this time, but they do not know where these young people lived. The animal has not been killed. On Sunday night, July the 2nd, (thirty-one days after the injury,) the girl first showed a disinclination to take tea, but she ate a small piece of cake, drinking nothing with it, but still evincing no particular repugnance to fluid. She refused her supper, complaining at the same time of a sore throat, and went to bed as usual. On the next morning, at about 3 A.M., the mother, who slept in the same room, was awakened by the child sobbing violently, and thinking she was under the influence of a dream, she awoke and soothed her, after which the child again slept till about 5 A.M., when the sobbing returned, accompanied by slight spasmodic twitchings of the limbs. As the little girl was frequently in the habit of being awakened by dreams during the night, the real cause of her restlessness was not suspected; the mother quieted her again, and laid her on the bed, where she remained till called at half-past eight. She evinced a great disinclination to rise, saying that her legs, arms, and head were aching, and complained of pain on the inner side of the upper lip. On attempting to stand, she seemed unable to walk, but being gently shaken, she revived, and went into the yard to wash, as usual. She stated that her throat felt as if she had hurt it, and that this uneasiness had existed for some days. Thinking she was gone a long time, the mother went out, and found her standing in the yard unwashed. She inquired the reason, and the child answered, "I can't! I can't! indeed, mother!" The latter begged the child to try, upon which she made an effort, but was at once seized by a convulsive fit, and unable to accomplish the ablation. The patient then came in to breakfast, and on refusing her tea with the same convulsive horror, and complaining of soreness of the neck, the true nature of the case was suspected. A surgeon of the neighbourhood, to whom the child was forthwith taken, at once advised her removal to the hospital, and she was accordingly conveyed here in a cab, and admitted under the care of Dr. Rowland. The child was strongly impressed after the occurrence that she should go mad from the bite.

(To be continued.)

## METROPOLITAN FREE HOSPITAL,

DEVONSHIRE-SQUARE.

THE following reports should have been published last week; they were, however, received too late:—

*Diarrhoea.*—Dr. Ramskill states, that in simple and new cases the dilute sulphuric acid, in half-drachm doses, has generally succeeded. Wherever chalk mixture had been given, any subsequent treatment by sulphuric acid failed; and if the acid were continued, symptoms of dysentery, with sanguineous evacuations, not unfrequently appeared. Chalk mixture in some instances seemed to aggravate the disorder. Gripping and cramps often remained after the diarrhoea was arrested by both the acid and chalk modes of treatment. Whenever from any cause previous treatment had failed in arresting the evacuations or subduing pain, the following combination succeeded: infusion of krameria, lime-water, of each four to six drachms; chloric ether, from five minims to a drachm; tincture of opium, six minims to half a drachm; to be given every hour until signs of amendment become manifest. In children, amongst

whom the epidemic has been very active, the same kind of treatment proved specific, and chalk mixture all but useless.

*Cholera.*—Dr. Ramskill has not seen any case in the advanced stage; all others have yielded to the treatment by sulphuric acid, in alternate doses with ether and laudanum, the application of the cayenne pepper foot-bath, and sinapiams to the stomach.

Dr. Barnes has chiefly employed the following formula: dilute nitric acid, ten minims; tincture of opium, two minims; water, one ounce; to be taken every three or four hours. He lays great stress upon rest, and abstinence from solid food, which might irritate the intestinal canal. In children and young infants, in whom it is desirable to avoid opium, Dr. Barnes speaks favourably of the following: dilute nitric acid, from two to five minims; nitrate of potash, from two to five grains; mint-water, from one to two drachms. The warm bath is especially serviceable. When the diarrhoea is subdued, the treatment subsequently required is not always the same; generally alteratives, or salines and bitters, occasionally combined with chloric ether, are of great benefit.

## ST. GILES'S INFIRMARY.

MR. BENNETT, surgeon to this institution, informs us that in many cases of cholera in the last stage admitted there, the patients have been recovered by wrapping them in blankets wrung out of boiling or hot water, and then sprinkled with spirit of turpentine. In some instances this treatment has not proved successful; but in many, reaction at the surface of the body occurred in half an hour, and the benefit derived has been such as to give Mr. Bennett considerable confidence in the practice.

## Reviews and Notices of Books.

*Clinical Handbook of Auscultation and Percussion; an Exposition from First Principles of the Method of Investigating Diseases of the Respiratory and Circulatory Organs.* From the German of WEBER. By JOHN COCKLE, A.M., M.D., F.R.C.S. London. 1854. pp. 137.

THERE are few subjects now of which we have more various, satisfactory, and, we may say, (in reference to the present state of science) complete, expositions, than of the physical diagnosis of diseases of the respiratory and circulatory organs. Happily, too, for the student, he has been especially well cared for by those who have devoted their attention to this branch of our professional literature. But whether for student or practitioner, the science of Medicine, or its practical application as an art, the labours of Hope, Williams, Stokes, Latham, Walshe, Hughes, Davies, and others, and the translations which have appeared in our own language of Barth, and Roger, and Skoda, are too widely appreciated to need anything beyond mere mention of them here. To that class of works upon the matter before us more particularly suited to the student, is now added the present translation of Weber's well-known little manual, by Dr. Cockle, and which addition we may confidently say, notwithstanding our already valuable manuals, is one for which the student will be thankful. The translator had added to the usefulness of the original work by introducing into the body of it some diagrams from Piorry's "Atlas de Plessimétrie." The lines of direction traced over the thoracic and abdominal surfaces, for the purpose of percussion, being based upon very great experience, have been regarded as peculiarly valuable, as recalling at once to the student's mind the organs situate along the line; any one of these organs, from the changes to which it is liable, often sensibly modifying the sound of those which are contiguous. A portion of Bock's recent work, ("Manual of Diagnosis,") with plans of the viscera *in situ*, and having reference to the subject of percussion, has also been translated and inserted by Dr. Cockle in the present treatise. The translator deserves praise for the explanatory and other notes he has appended to the text. They are not overdone, and always have a direct and practical bearing upon the subject, a point not always deemed necessary to be kept in view by some annotators. The following advice

of Dr. Cockle to the student appears to us exceedingly pertinent in these days, when there are so many *specialités*, the followers of which are sometimes too apt to exaggerate their own particular pursuit above every other:—

"1st.—To regard auscultation and percussion only as means to an end, and not as an end in themselves: they but constitute parts of the armament of the practical physician.

"2nd.—In commencing the study of physical diagnosis, either of the thorax or abdomen, to avoid any attempt at over-refinement in the use of the stethoscope and plessimeter.

"3rd.—Never to infer the non-existence of disease, from inability to detect its physical signs.

"4th.—Where it is possible, always to test the physical by the vital signs.

"5th.—Not to attach an undue importance to slight modifications of sound, either stethoscopic or percussorial, unless such changes be *progressive*."

Before dismissing the "Clinical Handbook" with our approval, we presume we should thank its well-known publisher, Mr. Highley, for including it in his "Library of Science and Art."

*Sketch of the Life and Character of Dr. Abercrombie.* Read before the Harveian Society of Edinburgh, at the Annual Festival, April 12th, 1854. By DOUGLAS MACLAGAN, M.D., F.R.S.E., &c. Reprinted from the *Edinburgh Medical and Surgical Journal* for July, 1854. Edinburgh. 1854. pp. 31.

THERE are few lately deceased members of our profession of whom more honourable mention can be made than the subject of Dr. MacLagan's biographical sketch. In the paths of literature, science, and of morals, he was well known, and as a *practitioner* held in very high repute in the northern portion of our island. The southern, though debarred his direct clinical assistance, testified its high respect for his numerous qualifications, by bestowing upon him, in 1835, through the University of Oxford, the degree of M.D., by *diploma*, (as also upon Dr. Prichard,) an honour which had not been bestowed upon any one, with the single exception of Dr. Jenner, for nearly fifty years previously. As a practitioner, one of his more prominent characteristics may be said to have been a full and quick appreciation of what were the essential points in the case before him; as a scientific author his classic works on "Diseases of the Brain," "Spinal Cord," and "Affections of the Abdominal Viscera," raise him to the highest rank as a clinical pathologist, (in his day a morning's work with a microscope in a study did not make one;) and as a moralist he was, to use the words of his biographer, "one zealous for the diffusion of useful knowledge by his writings, religious in profession, and pious in life," and merited what he received at the hands of his fellow-townsmen, "that good name which is better than precious ointment."

There is another aspect yet under which Dr. Abercrombie may be viewed—viz., as a philosopher, and as obtaining a repute in this respect, chiefly by virtue of his work on the "Intellectual Powers and the Investigation of Truth." On his position here we have a few words to say, because we think an erroneous and exaggerated view has been taken of it by very many, not that Dr. MacLagan is thus guilty: quite the contrary, for he coincides in the judgment passed on his work by the *Medico-Chirurgical Review* (April, 1831.)

The true value of Dr. Abercrombie as a *philosopher* has been best given, (in our opinion,) however, by Mr. Morell,\* who thus writes:—"That there is great intelligence, a tone of lofty morality, and much sincere piety, pervading his writings, we are glad to admit, but as works of philosophy they can never occupy any other than a very inferior position. With the real history of metaphysics, with its more lofty speculations, with its sublimest theories, the author was manifestly entirely unacquainted.....His work only reminds of Reid, without his depth; of Stewart, without his learning; of Brown,

without his genius." We are bound to admit, however, that Abercrombie *himself* never aspired to rank as a *philosopher*. His friends pushed him into the temporary reputation of one, and they must therefore hear our judgment as to its propriety.

*Moffat: its Walks and Wells. With Incidental Notices of its Botany and Geology.* By WILLIAM KEDDIE. And Report on, and Chemical Analysis of, its Mineral Wells. Prefaced by General Remarks on Water, &c. &c. By JOHN MACADAM, F.R.S., S.A., &c. Glasgow. 1854. pp. 163.

*Harrogate and its Resources—Chemical Analysis of its Medicinal Waters.* Report addressed to the Chairman of the Harrogate Water Committee. By A. W. HOFMANN, F.R.S., &c. With an Appendix on the Modes of their Administration by the Committee. 1854. pp. 54.

It may be opportune at this season, when so many are seeking health and recreation at our mineral springs and spas, to direct the attention of the reader, who may require information, either of a scientific or local character, concerning the chief sulphurous springs of England and Scotland, to the above tracts. Messrs. Keddies and Macadam's labours here take a very agreeable form, and, whether for pleasure or for profit, their little work may be well recommended.

The Report on the Springs of Harrogate is chiefly confined to the able analysis by Dr. Hofmann of their waters, the Medical Committee appending some remarks on their therapeutic application.

## THE UNIVERSITY OF LONDON MEDICAL GRADUATES ACT.

*An Act to extend the Rights enjoyed by the Graduates of the Universities of Oxford and Cambridge in respect to the Practice of Physic to the Graduates of the University of London.*—August 11th, 1854.

WHEREAS a body politic and corporate, by the name of the University of London, has been constituted by the Royal Charter of her present Majesty, with power after examination to confer the several degrees of Bachelor of Medicine and Doctor of Medicine; And whereas it is expedient that such and the same privileges relating to the practice of physic as are enjoyed by Graduates in Medicine of either of the Universities of Oxford and Cambridge, by virtue of their degrees, or under any authority or licence now conferred upon them by either of the said last-mentioned Universities, should be enjoyed by the Graduates in Medicine of the University of London: Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

I. *Graduates in Medicine of the University of London, to be entitled to practise physic in the same manner as Graduates of the Universities of Oxford and Cambridge.*—Every Bachelor of Medicine and Doctor of Medicine of the said University of London, shall, by virtue of his degree, and without the necessity of undergoing any further examination, or of obtaining any further authority or licence, be forthwith entitled to practise physic, as fully, effectually, and extensively in all respects as any Bachelor of Medicine or Doctor of Medicine of either of the said Universities of Oxford and Cambridge is entitled to practise by virtue of his degree, or under any power, licence, or authority now conferred by either of the said last-mentioned Universities: Provided always, that the privileges hereby conferred shall not be construed so as to extend to the practice of surgery, pharmacy, or midwifery.

II. *Graduates in Medicine of the University of London indemnified for having acted without having obtained authority from Universities of Oxford or Cambridge.*—And whereas it is apprehended that divers Graduates in Medicine of the said University of London are, or may become, exposed to divers forfeitures, pains, or penalties, by reason of their having practised physic in all or some or one of its branches, or of their having done acts as or under the description of physicians or practitioners of physic, in all or some or one of its branches, without any other qualification for so doing than their having studied for and obtained the medical degrees of the last-mentioned University, and in particular it is appre-

\* An Historical and Critical View of the Speculative Philosophy of Europe in the Nineteenth Century. Vol. II., p. 49.

tended that under the Act passed in the session of Parliament held in the sixteenth and seventeenth years of the reign of her present Majesty, chapter ninety-six, and the Lunatic Asylums Act, 1853, any Graduate of the University of London practising as a physician, if not otherwise answering to the definition of a physician set forth in the interpretation clauses to such Acts, who may have signed any certificates under those Acts, or either of them, in which he shall have been described as a physician, is liable to be indicted for a misdemeanour: Be it enacted, That all such Graduates in Medicine of the said University of London who have so practised physic, or have so done any such act, or signed any such certificate as aforesaid, shall be indemnified, freed, and discharged from all such forfeitures, pains, penalties, and disabilities as they would or might have been exempt from had they taken their several degrees at, or obtained authority or licence to practise from either of the said Universities of Oxford and Cambridge, and that all such acts and certificates heretofore done or signed by any Graduate in Medicine of the said University of London shall be deemed to all intents and purposes as valid and effectual as if this Act had passed previously to the doing or signing such acts and certificates respectively.

III. *Short Title.*—This Act may be cited as "The University of London Medical Graduates Act, 1854."

## BICHLORIDE OF MERCURY IN CHOLERA.

To the Editor of THE LANCET.

SIR,—I read with much pleasure, in THE LANCET of Saturday last, the suggestions of Mr. Wearne with regard to the use of the bichloride of mercury in cholera. Your correspondent will be glad to learn that Mr. Rumbold, of Eldon-street, and myself have been in the habit of using this remedy for some time past, and that its administration has been followed in several cases with signal success. In justice to Mr. Rumbold, I must state that he was the first person who suggested to me the value of the remedy in question. The same arguments which led Mr. Wearne to recommend its use were those which occurred to my own mind. In severe cases of cholera calomel is useless. We want a soluble and powerful cholagogue, capable of acting immediately on the liver. In the year 1832, when I saw more of cholera in Scotland than I have ever seen since, and more than I ever hope to witness again, calomel was at one period of the epidemic the medicine most in vogue. It was, however, abandoned by many medical men, in consequence of the serious results which often followed its use. Large quantities of calomel, which remained perfectly inert during the stage of depression, often produced a deleterious influence when reaction was established, and at a time when its specific action was not required. Sloughing of the rectum was a common occurrence.

In severe cases of cholera I give one-eighth of a grain of the bichloride, combined with ten minims of laudanum, and repeat the dose every one or two hours, until green motions appear. I then suspend its use. It must not be forgotten that the remedy is a highly dangerous one, and that it should be administered with due caution.

A most severe case of cholera, which very recently came under my care, evinced in a striking manner the efficacy of the bichloride. The patient, a young man, twenty-one years of age, was seized with shivering, and in seven hours the worst symptoms of cholera were developed. Slight reaction had taken place when I was called in, but vomiting and purging continued, and the tongue was cold. I gave the one-eighth of a grain of bichloride, combined with laudanum, every two hours. After four doses the evacuations became green.

This patient lived in a house to which there was neither surface nor underground drainage. Should such a state of things be suffered to exist in the first metropolis in the world, and in the nineteenth century?

For the two following cases I am indebted to the kindness of Mr. Rumbold:—

"A gentleman, aged thirty-eight, occupied at Billingsgate, and living in the City, after partaking freely of lobster in the evening, was seized with distressing diarrhoea about two o'clock the following morning, (August 22nd.) When seen at five A.M., he stated that his bowels had been acted on between twenty and thirty times, the motions then having the appearance of rice-water; slight nausea, but no vomiting; pain in epigastrium; great depression; coldness of extremities, and slight cramp; countenance anxious, with a dark halo around the eyes. Ordered, liquor of bichloride of mercury, two drachms; tincture of opium, ten minims, with water. This was repeated in half

an hour, and ordered to be given every second hour; occasionally warm water and brandy, and bottles of hot water to the feet. The bowels were not again acted on for about two hours, when the motion evidently contained bile. By twelve (noon) he appeared comfortable; diarrhoea ceased. Ordered, aromatic confection, one drachm; compound tincture of cinchona, six drachms; aromatic spirit of ammonia, two drachms; camphor mixture, three ounces; one fourth part every four hours. The case terminated favourably.

"A female, aged fourteen, residing near Holborn, returned from the country, August 23rd. The following day she was seized with severe pains in the bowels, vomiting, and diarrhoea; complained of extreme chilliness and sensation of cramp. Ordered the bichloride of mercury and opium, as in the former case. After the second dose the matter vomited, from being similar to rice-water became green, and shortly ceased, as well as the diarrhoea. The treatment adopted was similar to that in the preceding case, and the patient recovered."

In cases where the bichloride is contra-indicated, might not large doses of the nitro-hydrochloric acid be of service?

I remain, Sir, yours obediently,

Finchbury-square, September, 1854.

J. M. WINN.

## TREATMENT OF CHOLERA BY SPIRITUOUS AFFUSION AND FRICTION.

To the Editor of THE LANCET.

SIR,—Permit me to add one more to the many suggestions already given forth touching the treatment of cholera. Having resided for the last three years in the city of New Orleans, and having been attached to the Charity Hospital of that city, I have probably had more numerous opportunities for witnessing the various forms of congestive and algid diseases than usually falls to the lot of practitioners in England. I wish therefore to draw attention to a mode of treatment which, common as it is with us in the south, seems comparatively unknown or unused here. I allude to our practice of external friction with some alcoholic stimulant. With us, in yellow and congestive fevers, in cholera, in typhus,—in fact, in all diseases characterized by extreme prostration and deficient circulation, it is as usual to prescribe for the exterior as for the interior of the body, and, from what I have seen, I think with great success. In these diseases we usually order the patient to be well rubbed over the whole body with whisky or spirits of wine, to which may be added, according to the exigencies of the case, spirits of camphor, tincture of bark, or aromatic spirit, and then to be thoroughly dried with a coarse towel, this alternate rubbing and drying to be done three times consecutively, and to be repeated at intervals varying from once every hour to once every three hours, or twice or thrice a day. In cases where the patient has almost seemed *in articulo mortis*, I have seen this adjunct to treatment produce the most surprising results, and even should it fail to cure, the sense of ease and of relief produced by it is (as I can state from personal experience) beyond description. By it the circulation is restored to its equilibrium, and the skin, hitherto cold and clammy, becomes immediately warm and moist; the patient is revived, and we have an opportunity of administering internal remedies with some better chance of success. The formula I would recommend is three parts of spirit of wine or strong whisky, add one part each of tincture of camphor, tincture of cinnamon, and tincture of bark, a sponge or flannel to be saturated with the mixture, and the patient to be well rubbed with it from head to foot, and then dried, as before directed; and I am convinced we should speedily find its benefit, not only in cholera, but in all forms of adynamic disease. At the same time, with regard to internal remedies in cholera, I may state I have found none so serviceable as salines, with occasionally a little mercury; and I have been in the habit of employing, with tolerable success, the following combination:—Muriate of ammonia, five grains; common salt, fifteen grains; to be dissolved in a tumbler of iced water, and given every hour, occasionally adding from the fifteenth to the twentieth of a grain of bichloride of mercury. In no disease, excepting perhaps the pernicious fevers of the tropics, is there so great a congestion upon internal organs as in cholera; and I conceive no plan of treatment can be so serviceable in relieving this, and in restoring the skin to its healthy action, as the one I have hinted at above, and which I have seen tried with such marked benefit.—I remain, your obedient servant,

J. L. CRAWFORD, M.D., M.R.C.S.E.,  
Fellow and Corresponding Secretary of the New Orleans  
Academy of Sciences, and Member of the State  
Medical Society of Louisiana, &c.

London, Aug. 1854.

# THE BRITISH MEDICAL DIRECTORY

## for 1855.

THE Members of the Medical Profession throughout Great Britain are earnestly requested to forward, *without delay*, to the Editors of the BRITISH MEDICAL DIRECTORY, the "Returns" of their Names, Addresses, and Qualifications, with other particulars, a form for which is below furnished, for insertion in the Directory for 1855.

In making the "Return" now requested, either of the forms No. 1 or No. 2 may be adopted. If the entry in the Directory for 1854 *be correct*, No. 1 may be chosen. If there be no entry for that year, or one rendering alterations necessary, then No. 2 should be selected, and the different questions answered as fully and as *legibly* as possible. Any Practitioner, having made his own "Return," would aid the Editors by procuring others from neighbouring Practitioners. An *immediate* attention to this appeal will be gratefully acknowledged by

THE EDITORS OF "THE BRITISH MEDICAL DIRECTORY."

P.S.—As the "Returns" must amount to many thousands, it is obvious that the postage would be a heavy charge on the Editors if they were to be posted without being *stamped*.

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### No. 1.—Return when the Entry is correct in the BRITISH MEDICAL DIRECTORY for 1854.

To the Editors of the BRITISH MEDICAL DIRECTORY.

GENTLEMEN,—My Name, Address, and Additions are printed at page \_\_\_\_\_ of the Directory for 1854, and that Entry is fit for insertion in the DIRECTORY for 1855.

I am, &c. &c.

Name and Address {  
written at length { \_\_\_\_\_  
\_\_\_\_\_

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### No. 2.—New or Amended Return for the BRITISH MEDICAL DIRECTORY for 1855.

1. Name, written at length, (the {  
Surname first.) { \_\_\_\_\_

2. Address. { \_\_\_\_\_

3. Medical qualifications, and where {  
and when obtained. {  
[The words in Italics should receive  
particular attention.]

4. Titles in any scientific or learned {  
Societies. { \_\_\_\_\_

5. Medical or Surgical offices held by {  
me. { \_\_\_\_\_

6. Honorary Appointments held by {  
me, Medical or otherwise. { \_\_\_\_\_

7. Medical Works of which I am the {  
author; their titles, and when and {  
where published. { \_\_\_\_\_

8. Papers in the Medical or other {  
scientific Journals written by {  
me; the titles of such Papers, {  
and when and where published. { \_\_\_\_\_

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[PLEASE TURN OVER.]



*To the Editors of*

THE BRITISH MEDICAL DIRECTORY,

OFFICE OF THE LANCET,

423, Strand,

LONDON.

Official Medical "Return."

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## POSTSCRIPT.

Any information which you may transmit, with respect to the death, change of residence, or the appointment to any public office, of any duly-qualified practitioner, would be gladly received.

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The BRITISH MEDICAL DIRECTORY for England, Wales, and Scotland, to be published on the 1st of January next, may be obtained of all Booksellers and Newsmen. Price *Six Shillings*, (including 1s. postage.)

## THE LANCET.

LONDON: SATURDAY, SEPTEMBER 9, 1854.

THE ravages of the frightful epidemic by which the population of this metropolis is now assailed are advancing with marked rapidity, and they have already attained an alarming height. In two or three localities, not hitherto considered to be peculiarly unhealthy districts, the destruction of human life, within a very brief period, has been absolutely appalling.

We notice these occurrences at this time, and in this place, for the purpose of directing professional and public attention to what we believe to be a prolific source of mortality at this and at former periods. In the Registrar-General's Report just published, we find that the deaths in the last week, within the limits of the metropolis, were 2515. Of course it is known that the "returns" are obtained from the registrars of the several districts, whose entries are made in conformity with the causes of death described in the certificates of qualified medical practitioners. Now, it will be seen that the number of deaths from CHOLERA, registered from these official sources in the last week, are stated to have been 1287, and that the deaths from DIARRHŒA during the same period amounted to 243. Why, we would ask, is Cholera thus designated by two titles or names?

The public safety imperatively demands that this pernicious and fatal practice should at once be abandoned, and that the people should be told the simple and naked truth, so that they may boldly encounter the danger that threatens them, and resort at the earliest possible moment, when attacked, to the protective aid of medicine. The security of life at this juncture demands that every person who suffers from diarrhœa should be induced to believe that his complaint is Cholera and nothing else, and that not an hour—not even a minute—should be lost in seeking for competent medical aid. When people find that, out of four or five hundred cases of what are denominated *Diarrhœa*, there are only four or five deaths, they often foolishly and fatally calculate that there are ninety-nine chances out of one hundred in favour of their speedy recovery; altogether forgetting that when the complaint assumes a more serious form, and exhibits the frightful symptoms which frequently precede the hour of death, the term *Diarrhœa* is abandoned and the title Cholera is substituted—both terms being used to designate the same disease at different periods of its existence. Confident are we that thousands of lives have fallen sacrifices to this fatal and irrational system. All the established rules and principles of pathology alike decree that one disease should only be known by one nosological title. Cholera thus viewed, seeing how many thousands who are attacked are cured when medical aid is promptly sought and obtained, ought not to create any great amount of public apprehension, except it be the fear of neglect. Every person, therefore, should know and feel that sickness and purging are the first symptoms of malignant Cholera, and even that either of them occurring alone is a characteristic of that disease, and that medical advice should be obtained at once and without a moment's delay. Sincerely, therefore, do we hope that the practice of designating Cholera

as *Diarrhœa*, and thus lulling the public into a false security, will be at once abandoned by all the qualified members of our profession.

HAPPILY for the public safety at this critical period, the New President of the Board of Health is pursuing his duties with great energy and discretion. He has appointed a staff of Medical Inspectors well-qualified for their office, and by whose labours much good has already been effected. In the districts which have been more especially affected by the epidemic, the authorities, acting in unison with the Board of Health, have resorted to every possible means to arrest the progress of the disease. In the parishes of St. James's and St. Ann's, Westminster, in some localities of which the Cholera has exhibited unusual marks of severity, in addition to house-to-house visitations and the inspection of nuisances, the streets have been strewn with quick-lime, and afterwards washed down. In every instance which has come within our knowledge, the Boards of Guardians have readily carried out the suggestions of the Inspectors. In the two parishes named this has been especially the case, and we can speak from personal observation of the benefits which have resulted from the steps which have been taken. The latter parish is divided into four districts, to each of which a surgeon is appointed. He has also under him a "medical house-to-house visitor," who immediately reports all cases of severe disease to his principal, and orders medicine for the milder forms of the complaint. The plan of placing the "visitor" immediately under the direction of the medical officer is a very judicious step, and is found to act most beneficially. We attribute much of the cordiality which prevails amongst the authorities to the conciliatory manners of the inspectors, who have conducted their onerous, and sometimes unpleasant, duties with great tact and ability. The Board of Health is now treating the subject practically, and in a manner which will effectually test the value of the system. It may be premature to speculate upon the ultimate effects of the measures resorted to; but it is to be hoped that the experience of the present epidemic will operate in such a manner upon the authorities as to induce them to attend more systematically to the sanitary condition of their various districts. An organized staff, there is good reason to believe, had it existed in some districts long ago, might have materially mitigated the severity of the present visitation. We approve of the vigour with which the progress of the disease is contested; but let us for the future have the citadel always in a state of defence, and not combat under the disadvantage of having the enemy within our gates, whilst we have been awakened from our slumbers into a state of alarm.

THE ministrations of the healing art are of that beneficent and ennobling character, that the disciple of Medicine finds the acquisition of the power of relieving the sufferings of his fellow men, and the desire to exercise that power grow up simultaneously in his mind. He too often forgets that too much readiness to proffer his services to all comers not unfrequently becomes a dereliction from the principles of true charity. Relief lightly given is lightly taken. The recipient soon learns to estimate at the meanest rate the value of the benefit he has experienced. If we could fathom the sentiments of the great mass of those who throng around the consulting-tables of our hospitals, we

strongly suspect that gratitude would not be frequently discovered. That is, they may be glad enough that they get cured of those ailments which misfortune, poverty, or vice, may have brought upon them; they may be thankful that there are institutions where they may at any moment command the gratuitous services of skilful physicians and surgeons; but we doubt very much whether they very often experience, or at least long retain, any very lively gratitude towards the particular surgeon or physician who has given them his attention. It is known at what cost of time, of canvassing, of money, of independence, hospital appointments are obtained. The public consider these as the great prizes of the profession. The candidate addresses the governors in the most obsequious phrases: he will be their very humble and obedient servant; he will devote himself—should he be honoured with their support in obtaining the object of his ambition—and all his energies to the service of *their* noble institution. Yes, the institution is the institution of the governors. The medical officers who have struggled for the questionable honour and certain toils of dispensing the charity of the governors—charity measured, perhaps, by an annual guinea—are held to be amply requited by the privilege of giving gratuitous advice. Have they not obtained “the object of their ambition?” Ought they not to be thankful? Did not they dedicate all their energies to the service of others? Is not their motto “*Labor ipse volupias?*”

When it is universally known that the profession so freely, nay keenly, and not seldom meanly, contest the opportunity of giving away their skill, time, and experience, can it be expected that these gifts should not be most grossly abused? The monstrous self-injury thus inflicted upon the profession has reached such dimensions that some decisive steps to counteract the growing mischief are felt to be imperatively necessary. It is in reality one of the great questions of the medical community. It lies at the root of almost every other evil under which we suffer. The wide extent to which *gratuitous* medical relief is given, is the chief cause why *remunerated* medical advice is so truly inadequate. If hospital appointments, in which the incumbent reaps nothing but hard work, are so desirable, is not the Union medical officer happy indeed, who gets not only hard work, but pay into the bargain? And so it is throughout the whole career of the medical practitioner. He is constantly forced to accept insufficient remuneration for his services, constantly called upon to submit to some indignity, some sacrifice of independence, because medical services can be had elsewhere for nothing. The evil reactions of this system are thus felt at every turn.

We have said that these evils are now universally felt, and that a remedy is eagerly sought. The subject has engaged the anxious attention of individual members of the profession, and of several professional associations. All have unanimously joined in condemning the system. They have not, in our opinion, shown equal diligence in seeking for a remedy. It is a practical question. It must be dealt with in a practical spirit. General denunciations against those practitioners who give gratuitous advice, and against hospital medical officers, will do no good. We cannot all at once alter the constitution and administration of our public institutions. We cannot scrutinize too nearly the motives or the doings of private practitioners. We have no right to dictate to our neighbours so far as to say—you shall not give gratuitous advice. The evil is one of such

a magnitude that it is perhaps impossible to effect a radical and speedy reform. The real points to which the profession should steadily direct their view are, the discovery and appliance of checks which will gradually abate the evil, and tend to bring the system of gratuitous advice within the just limits of true charity and philanthropy. One measure alone would accomplish immense good. It is one for which we have often contended strenuously in these pages: it is the payment of the medical officers of hospitals and dispensaries. The direct effect of this upon the profession would be that these officers would be remunerated for their labour. The indirect effect would be of more general importance. It would tend powerfully to remove from the public mind that most mischievous belief, that the time and skill of the medical profession are public property. Another measure may be immediately put in operation. Exactly twelve months ago, when discussing this subject, we proposed a simple means of cutting off one obvious and great abuse to which our medical charities are subjected. We referred to the fact that there existed amongst the working classes a vast number of clubs, the leading feature of which is the allowance of a weekly sum to members incapacitated by sickness. To claim this sum a certificate of sickness is necessary. Men who, from real sickness, sheer idleness, or misconduct, are out of employment, present themselves before the medical officer of an hospital, get advice and medicine for nothing, and then ask for a certificate to enable them to draw the sick allowance from their clubs. We urged that these certificates ought invariably to be refused. Members of sick clubs are not destitute. These clubs ought to pay a regular medical officer to protect their funds against the claims of imposture. To give these certificates gratuitously is an injury to the professional body of the same nature as that of giving professional advice to an insurance company without a fee. The hospital physician or surgeon who gives such a certificate incurs a serious responsibility. He commits himself to a particular professional opinion which may be called in question, and which he may have to defend at his own cost. It is downright folly to be so wasteful of one's time as this. The utmost that a medical officer can be reasonably called upon to give is his medical advice. We do not hesitate to express our opinion, that had the advice we gave upon this subject a year ago been generally adopted, a most effective blow would by this time have been dealt against the abuse of gratuitous medical advice, and that without in the smallest degree obstructing the flow of pure charity.

We again invite the attention of the profession to this point, and urge our brethren to apply themselves to the practical task of devising other means of a similar nature, which can be immediately brought into operation, with the view of diminishing the evils of which they have so much reason to complain.

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WHENEVER a senatorial philanthropist concocts a measure having for its object the extension of medical assistance to the community, he, without hesitation, and as the most natural thing in the world, takes into his calculations that he may command the gratuitous services of the medical profession. It would not very much astonish us if, next session, some noble lord, in the fervour of benevolence, were to introduce a bill to make it compulsory on every medical man in the empire to stay at home three hours daily for the purpose of giving advice

and medicines to all persons applying, and to devote three succeeding hours to the gratuitous visitation of those who might prefer being attended at their own homes! This would scarcely be going more than a step beyond examples of recent enactments now in full operation. In principle, the Lunacy Laws and the Compulsory Vaccination Act, which actually subject medical practitioners to pains and penalties unless they will submit to execute public duties for pittance which render the duties imposed a burthen and a ruinous exaction, differ in no respect from the principle of the measure we have supposed. Of late years, however, there have been many symptoms of a reaction in the profession not to be put upon too much. We begin to think that where the benevolent ministrations of our art are to be dispensed, we have at least a right to dispense them of our own free will, after our own fashion, and not according to the dictation of the State, or of Benevolence that stays at home and keeps itself warm. We begin to hope that the day is not distant when the relations of the medical officers of the Poor-law Unions to the Guardians will be materially amended. In the last session, our readers are aware that a Select Committee of the House of Commons sat to consider this subject. Its labours have not yet brought about any tangible result; but the question was fairly mooted, and we consequently invited the profession to make the best use of the recess in supplying any omissions in the way of information which the proceeding of the Committee might exhibit.

Mr. TATHAM, of Huddersfield, has forwarded a striking example of the manner in which Boards of Guardians may impose upon their medical officers. It appears that, under that remarkable sample of senatorial wisdom, the Compulsory Vaccination Act, the Guardians are called upon to appoint convenient places as intermediate stations, so as not to compel parents to bring their children more than two miles for vaccination. It is also provided that wherever the vaccinating surgeon shall be called upon to vaccinate at a distance of more than two miles from his residence, he shall be entitled to the munificent *bonus* of two shillings and sixpence a case. To obviate the necessity of paying this extravagant allowance, the ingenuity of Boards of Guardians is exerted in selecting places which shall be within the two miles. If they can manage this—the great point—they are not too solicitous about complying with the spirit of the Act, which is to save poor people long journeys and loss of time. The Huddersfield Guardians have even carried their economical policy beyond this. They not only instruct Mr. TATHAM to fix upon a station within two miles of his house, in a locality ill adapted for the purpose, and in total disregard of the convenience of the people who have to attend it, so they can but escape paying the higher rate, but they have the supreme assurance to call upon the medical officer to pay for the hiring of the station himself! Mr. TATHAM's remonstrances are answered in that peculiar logic in which Boards of Guardians are adepts. He is given to understand that if he does not think proper to submit to injustice—in the present instance we may say to extortion—he may resign his valuable appointment. They rely of course upon the belief that many gentlemen will rush forward, eager to fill his place. Mr. TATHAM's next step was to place the correspondence and the case before the Poor-law Board. He gets a civil official reply, but no satisfactory redress. Indeed, we suspect the instances are few in which an appeal to Whitehall has much benefited the Union surgeon.

The case of which we now give the leading facts is only one amongst many which prove to demonstration the hardships to which Union Medical Officers are subjected at the hands of Boards of Guardians. It is one of that kind of which every possible instance should be laid before Parliament in the ensuing session, in order to rest the movement for amelioration upon a broad basis of incontrovertible facts.

So long, however, as Boards of Guardians are allowed to make contracts with medical officers on the principle of grinding them down to the lowest tender; so long as the Guardians have a direct interest in exacting an unfair amount of labour for an absurdly inadequate remuneration, so long do we fear the medical officers will never assume their proper independence, or obtain a fair reward. The measure of Sir ROBERT PEEL, which transferred half the pay of the medical officers to the Consolidated Fund, is admirable in principle; but so long as *any portion* of the pay is left to the parsimony of Boards of Guardians to award, so long must this measure prove barren of any real good to the profession.

We can conceive two measures, either of which would lead to the emancipation of the profession from a degrading dependency upon Boards of Guardians and a more liberal scale of remuneration. The first, and probably that promising the most speedy relief, would be to transfer the *whole* of the salaries and remunerations of Union medical officers to the Consolidated Fund, leaving the Guardians no interest in, and no scope for, oppression. The second measure is one of a larger character, involving many wider questions, and which must therefore be discussed under a variety of different aspects. The measure we refer to is the consolidation of all the Unions in the empire, for the purpose of striking an uniform universal poor-rate. This measure need not involve the abandonment of local self-government, but it would deprive Boards of Guardians of all pretext for cutting down the salaries of their officers to a point below all decency and propriety.

If the profession wish to take up this matter with the determination to succeed in their object, they must not content themselves with proving their grievances: they must heartily and resolutely apply themselves to the practical end of helping forward the particular measures which will bring them relief. In this country of free opinions, and of free action, and of Government inertia, it is not enough for an aggrieved class to point out and lament its grievances. It must also discover the remedy, and never rest until that remedy is applied.

## Correspondence.

"Audi alteram partem."

### TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—The ravages which cholera is now making amongst us induces me to make public the results of experiments, made with the view of ascertaining the nature of the disease, and the agents which might arrest its fatality or cure it. In this investigation of the nature of the disease, the blood and the discharges were carefully examined, and the conclusions arrived at were, that cholera consisted essentially in a vitiated or poisoned state of the blood, by which its vitality was so injured by the unknown poison of cholera, that its red globules ceased to be properly oxygenated, its fibrin ceased to be formed in normal quantity, and the natural secretions, by which its purity was at other times insured, were arrested. As a natural consequence, bile and urine ceased to be secreted, and the doubly-poisoned and irritant blood, circulating feebly, gave

rise to the general cramps, coldness, lividness of surface, prostration of strength, &c.; while the diminished vitality of the blood, combined with its want of fibrin, allowed its albuminous and fluid portions to ooze out on the surface of the mucous membranes, and thus caused that great and incessant discharge of flocculent, colourless matters, so characteristic of the disease.

Any remedial agent, therefore, which could change the nature of the poisoned blood, and restore the secretions of bile and of urine, would effect a cure. Many remedial agents were tried with this view, both on the healthy and the diseased; but the most efficacious, and by far the most rapid of all in its action, (and there is no time to lose in this disease,) was found to be *croton oil*. This substance excels all others in causing a rapid and full secretion of bile, and it was also found that the moment bile was thus secreted, the kidneys began to act, and thus still further cleared the blood of another poison which oppressed it—viz., the urea. The purging in cholera I have ever regarded as an effort of nature to throw off the disease; and the *croton oil* appeared to act as a perfect antidote to the cholera poison, not only clearing the blood of its poison through its action of the bowels, but restoring the secretions which had been suppressed by the disease.

The *croton oil* may either be given in pill or in castor oil. If in pill, six drops of *croton oil* are beat up with a scruple of the *colocynth* and *hyoscyamus* pill mass, and divided into six pills, and of these one may be taken every hour till a full evacuation of bilious matter is produced. If given with oil, eight drops of *croton oil* may be mixed with an ounce of castor oil, and of this a teaspoonful may be given every hour in port wine or milk, whether vomited or not, till bilious evacuations occur. Under the action of this medicine, it almost invariably happens that large quantities of bilious matters, or even pure bile, are vomited at the same time.

Diluted sulphuric acid, twenty or thirty drops in a wineglassful of water, and repeated every fifteen or twenty minutes if desired, often succeeds in arresting the severe retching and vomiting, and its efficacy in this respect is much increased by adding from five to ten drops of the sulphurous acid. These acids may be administered in all stages of the disease without interfering with the specific action of the *croton oil*. I have even seen mild cases of the true cholera recover under this treatment alone. Should the *croton oil* threaten to purge too severely, from twenty to thirty drops of laudanum may be given in a little brandy and water. Morphia appears to be of little or no use in such cases.

I am, Sir, your obedient servant,

JAMES STARK, M.D., F.R.S.E., F.R.C.P. Edin.

Edinburgh, September, 1854.

## THE NEW INDIA EXAMINING BOARD.

To the Editor of THE LANCET.

SIR,—I beg to inform you that the authority on which you rely for information regarding my having been Sir Charles Wood's counsellor in the selection of the present Board of Examiners, for determining the respective merits of the candidates who may compete for appointments in the Medical Service of the H.E.I.C., whether it may have been derived from private or official sources, is incorrect; and that the opinion you advanced of there having been unprincipled jobbing practised in the arrangements is, in my opinion, unjustifiable, and not founded on fact.

I was summoned to an interview with the President of the Board of Control, after he had made election of the members of the Examining Board, without having had any official information from the East India House on the subject, the proposed draft of the present regulations for examination, by the trial of unrestricted competition, having been merely submitted to me by the Right Hon. the President of the Board of Control for my suggestions. In that interview Sir Charles Wood named the Examiners he intended to appoint, from the very strong recommendation he had received of their qualifications. In my reply to him I stated that, for such a sifting trial I did not think that better men could have been chosen; that I had the pleasure of being acquainted with three of them, and though unacquainted with Dr. Hooker, that I had no doubt, in the department assigned to him, he would prove to be most ably qualified. I also said that, for talent, and the highest sense of probity, justice, and gentlemanly feeling, a better Board could not have been selected.

I must now state that when I communicated to Dr. Parkes, Messrs. Paget and Busk, that I had been desired by Sir

Charles Wood to inform them that he had determined on offering them the position of Examiners, and that he had expressed the wish that I should introduce them to him, they were most agreeably surprised, my intimation having been the first they had received on the subject. Does this look like gross jobbing on the part of those who recommended those gentlemen? In so far as I have observed, the arrangements made have been guided solely and simply by the desire of rigidly fulfilling the object of the new scheme—viz., to select, by the comparative trial of merit, at an unrestricted competition, the men best qualified in all respects, between the ages of twenty-two and twenty-eight, to fill the position of assistant-surgeons in the East India Company's service.

If the present Board may not succeed in giving satisfaction, the President of the Board of Control has the power to make such changes as he may deem fit, the appointments not being permanent; and I think it is the duty of the profession, the public, and the press to be subject to the powers that be, if such powers should be employed, (as they in this case appear to be,) with the sole view of the public good.

Trusting that this explanation will satisfy you that I am not a traitor to the medical officers of the East India Company's service, and that I am quite as anxious as my neighbours that the Presidencies of India should be well supplied in their medical department,

I am, Sir, your obedient servant,

Stratton-street, Sept., 1854.

JOHN SCOTT.

\*\* We regret that Dr. Scott's explanation is of such an unsatisfactory character. Upon his own showing, he had an interview with Sir Charles Wood before the recent appointments were definitively decided on by the President of the Board of Control. At this interview, he states that he gave a reiterated opinion in favour of the gentlemen subsequently appointed. The value of that opinion may be inferred from the fact that it was quite as strong in support of Dr. Hooker, whom he did not know, as of those who were well known to him. It is evident that Dr. Scott considers three or four junior members of the profession in London better fitted to form a Medical Examining Board for India, than physicians and surgeons of the highest distinction in the Indian service! To this we demur. Dr. Scott's humble reverence for "the powers that be" is mere twaddle. Sir Charles Wood will be called upon in Parliament to explain the steps which led to the very improper appointments he has made. Meantime, the profession are universal in referring this proceeding to Dr. Scott, Sir James Clark, and Sir John Forbes. After the letter of Dr. Scott, it is for the Directors of the East India Company to say whether that physician acts in the manner best calculated to promote the interests of their service.

To the Editor of THE LANCET.

SIR,—Concurring entirely in the just remarks you have made respecting the great Indian job recently perpetrated, and upon which your observations appear by no means too severe, I am still inclined to believe, notwithstanding the very strong claims the Company's own medical officers possess to become examiners, that it would not be fair to the profession in this country were such important appointments exclusively confined to that service. Certainly, half the examining board should be composed of men, like Mr. Martin, who had distinguished themselves by efficient services in India; whilst the remainder ought, I also consider, to be chosen from amongst the most able members of the Colleges of Physicians and Surgeons, if wholly unconnected with any medical pupil-rearing establishment. Selecting one from each corporation would be an equitable arrangement. For instance, any two of such eminent persons as Sir H. Holland, Dr. Latham, Dr. Watson, Dr. Copland, Sir B. Brodie, Mr. Guthrie, Mr. Arnott, and others I might name, would prove not only unexceptionable, but devoid of all bias or suspicion in reference to particular schools; and, further, would impart to the new board high professional reputation, besides great scientific attainments. I trust you will, in a future number, enlighten those who, like myself, are at present ignorant how this precious affair was managed, and thereby hold up to fame the individuals secretly pulling the wires on that occasion. They must then become known to posterity, even in deeds of darkness. The profession and the public cannot but feel much obliged by your directing attention to this subject—*as in*



portant to the Indian service—seeing that it adds another claim to the many you have already acquired to our sincere gratitude for advocating through a long career the real interests of medical men, and the cause of independence.

September, 1894.

I am, Sir, yours, &c.,

CHIRURGUS.

## THE CHOLERA.

In the opinions of medical men were canvassed, we think most (though we are sure not all) practitioners would be found expressing their belief in the following series of propositions:—

- A. The more marked kind and greater amount of evidence we possess, tend to support the doctrine that in cholera there is the reception into the body of a *specific poison*—the cholera poison—either by the skin, bronchio-pulmonary membrane, or gastro-intestinal surface.
- B. That the disease called cholera is a *specific affection* produced by this *poison*, and characterized chiefly by the following (amongst other) symptoms, or at any rate is only *unmistakably* known to be cholera when evincing them all, or by far the majority of them,—viz., intense depression of the great ganglionic nervous centres in the abdomen, extreme exhaustion of the vital powers, and in particular of the capillary circulation, with ice-cold tongue, and husky voice; copious serous discharge from the gastro-intestinal surface, “its normal action being reversed to a fatal exosmosis,” (Gull,) the lesions of the mucous membrane thus affected being of a passive character. Intellectual manifestations little or not at all affected.
- C. That the fatality of the disease exhibiting these characteristics (B) is extreme, from 60 to 70 per cent., if not more, of those attacked sinking beneath it.

We believe the following propositions would be equally acquiesced in:—

- D. That (we find some difficulty in wording this one) in by far the majority of cases (in this country at least) the first symptoms, or the precursory signs, or the initiatory phenomena, or the usual prodromata, are chiefly evidenced in a diarrhoea and its attendant discomforts.
- E. That this diarrhoea, &c., are, in the majority of cases, easily amenable to treatment, if they come under it early, and as easily advanced to the characteristics B if neglected.
- F. That this initiatory diarrhoea, or the diarrhoea proceeding and advanceable to B, presents no characteristics by which it can be distinguished from other diarrhoeas; and that it is not until the nervous system begins to be depressed, and the feculent character of the stools is lessened or lost, and they become alkaline, watery, and flocculent, that it can be said to be distinctive, (Gull.)

Now, to such as may hold these opinions we do not think it an unreasonable request to ask of them some sort of solution of the following difficulties:—

First, if A and B be true,—i. e., if cholera is a specific disorder, possessing “an individuality which forbids our merging it for the present in any general category,” (College Report, part 2,) how does it happen that we are able to put a stop so satisfactorily to its first stage or prodromata, since there is no analogy that we are aware of to be found in relation to any other specific or special affection?

Secondly, if E and F be true,—i. e., if the initiatory diarrhoea be so readily amenable to treatment, and if it offer no differential signs to mark its specificity or choleraic relations, how is it known that such diarrhoea would pass on to choleraic disorder, B, if left alone untreated? It is strange that a morbid condition, clearly defined, and leaving no doubt as to its existence, should so baffle every possible kind and description of therapeutics, that it is very doubtful indeed if in those cases, where a fatal result does not ensue, art has had the least to do with it, and yet (according to all account) is so easily arrested at its onset by any of the ordinary, absorbent, aromatic, astringent, and sedative remedies. In respect to any other *specific* disorder it is quite different, though it should be remembered that when this is incurable there is no mistake about its being cholera, (not from such incurability simply, but from the presence of certain symptoms,) whilst, when so satisfactorily arrested, no one might be able to point out a single choleraic sign about it.

The initiatory *mal-aise*, the pyrexial prodromata, of the specific febrile disorders, are mostly undistinguishable at first

from those of the non-specific forms of febrile erethism, we being often obliged “to wait to see what it turns out to be,” as the saying is. Do we usually believe that where a *mal-aise* or pyrexia subside under slight treatment, we have arrested the progress of a specific disorder or febrile exanthem; or that if such febrile erethism had not been arrested it would have run on to, or exemplified the further signs of, the specific febrile disease which might at the time be epidemic or most prevalent? Or, on the other hand, should we consider that in such cases as would run on to the perfect exemplification of the specific malady, art will have much power in arresting the progress? So might it therefore be required of the author of the following observations in the last Weekly Return of the Registrar-General, to afford, under the difficulties of the question, to his less clear-sighted brethren the proper numerical determination of the premises, and the algebraic expression of the problem by which he has calculated, according to the theory of probabilities, that a man who died of the specific disease, called malignant cholera, would have had so many chances in favour of recovery, if treated early, as to render it *all probable* he would not only not have died, but have been alive “now.”

“At Salisbury Arms, Queen’s-road, Holloway, on 25th of August, a publican, aged sixty-five years, ‘diarrhoea, (two days,) cholera, (24 hours.)’ In all probability this man would have been alive now if he had called in medical advice when the premonitory diarrhoea commenced.”

It has been said that diarrhoea is attendant upon cholera as a shadow upon substance, (College Report, 2nd part;) that the diarrhoea, which is generally prevalent at the same time as cholera, is to be held in its various shades a constituent part of the cholera epidemic, (Registrar-General’s Report;) and “that the diarrhoea which prevails when cholera is epidemic is due to the same cause as cholera itself, is to be inferred, not only from its clinical history, but also from other circumstances,” (College Report, 2nd part.) If such be the case, then, why is not all denominated cholera? Why is the Registrar-General called upon to distinguish in an epidemic of cholera between this disease and the surplus cases of diarrhoea which are then asserted to occur? Is it beyond all reason to ask whether there really is more diarrhoea (independent of that accompanying B) present when cholera prevails than when it does not? That the community (for reasons quite unnecessary to point out) are attracted to slight disturbances of the kind, that they seek advice for them more frequently, and that consequently both the public and the profession’s attention are then more taken up with diarrhoea, must be freely admitted; but this is not the point at issue. If it was freely published some season when small-pox was more prevalent than ordinary, or was epidemic, “Beware of the slightest shivering, sickness, pain in the head, &c. &c., if not checked, the trouble may run on to small-pox,” we have no doubt we should hear of such an amount of febrile disorder—especially amongst the fair sex—as would be quite astonishing.

Now, in answer to these and other difficulties, we have now space to enlarge upon, we fear the present state of knowledge only permits of the following reply, but which, nevertheless, is closely related to a valuable indication of hygiene and practice—viz., it is evident that cholera, even fatal cholera, is usually seen to be preceded by diarrhoea of such a character as to present no signs by which, in the majority of cases, such diarrhoea can be distinguished from non-specific or simple kinds; and it seems equally well to be established that the safest practice is to arrest the intestinal flow as early as possible, since the sooner it comes under treatment the milder usually are the subsequent stages. It therefore follows that although it be admitted, pathologically speaking, it is quite impossible to say that all the cases of arrested diarrhoea are cases of arrested prospective cholera, yet as some of them probably or even possibly may be such, it is the most practically useful plan to treat them all accordingly. There are no characteristics which enable us to draw the necessary distinctions with any certainty as would entitle a *practical* difference to be made. “Experience,” says Dr. Gull, “has abundantly shown that during the epidemic the stages from a mild and apparently simple diarrhoea to the rice-water purging and collapse are not definable, and that the former, if not unchecked, does in numerous instances gradually pass into the latter, with its attendant collapse and fatal results.” Highly as we respect the labours of the writer we have just quoted from, we must nevertheless express our dissent to the spirit of the following quotation:—

“Although all observers admit the frequency of this precursory stage, there has been some difference of opinion and

much unfruitful discussion about its pathology, whether it be a part of the disease and due to the action of the poison, or merely a common diarrhoea, upon which the specific effects may at any moment be engrafted," "there is evidently in some minds a disinclination to regard any case as cholera unless it manifests symptoms of marked intensity."—(College Report, Second Part, p. 124).

Now we cannot think a discussion concerning the question we have mooted is *pathologically unfruitful*. Nor do we discover much to find fault with (pathologically) in that tendency to demand symptoms of marked intensity, and of a particular character, in all asserted examples of malignant cholera, seeing that it is alone their presence which unmistakably establishes the existence of the affection.

Relative to the progress of cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar-General for the week ending September 2nd:—

Districts.	Elevation above water mark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	99
Central (St. Giles, &c.)	49 "	393,256	69
Western (Kensington, &c.)	28 "	376,427	300
Eastern (Shoreditch, &c.)	26 "	485,522	149
Southern (St. Saviour's, } Lambeth, &c.) }	6 "	616,635	670
			1287

Of these 377 were below 15 years of age.

759 " between 15 and 60.

144 " above 60.

7 the ages unknown.

And 243 deaths are referred to Diarrhoea.

The present cholera epidemic, like that of 1848-9, has appeared in two eruptions. The first broke out earlier (August 21st, 1853), the latter eruption later in the year (July 8th) than the corresponding eruptions in either the epidemic of 1832-3, or of 1848-9. Up to the date of September 1st, 1849, the epidemic in London during fifteen weeks destroyed 8117 lives; in the present epidemic 4070 lives have been lost in the eight weeks ending September 2nd.

Although little more than a fourth part (616,635) of the population (2,362,236) of this vast city is on the south side of the Thames, 2317 of the 4070 deaths from cholera have happened in the low southern districts. And there the mortality is still heavy; 101 persons died of cholera last week in Bermondsey.

On the north side of the Thames there has been a remarkable outbreak in the St. James's district.

A portion of the lower part of Deptford, near the dockyard, has been the scene of a terrible visitation of cholera. Forty human beings have perished in one street alone, and it was stated, in the latest information we could obtain, that there were twenty more hopeless cases lying in the same street and the adjacent courts. The immediate locality of this terrible outbreak is New-street, Wellington-street, Deptford, a long street of old houses, many of them uninhabitable or in ruins, while, with few exceptions, all those which are tenanted are in a very dilapidated state. In many places one common cess-pool supplies the wants of several houses, and the stagnant gutters upon each side of the street do the duty of sewers. Added to this, Wellington-street, out of which New-street branches, being in the same state, nearly all its refuse water runs through New-street before it find its way into the Thames. In places where houses have been pulled down, the waste ground has been used as a depot for all sorts of filth. The inhabitants are principally decent labouring people.

The streets running off on the Soho side of Oxford-street are at present suffering very greatly, as are also the districts of Clapham, Camberwell, and the Edgware-road.

The *Belfast Mercury* has the following statement on the progress of the epidemic:—"We regret to state that there is no diminution in the mortality arising from this epidemic in Belfast. The weather during these past few days having been very warm and sultry, has rather stimulated, it is said, the disease; and yesterday there was a greater number of fatal cases in this town than has taken place any day since the recent outbreak in this locality. The weather, however, is becoming cooler; and it is to be hoped that a concurrent improvement in the public health will take place. Cholera, which for nearly three weeks had disappeared from Lisburn, has again returned, and within the last two days several cases have been reported."

At Edinburgh, only one case of cholera has been reported in

the last bulletin; that proved fatal in seven hours. Fewer deaths seem to take place in Glasgow, but the reports are irregularly made. Cases still occur in Aberdeen, Montrose, Dumfries, and Alloa. Wick is stated to be the dirtiest town in Scotland.

According to the *Reporter*, the metropolitan business of all reputable Life Assurance Companies and Societies has received much impetus during the last few weeks in consequence of the prevalence of cholera. This fatal scourge silently proclaims the truth of the Scriptural admonition to the most negligent or indifferent in regard to the much neglected but important social duty of life assurance, that "in the midst of life we are in death." It does not appear, however, that more than the average number of claims accruing at this season of the year—when the metropolitan mortality is usually very high—have fallen upon the life assurance offices. This is, undoubtedly, traceable to the circumstance that "selected" lives, selected for assurance on account of health, vigour, and sobriety, are less exposed to danger from the epidemic, and that it chiefly lays low the weak, the residents of dirty neighbourhoods, and the habitually intemperate. The life offices, however, are somewhat cautious in accepting assurances on the lives of persons residing in the districts just now most afflicted with cholera.

By the *Argo*, just arrived, we learn that the cholera was raging at the Mauritius. Port Louis was almost deserted, and all business was stopped. The grand total of deaths was about 11,000. The disease had been abating for ten days before the sailing of the *Argo*.

## GENERAL BOARD OF HEALTH.

THE six inspectors who have been charged to report to the Board of Health on the arrangements made by the Metropolitan Boards of Guardians have been directed to extend their inquiries to the following subjects:—

### INQUIRIES TO BE MADE BY MEDICAL INSPECTORS.

#### 1. The extent of medical relief now existing.

- a Number of medical officers.
- b Number of day and night dispensaries.
- c Number of house to house visitors.
- d Measures for arresting diarrhoea in workhouses.
- e Copies of notices issued by guardians.
- f Hospital accommodation and houses of refuge.

#### 2. Extent of the disease.

- a Number of cholera cases.
- b Number of diarrhoea cases.
- c Deaths from either under union medical officers.

This information to be obtained for a few days back, and tabulated in one of the returns, under the heads of—

- 1. District medical officer's cases.
- 2. Dispensary cases.
- 3. Medical visitor's cases.

#### 3. Localities affected.

- a A list of those where cholera or diarrhoea chiefly prevails, and has hitherto, or recently, prevailed.
- b Visit some of the worst localities. Inspect them and the houses, converse with the people, ascertain to what extent diarrhoea prevails, and what cleansing measures, limewhiting, &c., may be required, and whether there be any inspector of nuisances to carry out these measures.
- c Examine the water supply, and ascertain whether it is taken from the river, above or below Chelsea Reach.
- d Inquire as to nuisances or noxious trades, and inspect them.

#### 4. And after inquiry to report to the General Board of Health—

- a On the particulars mentioned above.
- b On the number of additional dispensaries required.
- c On the additional medical officers required.
- d On the additional medical visitors required, stating their number.
- e Additional inspectors of nuisances, or cleansing staff, required.
- f Additional hospital accommodation, or houses of refuge, required.

The following is the list of the members of the Medical Council appointed by the President of the General Board of Health:—

1. John Ayrton Paris, M.D., F.R.S., President of the Royal College of Physicians.
2. Sir Benj. Collins Brodie, Bart., F.R.S., Sergeant Surgeon to the Queen.
3. Sir James Clark, Bart., M.D., F.R.S., Physician in Ordinary to the Queen and to Prince Albert.
4. James Alderson, M.D., F.R.S.
5. Benjamin Guy Babington, M.D., F.R.S.
6. Alexander Tweedie, M.D., F.R.S.
7. William Baly, M.D., F.R.S.
8. William Lawrence, F.R.S.
9. John Simon, F.R.S.
10. Richard Owen, F.R.S.
11. Nathaniel B. Ward, Master of the Society of Apothecaries.
12. John Bacot, Inspector of Anatomy.
13. William Farr, M.D., Registrar-General's Office.

These gentlemen, with the exception of Sir B. Brodie (who being out of town had not sent in his answer) and Mr. Green (who has stated his inability to attend, in consequence of his other avocations), met on Wednesday at the office of the General Board of Health, when the following letter was read by the President:—

"General Board of Health, Sept. 6th.

"GENTLEMEN,—In opening the first sitting of the first medical council that has allowed itself to be associated with this department, it becomes my duty, after thanking you for the public spirit and benevolence you have shown in undertaking this service to the community, to point out briefly both what appear to me to be the general objects in respect of which your assistance and advice will be useful, and the more special and immediate matters to which your attention is invited at present.

"I am charged with the responsible duty of directing the sanitary administration of the country, so far as we have as yet anything deserving the name.

"But upon scientific matters connected therewith, where the medical profession are to be consulted, advised with, laid under contribution for service or information, or called upon to act, I wish to have the aid of a medical council to whom I may submit questions for consideration, and whom I may ask to suggest or undertake inquiries as may from time to time be necessary.

"The special work of this department is the application of the Public Health Act to such towns as petition for it.

"Besides this, in times of epidemic, the Board is charged with the duty of issuing regulations and directions for the prevention, as far as possible, or mitigation of disease.

"It will be apparent that it is in connexion with the latter branch of my duties I shall have occasion for your valuable services.

"But should public confidence be acquired to this department—should the science of public health take its place amongst the matters with which statesmanship may properly concern itself, as I believe must sooner or later be the case—a wider field will be opened to this department and to the professional advisers whom it may be able to associate with it.

"The circumstances of this country, its wealth and poverty, its great cities, with their social extremes of luxury and privation, its aggregation of individuals on the same spots, its multifarious industrial occupations, all point to the duty of studying the effects on life and health of trades, callings, and processes, habitations, sites, water supply, sewerage, the adulteration of substances used for food, drink, and medicine, as matters vitally affecting the well-being of the nation.

"On many of these subjects I hope it may be in my power at future periods to avail myself of scientific aid, but at present the matter which most presses is the epidemic now unhappily prevalent in this metropolis, as well as in other parts of the united kingdom. With this my duty brings me into active and hourly contact, and I should deeply regret if (besides the work this office may be enabled to do at present in aid of local authorities, or, when necessary, in compelling the observance of the law,) I am not able to deduce, by your assistance, from this terrible visitation both facts and lessons which may hereafter be made available.

"For this end I have the cordial co-operation of the Poor-Law Board, the Registrar-General, and the Commissioners of Sewers for the metropolis, while all through the country the registration staff and the local boards of health may render me most useful service. But the most valuable result within my reach at present will be wanting unless I have your aid in procuring such information as to the concomitants and course of the epidemic as only medical and scientific observation can detect.

"Cholera is now very widely prevalent in London; up to the 2nd of September, 4070 persons have died of the disease in the metropolis alone.

"I purpose to direct inquiries into the conditions which attend the presence of the epidemic, so far as they can be gathered from meteorological, microscopical, and chemical observation.

"The gentlemen who have undertaken to conduct these inquiries are here, and will detail for your approbation what is proposed or has been done.

"But, besides this, I have caused a form to be drawn up, which I propose, with your approval, and after it has been settled by you, to have circulated amongst all the qualified medical practitioners in London, with a view to determine the number of cases of choleraic disease, the proportion of deaths and recoveries, and the treatment pursued in each case.

"The settlement of this return is the immediate object of this meeting of the council.

"I wish, also, that Dr. Sutherland should state to you what has been done in the way of providing for superintendence of the execution by local authorities of the directions and regulations of the Board, and I shall be as much obliged if you would aid me by any suggestion as to other means for this purpose that you may think desirable to be taken.

"I have also directed to be laid before you copies of the handbills issued by the Board, giving plain advice adapted to the emergency. Any suggestions as to these I shall be thankful for, as, indeed, for everything that may briefly and clearly inform the public mind, and, while promoting calmness and confidence in the means of prevention, indicate these means, in the way best adapted to popular apprehension.

"I have the honour to be, gentlemen,

"Your most obedient servant,

"B. HALL."

The council considered the proposed form of return referred to in that letter, and agreed to a circular to be sent with the form to all qualified medical practitioners in the metropolis.

Certain propositions were brought forward, and the meeting then adjourned.

Intelligence having been received of a violent outbreak of cholera at Wisbech, Dr. Milroy was ordered to proceed instantly to that town.

## THE WAR.

(FROM A CORRESPONDENT.)

THE BALTIC—LEDSUND, AUGUST 29TH, 1854.

AFTER the surrender of Bomarsund, I visited the different fortifications, and had a good opportunity of inspecting the arrangements the Russians had made for their sick and wounded. As regards comfort and accommodation, everything appeared to have been well-regulated and managed. There were two large hospitals outside, and in every fort, sick wards and dispensaries. As a general rule, they were better ventilated, and looked cleaner than the other buildings, and consequently less impregnated with that peculiar sickly odour so characteristic of Russians and Russian dwellings.

To the rear of the large fort, near the church, was a large and commodious hospital. Attached to it were bath-rooms, a dispensary and laboratory, fitted with every convenience and apparatus, and well stored with drugs. The quality of these latter articles was not of the highest. I saw amongst them the most popular medicines, with the exception of quinine and iodide of potassium, which either they do not keep or I could not find; "quassia" was their only vegetable tonic; "mercury" in nearly every preparation was abundant; and I discovered some collodion and hydrocyanic acid, which I judged from the labels to have come from Stockholm. I was very much surprised to find in various parts of the forts bottles of chloroform, which appeared to have been lately used; they were generally in those quarters where our shell and shot had done the most damage. I heard afterwards, from one of their medical men, that they perform every operation with chloroform, no matter how trivial it might be. Attached to the main hospital were the surgeons' quarters. The library was large, and well stored with books in the Russian, German, and Latin languages. I saw several translations of English and French authors, of Sir A. Cooper, John Hunter, Dumas, &c. Unfortunately, the night previous to my visit, the soldiers had been allowed to pillage and plunder, and in consequence every place was in the greatest confusion. The hospital and surgeons' quarters had not escaped the general ruin. Whatever was

valuable had been taken away; every box and drawer had been forced open in search of booty, and the contents thrown on the floor. Instruments, drawings, books, preparations, &c., were scattered about in endless confusion, torn and trampled upon. The French surgeons saved several cases of instruments from being destroyed or stolen. I was kindly permitted to see them. The instruments were rough and old-fashioned compared with ours, and lack also that finish and nicety of weight. Their knives are all curved, ill-shaped, and very much out of order. A cupping case, of Paris manufacture, was the only thing I saw at all modern.

I cannot speak of the state of medical knowledge in Russia. I was told by one of the medical staff that in cases of wounds of the extremities, anyway severe, amputation is always performed; excision of joints, or attempts by treatment to save a wounded limb, are things quite unknown. I saw some cases of amputation which had been performed about two months previous; they were men that had been wounded when the *Hecle* and *Valorous* had bombarded the place. The stumps had cicatrized, and were going on well. The circular operation is always performed, and generally amputation is always primary. The Russians certainly are the most patient under suffering of any people I have ever seen; they bore their wounds and subsequent operations with the greatest courage and stoicism, never uttering a complaint or a groan. The wounded have been all conveyed on board the hospital ships.

The cholera, I am sorry to say, has broken out in an alarming manner amongst the French troops. Since the surrender of Bomarsund nearly 500 men have perished, almost every case having proved fatal. A large body of the army left Bomarsund in consequence, and encamped on the *Praesto* Island. All our marines have been sent on board their respective ships; one belonging to the *Blenheim*, and doing duty on shore, was attacked with cholera, and died in four hours. It is the true Asiatic cholera, characterized by all the usual symptoms, and proving fatal in about twenty-four to thirty-six hours. We are perfectly at a loss to account for the appearance of this epidemic. I have not heard of any of the inhabitants of the island or any of the Russian soldiers having suffered from it. The French troops were all men accustomed to active service, the greater number of them, I believe, having served in Algiers. The weather was remarkably fine and dry during the whole of the siege. For the first few days they were on shore no cases occurred, but since the 16th, however, it has increased greatly. The water obtained on the island has a peculiar odour, and a disagreeable limy and ammoniacal taste. I should like very much to have the water of the various parts of the Baltic properly analyzed; possibly by so doing some light might be thrown on the cause of this malady, that has been to the allies more destructive than all the machinations of the Russians.

In the fleet, I am happy to say, that the cholera is on the decline, though an aggravated form of diarrhoea is still very prevalent. The *Hannibal* has buried several men since her arrival at Ledsund, and when she left for England she had upwards of 120 sick on board. The *Majestic* has also an immense sick-list, and has lost many of her crew. The *Austerlitz*, since her arrival in the Baltic, has buried upwards of 100, principally of cholera and fever.

In the beginning of last week the weather was much colder, with strong westerly winds and occasional rain. Within the last few days, however, the weather has become much warmer and fine. Fresh meat is liberally supplied to the men. Once or twice a week, a steamer full of bullocks comes from Dantzic. In a few days the fleet are going to sea.

#### ARMY IN THE EAST.

(FROM ANOTHER CORRESPONDENT.)

LIGHT DIVISION, CAMP NEAR PREVADY, BULGARIA,  
AUGUST 18TH, 1864.

I TOOK a medical survey of the Light Division, yesterday, and there have been only five or six fresh cases of cholera during the last three days. Some of the regiments just now are exempt from the disease, but fevers and dysentery are becoming more prevalent. The cholera first appeared in the Light Division encampment, at Devna, on the morning of the 23rd of July: two fatal cases occurred in the 23rd, and four in the 88th Regiments. On that and the following day the disease extended to the other regiments composing the Light Division—viz., the 7th, 19th, 33rd, 77th, and the Rifle Brigade; and up to the present date (August 18th) the mortality has been 165 men, five officers, and six women, including, amongst the officers, Assistant-Surgeon Jenkin, of the 23rd Regiment.

Many of the orderlies were attacked, and died, and several of the medical officers have had choleraic diarrhoea. Before the outbreak in the Light Division, cholera was raging in Varna, carrying off daily between forty and sixty of the French encamped in its vicinity; and several deaths occurred in the small number of English quartered there.

Before the disease appeared in Devna, we had a great deal of diarrhoea in the encampment of a suspicious character. On the 24th of July, the Light Division moved five miles farther, and encamped between the villages of Monastire and Prevady. This change had a beneficial effect, as for two days afterwards very few fresh cases occurred; but subsequently it again appeared in a severe form in the 7th, 23rd, 33rd, and 88th Regiments. The troops were shortly again permitted to shift to new ground, and they continue to do so every ten or fourteen days. The change is always attended with marked improvement, and now each regiment is separate, and we are not crammed into a confined space, as at Devna.

Although we have just now but few cases of cholera in the division, still diarrhoea is very prevalent, and fevers and dysentery are daily becoming more so.

I am sorry to say that there is scarcely a medical officer in charge of a regiment that has the proper medicines to treat the above diseases. Day after day requisitions for medicines are sent in by medical officers of regiments, without any effect; so, unless the surgeons can check the premonitory symptoms of cholera, the hour of counteracting the disease is lost, and the result you can guess.

We—I allude to all the regimental surgeons—cannot get a single preparation of opium—viz., there is no powdered opium, no tincture of opium, no extract, scarcely any preparation we require; yet there are plenty of the above medicines in Varna, but I believe no way of sending them out, owing to deficient commissariat arrangement, or some mismanagement in our own department.

Another deficiency, more annoying than important, is, that many of the surgeons are unable to get a single candle from the commissariat, who ought certainly to have an abundant supply; but during the last week we have been without candles, and were it not for the different officers kindly giving up their own private supply, many of the regiment marquee or hospital tents would be in total darkness during the night.

Another flagrant abuse is to be found in the purveyor's department. The worthy in charge appears to be above his business, and as he is entrusted with the medical comforts—viz., wine, arrowroot, sago, brandy, &c., we have to make out requisitions in duplicate for each, and give two receipts, when we require any of the above articles, although we have often to despatch our messengers a considerable distance; yet this gentleman will send them back under the most frivolous excuse, if the requisitions and receipts are not in the proper form. Major D—, of the Light Division, at present suffering from dysentery, was ordered port wine by his medical attendant: none could be procured in any of the canteens, nor at Varna. The medical officer in charge of the regiment made a requisition for a bottle of port wine on the purveyor; but he refused to give it, simply because it was for an officer. This was reported to me yesterday, and I have no doubt of it being a fact.

There are many other difficulties thrown in the way of medical officers. For instance: according to the orders of the Director-General at Varna, the medical officer must enter every half-ounce of sugar, arrowroot, &c., which he orders for a sick man, in the register of the case, thus occupying in useless writing the time that should be spent at the sick man's bed.

There are not enough medical officers with the army; half the young hands sent out fall sick a week or so after their arrival. The surgeons of regiments are engaged in keeping their hospital accounts, and the senior assistant-surgeons, with a junior, do all the work, or the greater share. I myself have often been engaged, since the outbreak of cholera, from five o'clock A.M. until nine o'clock P.M., and afterwards called up five or six times during the night. During the prevalence of yellow fever in another hemisphere, I worked harder, and did not feel the fatigue so much as I now do: this I attribute to the climate.

There is not a second-class staff-surgeon with the Light Division, and only two of the first-class. I consider that a medical officer should be constantly in the hospital tent, as the orderlies always require looking after, and good nursing is the best treatment which I am acquainted with.

I am satisfied that Dr. Smith, the Director-General at home, would do his best to have many of the above abuses corrected, were he acquainted with them; but the other authorities must lend a hand, instead of throwing difficulties in the way.

Sir George Brown inspected the Light Division yesterday. He is a fine, active officer, and rode out from Varna, and returned again in the afternoon. The men to-day are full of high spirits and merriment, in hopes that we are going to move to Varna, and embark for Sebastopol.

The camp life is harassing, and when the men are dying from disease, without excitement, they become low-spirited. As there are, however, rumours afloat about moving, they are quite jolly. I have heard that the 4th Dragoon Guards have lost thirty men, and also Surgeon Pitcairn. This was the correct list of the mortality in that regiment two days ago.

The fever now prevalent in the division is of a low, continued type, and very amenable to treatment. It commences with a feeling of undefinable discomfort and oppression, preceded by loss of appetite, or I should rather say, with a distaste for the *rations*. Many of the men live entirely, in this stage, on their biscuit, or bread and coffee. The bread is often of very bad quality, and under-baked; and the ration of meat is so poor, that the men often throw it away. They do not report themselves ill until obliged to do so, as many of them dislike coming in this state to the hospital tent, where they come in contact with the cholera cases.

I find that change of diet—viz., chicken broth, roast lamb, and a dose of quinine, generally sets a man all right; and the captain commanding the company pays for these little luxuries, or perhaps myself, and not the Government. The latter supplies only the quinine.

If the disease is not arrested, the above symptoms are succeeded by derangement of the nervous centres, and the muscular strength is greatly depressed. There is now irritability of stomach, a sense of oppression in the epigastrium, usually some headache, the cerebral functions become sluggish, and the patient is abstracted. His exhaustion increases daily, though there are exacerbations, but no regular intermissions. Quinine, stimulants, and tonics, an occasional alterative, counter-irritants over the epigastrium, and sedatives, have generally succeeded, with change of diet, in bringing about a favourable termination.

#### [FROM ANOTHER CORRESPONDENT.]

CAMP GWELCKER, AUGUST 13TH, 1854.

I SHALL NOW attempt to keep my promise, and send you a letter by the post which leaves here to-morrow, though we are now so hard-worked that there is hardly time for anything, and one of the assistant-surgeons has gone down to the sea, having had a bad attack of dysentery. Cholera has become quite epidemic, and we seldom see it till the men are in a state of complete collapse, and quite blue, so that treatment has not done much: we have lost ten in the last twenty-four hours, and perhaps twenty-six in all; this, together with fever, has carried off thirty-three men; the whole battalion are very sickly, I may say, the whole brigade, with the exception of the 42nd Highlanders. (I wish our men had the kilt to march in in this country.) Lieut.-Col. Elliott, of the 79th, was buried this morning, and there have been several officers invalidated. At present we are all in a state of anxiety, Lieut.-Col. Tierney having gone out for a ride yesterday at 11 A.M., and while I write his horse has just been brought in, uninjured, but no news of him. Lord F. Paulett, while out riding the other day, was shot at. The country here is very beautiful, though uncultivated to a great extent, former vineyards having been allowed to go to ruin; we are about eight miles from Varna, having left Aladyn ten days ago, and we leave here on Tuesday or Wednesday next. There is a great talk about Sebastopol, but I do not believe there will be a single shot fired this year, but that we shall merely go and encamp nearer the sea, and next month go into winter quarters. I have had a month under canvas, and on the whole fine weather, with three very smart thunder storms, which are not pleasant, more especially as during one I had to get up in my night-shirt to let go my tent-ropes. Varna is the most beastly, dirty place you can possibly conceive—nasty, narrow, dirty, muddy, stinking streets. Some Greeks three nights ago tried to set fire to the French and English commissariat stores, and did some damage. Three of them were caught and killed on the spot. We have very fair dinners, but to do so we have to forage the villages, &c. Ale is 2s., port 6s., bacon, 2s. 6d., and tea 6s. 6d. a pound, and other things in proportion. B— and L— kept pretty well. Blenkins has been sent home invalidated, and already on his way home. The French have returned from the Dobrudscha, with the loss of 5000 men from cholera, &c., the Russians having poisoned the wells by throwing down their dead. An interpreter was shot at going into Varna the other

night—three shots. Cholera has broken out amongst the fleet. We had a very pleasant passage out here, which I enjoyed much, as I was not at all sea-sick, though I cannot say the same for B—. The old *Vulcan* broke down twice, once when we had the *Leander* in tow. We got on shore, and dined at Malta, which was rather a treat after being on ship-board for two weeks; and again we got on shore at Constantinople for three hours. It certainly is a most beautiful place in the distance, but when once in it you very soon get enough of the narrow, high, and ill-paved streets; but as it rained most of the time we may like it better on our return. After this we did not leave the ship till we reached Varna. The most unpleasant part of our voyage was across the Black Sea, cold and bleak, with a strong head-wind, and the small coal from the *Vulcan's* short funnel in our eyes. I could write you a much more detailed account, but have not time in the present state of the health of our men, as it takes some little time, blown about as we are by a strong wind to-day.

#### ROYAL POLYTECHNIC INSTITUTION.

THIS entertaining place of amusement has recently undergone a complete remodelling as to its arrangements. Mr. Pepper, the chemist, and one of the lecturers, has been appointed resident manager, and under his direction there seems likely to be an addition to the spirit in providing entertainment for the public which has always characterized the institution.

There has lately been added to the subjects of interest one which cannot fail to prove a source of much gratification to the numerous visitors, from the brilliancy of the experiments it admits of, and the instruction it affords. This is the apparatus of M. Duboscq for demonstrating the polarization of light. The object is accomplished by the aid of electric light; and it appears that certain interesting results have been obtained in the decomposition of light, and in the separation of its component rays according as the electrodes of the light-producing battery consist of different substances.

One most remarkable experiment with the apparatus has been termed the electric fountain. A stream of water issues from an opening in a cylinder, through which a ray of light is made to pass. The light appears as if retained by the water, and carried along with it as it falls in a sharp curve downwards, and, being received into a vase below, looks like molten metal. The colour of the light is altered by the interposition of pieces of coloured glass, by which also the beautiful effect is greatly enhanced.

Carrying out the purpose of conveying information and knowledge to all classes of the public, a school of instruction has been established, in which courses of lectures on mechanics and other art-study will be given for the benefit of the working classes, admission to which is to be obtained by tickets issued at half the usual charge, the guarantee of their being *bona fide* working people being by certificate from the employer or the foreman of the place of business at which they are occupied. So meritorious an undertaking deserves to be successful, and we doubt not the directors of the Polytechnic will derive benefit from their liberality.

#### Medical News.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, August 31st, 1854.

BROWNE, CHARLES, Camberwell.  
GAGGS, CHRISTOPHER, Howden, Yorkshire.  
HITCHINS, CHARLES VERNON, Tiverton, Bath.  
LEWIS, WILLIAM JARRETT, Carmarthen.  
RAY, JAMES, Lincoln.  
SYMMONS, GEORGE STRATTEN, Witham.  
WEST, JAMES FITZJAMES.  
WOODD, HENRY TURNOR, Bromley, Kent.

MARYLEBONE COUNTY COURT, SEPTEMBER 4TH.—IMPORTANT TO EXECUTORS AND MEDICAL MEN: SURGEONS' LIABILITIES FOR INSTRUMENTS.—CLARK v. BLUETT.—This action, which was tried before J. L. Adolphus, Esq., and brought to recover the sum of £5 10s. 6d., contains features of more than ordinary *£ s. d.* character, and is very important to



the medical profession and to executors. The plaintiff is a surgical instrument-maker, and the defendant is a surgeon. Mr. George Sleene, the solicitor, of 3, Cumberland-place, New-road, appeared for Mr. Clark; and Mr. Vaughan, the County Court solicitor, for the defendant.

The plaintiff stated that he had supplied surgical instruments, catheters, &c., to a patient of Dr. Bluett—viz., Sir Frederick Watson, now deceased. These instruments were ordered by the defendant, and used by him. He had, previous to the sale of the goods, value now sued for, supplied Sir Frederick Watson with other surgical instruments, and which were paid for on delivery by Sir Frederick. When Dr. Bluett ordered the instruments, he did not say that witness was to look to Sir F. Watson for payment. Upon applying to the defendant for payment, he said he was not liable, but that he (plaintiff) must look to the executors for his account. Upon his applying to the executors of defendant's patient, they repudiated the claim, and referred him to the doctor, at the same time informing witness that they had paid the defendant a bill of £300, and that the instruments he supplied were charged for in this heavy bill. He never received the order from Sir F. Watson.

By Mr. Vaughan.—Instructed his solicitor to write to Dr. Bluett for the names of the executors, and had made out a bill against them. Believes the instruments were partly fetched by Sir F. Watson's servants, and the remainder were delivered at Sir F. Watson's house. None were left at the defendant's house. The charge for the instruments is the same as though a medical man had paid for them.

Mr. Vaughan observed, that if medical men were held liable for extraneous articles furnished to their patients, like the present, it would be a monstrous injustice. It was true the goods supplied were surgicals, but if the medical man was to be answerable for dead patients' goods, it would be reasonable to suppose that he would supply all things appertaining to his profession direct to the patient, and charge for them in his bill to the patient's executors. His client had not charged for these instruments. He knew nothing about them, further than calling upon the instrument-maker to direct him as to the size and nature of the instruments to be furnished the patient. He called Dr. Bluett, who positively denied giving the order for the instruments, further than instructing the plaintiff what would be required. He had offered to give evidence to make the executors liable. Previous to Sir Frederick Watson's death, the whole of the management of his patient's household was in his (defendant's) control. Sir Frederick's valet knew what was required, and sent to plaintiff or other surgical instrument-makers for the instruments. The injuries his patient laboured under required three of these instruments a day, and he had supplied all his stock, and told the patient's servants where they could purchase others.

By Mr. Sleene.—Sir Benjamin Brodie used some of plaintiff's instruments; the others were applied by witness. Had he (defendant) supplied the instruments, he should have had 25 per cent. discount off plaintiff's bill.

A late servant of Sir Frederick Watson proved to fetching the instruments by order of Sir F. Watson.

The learned judge was of opinion that the defendant was liable, although he admitted it was a difficult case to determine. Verdict for the plaintiff, with costs.

**THE NEW CORONERSHIP AT BRIGHTON.**—An active canvas is now being carried on at the new borough of Brighton for the office of coroner. A member of the legal profession and one of the medical are striving for the appointment. The medical candidate is Mr. Rugg, a gentleman well-qualified for the post, of high respectability and extensive practice, and long resident at Brighton. His medical brethren are zealously exerting themselves in his favour, and we sincerely wish him success, as it is unquestionable that this office is more likely to be efficiently filled by a member of our own profession than by one of the law.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, SEPTEMBER 2ND.**—In the week that ended on Saturday last, 2515 persons died in London. This number exceeds the average (1248) by 1267, but is 281 less than the number of deaths in the week that ended September 1st, 1849, when cholera was epidemic, and 2796 persons died. The air was stagnant in the early part of the week; no rain fell; the sun shone brightly; and the temperature of the atmosphere and the Thames ranged from 60° to 70°. 1287 deaths are referred to cholera, 243 to diarrhoea. The deaths from cholera during the last nine weeks have been 1, 5, 26, 133, 399, 644, 729, 847, 1287.

## Obituary.

**DEATH OF MR. EBENEZER ALFRED JENKIN, LATE OF SWANSEA.**—It is with much regret that we have to announce the death of Mr. EBENEZER ALFRED JENKIN, senior assistant-surgeon of the 23rd Royal Welsh Fusiliers, aged thirty-seven. The following is an extract from a letter of an officer of the Light Division in Turkey:—"Mr. Jenkin was left behind at Devna, in charge of some of the soldiers who were too ill to be moved when we came to Monastère. Poor fellow! he followed us here, but very unwell from diarrhoea and great debility, and sank a few days afterwards." The Director-General of the Army and Ordnance Medical Department, writes:—"Mr. Jenkin was attacked on the 29th of July, and died on the 2nd of August. He was a fine young man; and, besides the loss his friends have sustained, the army has lost a good and zealous medical officer." Mr. Jenkin, during his service in the army in foreign parts, had been eminently successful in the treatment of yellow fever in Jamaica, and of cholera at Malta and the Ionian Isles. The late Commander-in-Chief, the Duke of Wellington, communicated his thanks to Mr. Jenkin, with three other medical officers, for his zeal in attending to the soldiers at Malta, in 1850, when attacked with the disease. He was ever the first to meet danger when duty called him, and the last to withdraw from it. It is a melancholy satisfaction to his friends to know that Mr. Jenkin has fallen a victim whilst zealously endeavouring to mitigate the sufferings of our noble soldiers who have gone into a foreign land to vindicate the honour of the British name.

On Tuesday, the 2nd ultimo, at his residence, Hounslow, DAVID THOMAS MORRIS, Esq., M.R.C.S.E. and L.S.A., 1851, Fellow of the Medical Society of London, in the 29th year of his age. The deceased gentleman was a young man of considerable promise, and had been, for three years previous to his death, the principal visiting assistant to Messrs. Frogley and Hall, of Hounslow. His position and circumstances had for a long time preyed heavily upon his mind, and in consequence of some unpleasantness transpiring between him and his employers, he took a large quantity of prussic acid from a phial, and drank it in the presence of his wife. His death was almost instantaneous. He was very popular in Hounslow, and his death quite cast a gloom over the town.

On the 31st ultimo, at his residence, Greenwich, JOHN GRIFFITH WILLIAMS, Esq., R.N., second son of the late William Williams, Esq., of Cefn-y-Cwmawd, of Anglesea, Wales. The deceased gentleman was a full naval surgeon by seniority, under date of July 20th, 1838.

On the 2nd inst., at his residence, 4, Berwick-street, Soho, CHARLES HARRISON, Esq., Surgeon.

On the 3rd inst., at Reigate, Surrey, GEORGE DRUMMOND, Esq., Surgeon, of Regency-square, Brighton. The deceased gentleman was a member of the Provincial Medical and Surgical Association, M.R.C.S.E. 1832, L.S.A. 1831.

On the 25th inst., at No. 7, Darnaway-street, Edinburgh, DANDISON COATES BELL, Esq., M.D., Inspector-General of Hospitals in the Hon. East India Company's Civil Service, aged sixty-one years.

On the 23rd ult., at Forston, near Dorchester, JAMES HAROLD BLAIR SANDON, Esq., Surgeon, Medical Superintendent of the Dorset County Lunatic Asylum.

On the 30th ult., at Dottingham, near Hull, at the house of his friend, S. Watson, Esq., J. ELLERTON STOKES, Esq., M.D., F.L.S., Bombay Medical Service.

On the 31st ult., at his residence, 15, Avenue Marbœuf, Champs Elysées, Paris, of Cholera, PHILIP BARKER WEBB, Esq., of Milford House, in the county of Surrey, in the sixty-second year of his age. The death of Mr. Webb will be felt as a great loss to the scientific world, to which he was well known as the author of several valuable botanical works.

On the 3rd inst., at 24, Grove-end-road, St. John's Wood, ROBERT PYLER, Esq., M.D., late of the Royal Irish Dragoon Guards, in the eighty-fifth year of his age.

ROBERT MACFARLANE, Esq., Surgeon, of Ryers Green, Bishop's Auckland, Durham, through an accident, on Sunday, the 3rd inst., at a village called Spennymoor, in the above locality. The deceased gentleman was thrown from his gig on the previous evening whilst returning home at a late hour from visiting his patients. He was very much beloved on account of his devotion to his patients in the discharge of his professional duties. Immediately after the accident he was conveyed into a house adjoining the spot, and medical aid instantly procured, but he had received injuries of so serious a nature as to

preclude all hope of recovery. He gradually sank, and expired on the Sunday afternoon. Mr. Macfarlane was medical officer of the Auckland Union, and a Member of the Provincial Medical and Surgical Association.

**M. Louis, Jun.**—A domestic calamity of a very distressing kind has just cast a gloom on the family of the celebrated M. Louis, so well known by his work "On Phthisis." His son, a young man about twenty years of age, has just died of this very disease, to the great grief of his father, who had the heart-rending conviction that the patient was destroyed by an affection beyond the reach of our art.

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### The BRITISH MEDICAL DIRECTORY for 1855.

FORMS of Returns for this Directory are issued with the current number of *THE LANCET*, and the Editors particularly and earnestly request that they will receive immediate attention. The BRITISH MEDICAL DIRECTORY, by its treatment of the quacks and other irregular practitioners, has already rendered a vast service to the profession; and from its admirable arrangement, and the care with which it has been compiled, it has now become the authoritative work of reference in all Courts of Law, Public Institutions, Club Houses, Circulating Libraries, and at the chief Hotels in the kingdom. Although beautifully "got up," it is sold at *half the price* of the other Medical Directories.

In order to avoid omissions and inaccuracies, the "Returns" should be made forthwith.

#### TO CORRESPONDENTS.

The Students' Number of *THE LANCET* will be published on Saturday next, the 16th instant. Prospectuses of Schools, Hospitals, and other Institutions, intended for insertion, should be forwarded immediately to the Office, 423, Strand.

The Editors of the BRITISH MEDICAL DIRECTORY regret that Mr. J. E. should have taken the trouble to apologise for the omission of not stamping his return, as they are quite sure it was owing to some accidental circumstance. The Editors have been under the necessity of requesting that the returns should be sent post-free, in consequence of the very low price at which this Directory is charged, the cost being only half that of the other Directories. The tax of postage, if falling entirely upon the Editors, would amount to a very considerable sum.

**Dr. Robert Fowler.**—To both questions, Yes.

**Dr. Layman.**—Both the remedies referred to in the communication have received attention at our hands, and have been noticed at some length in *THE LANCET*.

**Dr. Wardell.**—Attention has been paid to the request made.

**W. F., Surgeon.**—The attendance on midwifery cases by an unqualified person has not been decided as an infringement of the Apothecaries' Act. We know of no other law which such practice could infringe.

Tax paper on Cholera, by Dr. David Lewis, will be inserted in an early number.

**J. S., (Birmingham).**—1. Dr. Power, Exeter Hall.—2. With the qualifications named, most likely not.—3. If the person pretends to be a qualified practitioner, and is not, such an appellation applied to him might be successfully justified by the defendant in the event of an action for libel being brought.—4 and 5. We think he could; but upon the point mooted in these questions we shall have more to say on an early occasion.—6. It might be of advantage.

**J. S.**—Under such circumstances, it would be by far the wiser course to take counsel of the usual medical attendant of the affected person.

**Mr. Crummay** is thanked for his communication, which, if possible, shall be inserted.

**Parents.**—1. A certificate of having served five years in "the manner of an apprentice" with a qualified practitioner, or practitioners, is, under some circumstances, received in lieu of indentures of apprenticeship by the authorities at Apothecaries' Hall.—2. The time is the easier examination, and the possession of the diploma alone qualifies for many branches of the public services.—3. Optional.

**Bristolensis.**—Beyond what is stated by our correspondent, we know nothing of the parties named.

**G. C. L.** is thanked for the transmission of Mr. Hitchman's letter.

**A Country M.R.C.V.S.**—We have not yet received the *new edition* referred to. When it arrives, it shall have a fair and candid judgment.

**Dr. Panelli's** case shall be inserted.

#### A SUGGESTION IN CHOLERA.

To the Editor of *THE LANCET*.

SIR.—However absurd suggestions may appear, and the interference of meddlers prove obnoxious to their more learned brethren, still the old fable of the feeble mouse setting free the lion suggests an excuse for a great many apparent follies. We read of the simple, bland albumen, the white of eggs, combating, subduing, and rendering innocuous the deadly bichloride of mercury, or, as its name fully conveys its meaning, *corrodes* sublimato.

Has ever an idea suggested itself that the same bland, mild fluid might possibly mitigate, if not arrest, the vomiting, if not other symptoms, which attend the ravages of that equally deadly, though in one sense immaterial, poison called cholera, which in its effects is somewhat (I believe) similar to those produced by arsenic?

Pray excuse the intrusion of

August, 1854.

DELZA.

**Medicus, (Huddersfield).**—We have seen the decision of Mr. Walker; but are still of opinion that Mr. Wilkinson is *legally* entitled to a verdict. We shall shortly refer to the subject, and show the grounds for our opinion.

**One who was Present.**—We have not seen the advertisement mentioned. After the disclosures which took place at the inquest on the body of Alfred Richardson, anything that Mr. Gay may say or do cannot be of importance to any one. It is perfectly well known that he was never asked by the Hospital Committee to return to his office, as it is equally well known that he fully deserves the position he now occupies.

**Medicus.**—The alteration will be made in the next volume of the BRITISH MEDICAL DIRECTORY. It is of great importance, with a view to the accuracy of the work, that the returns should be made immediately; and considering the exceedingly low price at which the BRITISH MEDICAL DIRECTORY is charged to the profession, the Editors undoubtedly have a right to expect that the returns will be sent back to them post-free. It is real economy on the part of the medical profession to afford to the BRITISH MEDICAL DIRECTORY every possible support.

**Mr. Edwin Lovering.**—In this climate we should give the preference to meat.

To the Editor of *THE LANCET*.

SIR.—Having been questioned by more than one, Who it was that used and recommended dilute sulphuric acid in the treatment of cholera in 1832, and alluded to in my paper? I sought for, and have at length found, that it was Mr. George Bodington, of Sutton Coldfield, whose communication will be found in *THE LANCET* for October 1st, 1853, page 323.

Mr. Bodington, it appears, published a "Treatise on the Treatment of Asiatic Cholera by Sulphuric Acid," in 1833 or 1835.

I have the honour to be, Sir, your obedient servant,

Berners-street, September, 1854.

J. H. TUCKER.

**ERRATUM.**—In the past-list of the fellows of the Royal College of Surgeons of last week, for Richard Byther Steer Bowker, read Richard Ryther Steer Bowker.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. R. D. Thomson; Dr. J. Hall Davis; Mr. J. Brown; Mr. Atkinson; Mr. Meinig; Dr. MacLoughlin; W. E., (Edinburgh); Dr. Steggall; Mr. W. B. Musket; Mr. D. Dalrymple; Mr. J. H. Tucker; King's College; University of London; Mr. A. B. Smith; Dr. J. M. Walker; Dr. H. Smith; Secretary of Charing-cross Hospital; Mr. Loggins; Mr. Wm. Walker; Mr. E. Edwards; Dr. Shortness; Mr. A. G. Smith; F. S.; Messrs. Phillips and Co.; A. Legman; Dr. R. Fowler; G. C. L.; Dr. Stark; Mr. Dalton, (Cheltenham); Mr. H. Marsh, (St. Ives); Chatham-street School of Medicine; Mr. L. F. Crummay; Mr. Lukyn; D. M.; A Country M.R.C.V.S.; Mr. W. G. Grady; Registrar of the Royal College of Physicians; C. S.; Dr. Pursell; Mr. R. T. Jopling; Dr. John Scott; Dr. Winn; Dr. Wardell; Mr. C. P. Matthews, (Grantham, Lincolnshire); Mr. P. W. Govett, (Spithhead); Mr. J. C. Richardson, (Galway); Mr. J. Graham, (Girvan, with enclosure); Messrs. Woodhead and Worsnop, (Bradford); Mr. E. T. Payne, (Bath); Mr. L. R. Cooke, (Lower Tooting); Mr. C. J. Roe, (Henley-on-Thames); Messrs. Robertson and Scott, (Edinburgh); Mr. J. Cooper, (Muriham, Norfolk); Dr. J. H. Walker, (Tunbridge); Mr. J. L. Pritchett, (Great Grimsby); W. F.; J. S., (Birmingham); Parens; Bristolensis; Dr. Panelli; Medicus; One who was Present; Medicus, (Huddersfield); &c. &c.

## Sp. Vin. Rect. fully 56° overproof.—

We are now invoicing this fine Spirit at 18s. 6d. per Gallon, subject to a Discount of a Shilling for Cash on delivery in London; not otherwise.

HENRY BRETT & CO., Old Furnival's Distillery, Holborn.

## Dr. Ure and Dr. Letheby, having

analyzed our EAU DE VIE, concur in pronouncing it "a Spirit of undoubted purity, applicable to every purpose for which Brandy is required," and in several respects preferable to COGNAC. Imperial Gallon, 16s. A Case containing a Dozen French Bottles, with French labels, 31s. Cash.

HENRY BRETT & CO., Old Furnival's Distillery, Holborn.

## Brett's Ginger Brandy, for Diarrhoea.

A powerful astringent, carminative, and delicious Liqueur. Imperial Gallon, 18s. In Pint and Quart Wine-bottles, 20s. and 39s., by the Dozen. Beware of deleterious counterfeits.

HENRY BRETT & CO., Old Furnival's Distillery, Holborn.

## Allsopp's Pale Ale in Bottle, as

supplied to the CRYSTAL PALACE; also in casks of 18 gallons. Recommended by BARON LIEBIG.

Address, HARRINGTON PARKER and CO., 5½, Pall-Mall, London.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts; delivered free within four miles. Merchants supplied with Pale Ale and Porter for exportation at the lowest prices.

WOOD & WATSON, 16, Clement's-lane, City.

## Allsopp's Pale Ale.—Medical gentle-

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hoffmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTY, 132, Upper Thames-street, London.

## George Hanson's Sparkling Hop

CHAMPAGNE, Quarts 18s., Pints, 12s., Sparkling Nectar, 8s., bottles included; Hampers, 1s.

This new and exhilarating beverage, possessing the fine aroma and pure tonic properties of the Hop, with all the brilliancy of the foreign Champagne, stands unrivalled as a luncheon and dinner luxury. To Invalids it is invaluable, and can be taken without affecting the head—its habitual use assisting the digestion.

To Merchants and Captains it will be found an excellent article for Export—to Passengers in sea-sickness this restorative will be highly appreciated—it will be found a cool and refreshing drink at the Mess Table—and in Warm Climates most desirable.

G. H. has the greatest confidence in recommending the above, and the demand, which its excellence has created, is sufficient guarantee of its quality.

May be had at most of the Taverns and Refreshment Rooms in the neighbourhood of the Crystal Palace.

Sold Wholesale, Retail, and for Exportation, by the Manufacturer, GEORGE HANSON, 38, Clement's-lane, Lombard-street, City.

## Cocoa of the finest quality, prepared

in the best possible manner.—Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s., for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

## DOMESTIC ECONOMY

## H. Sparrow and Co. beg to announce

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.  
Fine Souchong, 3s. 4d., 3s. 8d., and 4s.  
Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.  
Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.  
Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 8d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes,—light for supper,—and alternately with the Patent Barley is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparation of the kind extant, and far preferable to the Embden Groats.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets of 6d., and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Charing - cross Hospital Medical SCHOOL, WEST STRAND, LONDON.

WINTER SESSION, October, 1854, to March, 1855.

Chemistry—H. H. Lewis, A.M.

Anatomy—Mr. E. Canton.

Demonstrations and Dissections—Mr. Goldsbro.

Surgery—Mr. Hancock.

Physiology and Pathology—Dr. Hyde Salter.

Medicine—Dr. Chowne and Dr. Rowland.

SUMMER SESSION, May, 1855, to the end of July.

Practical Chemistry in the Laboratory—H. Lewis, A.M.

Materia Medica—Dr. Steggall and Dr. Willsheire.

Botany—F. W. Headland, B.A.

Midwifery, &c.—Dr. Chowne and Mr. Hird.

Medical Jurisprudence—Dr. G. Birkett and Mr. Hird.

All the Lectures required by the College of Surgeons and Society of Apothecaries, £45, without Practical Chemistry, which is £23 2s.

HOSPITAL PRACTICE.

Consulting-Physician—W. Shearman, M.D.

Physicians—Dr. Golding and Dr. Chowne.

Assistant-Physician—Dr. Rowland.

Surgeons—Mr. Hancock and Mr. Avery.

Assistant-Surgeon—Mr. E. Canton.

MEDICAL PRACTICE:—Full period required, £15 15s. Surgical, £15 15s. Both Medical and Surgical, £28 5s.

JOHN ROBERTSON, Hon. Sec.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1854-5, will Commence on Monday, October 2, 1854.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.

Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.

Chemistry—Professor W. A. Miller, M.D., F.R.S.

Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.

Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

Logic and Natural Philosophy, as required by the Army Medical Board.

KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1854.

R. W. JELF, D.D., Principal.

## The City and Borough Hospitals.—

A Hospital Physician, possessing ample means of instruction, who is acquainted by personal experience with the requirements of all the London Examining Boards, including the University of London, and whose residence is most conveniently situated in reference to the City and Borough Hospitals, has a Vacancy for a PUPIL.—For terms, &c., apply to Dr. Barnes, 13, Devonshire-square.

## Private Medical Tuition.—

A Physician of a practical and scientific reputation, residing near Russell-square, receives HOUSE-PUPILS, as well as others, whose Medical Education, in all its branches, will be carefully and privately instructed by teachers of great experience and acknowledged ability. As a private Medical School, this establishment offers unequalled facilities for enabling Medical Students to undergo the requisite Medical, Surgical, and Chemical Examinations at the different Boards. The Students may be instructed singly or in classes, as they may prefer.—Apply to THE LANCET Office.

N.B. A Chemical Laboratory on the Premises.

## Medical College, Royal Free Hospital.—

PITAL.—During the WINTER SESSION, 1854—55, whilst this Institution is undergoing the alterations and extensions required by the Royal College of Surgeons,

COURSES OF PRACTICAL INSTRUCTION ON ANATOMY AND SURGERY will be given by Dr. Knox (late Lecturer on Anatomy, Edinburgh), and by Mr. GALT, Co-Lecturers on Anatomy and Physiology.

Terms, and any further particulars may be obtained on application at the Office of the College.

## St. George's Hospital Medical School, LONDON.—SESSION, 1854-55.

The WINTER COURSE OF INSTRUCTION will commence on Monday, October 2nd, when the SCHOLARSHIPS and PRIZES for the past year will be awarded.

The Hospital contains 350 beds. Attendance of the Physicians and Surgeons daily, at One o'clock. Surgical Operations on Thursday, at One o'clock.

A Maternity Department, for the delivery of married lying-in women at their own homes, is established at the Hospital, under the superintendence of the Obstetric Physician.

Gentlemen becoming Pupils of the Hospital may attend all the Lectures, and the Medical and Surgical Practice necessary for those who desire to become Members of the Royal College of Surgeons, or Licentiates of the Society of Apothecaries, on paying Forty Guinea at the commencement of the first year, Forty Guinea at the commencement of the second year, and Twelve Guinea at the commencement of the third year.

The payment for the year will admit the Pupil to all the Lectures, and to the Hospital Practice required, for that year only.

Special entries to Hospital Practice, or to any separate Course of Lectures, may be made as heretofore.

Some of the Lecturers and other gentlemen connected with the Hospital receive Students to reside with them.

Further information may be obtained from the Secretary of the Hospital, or from Mr. Hammerton, the Apothecary of the Hospital, who is authorized to enter the names of Students.

## St. Thomas's Medical Session.—A

General Introductory Address will be delivered by SAMUEL SOLLY, F.R.S., on Monday, 2nd October, 1854, at Eight o'clock P.M. Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as Perpetual.

### SCHOLARSHIPS AND PRIZES FOR 1854-55.

A Scholarship of £20 for the best voluntary Classical and Mathematical examination, at the commencement of the Student's Hospital attendance.

Two Scholarships, for first year's men, each of the value of £20. The Two House-Surgeons, the Fifteen Dressers, and the Resident Accoucher, will be selected according to merit; and provided with Rooms and Commons in the Hospital, free of expense.

The President's Prizes. The first, 10 Guinea. The second, 5 Guinea. Prizes and Certificates of Honour, in each of the different Classes. Mr. Newman Smith's Prize, 25. The Cheselden Medal, and Dr. Root's Prize, 10 Guinea.

The Treasurer's Prizes. The first, a Gold Medal. The second, 5 Guinea. And Three of 10 Guinea to Clinical Medical Clerks.

### MEDICAL OFFICERS.

Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Gooldeen, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Peacock, Dr. Bristowe, Dr. Waller, Mr. Whitfield.

A Systematic Course of Clinical Medicine, with Clinical Instruction in the Wards.—Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Dr. Griffiths.

Medicine.—Dr. J. Risdon Bennett.

Surgery.—Mr. South.

Physiology.—Mr. Grainger and Dr. Brinton.

Descriptive and Surgical Anatomy.—Mr. Le Gros Clark and Mr. Rainey.

Chemistry and Practical Chemistry.—Dr. Et. Dundas Thomson.

Midwifery.—Dr. Waller.

Practical Midwifery.—Dr. Griffiths.

Diseases of the Teeth.—Mr. E. Saunders.

General Pathology.—Mr. Simon.

Botany.—Dr. Bristowe.

Comparative Anatomy.—Mr. Huxley.

Material Medica.—Dr. Peacock.

Forensic Medicine.—Dr. Brinton.

Anatomical Demonstrations.—Mr. Rainey, Mr. Barwell, and Mr. Jones.

Demonstrations in Morbid Anatomy.—Dr. Bristowe and Mr. Jones.

Microscopical Demonstrations.—Mr. Rainey.

To enter, or to obtain further information, apply to Mr. WHITEFIELD,

Medical Secretary, resident at the Hospital.

## House-Pupil.—Dr. Steggall will have

a Vacancy for a RESIDENT PUPIL in October next. Unusual advantages and assistance will be afforded for Study and Improvement.—For terms apply to Dr. S., 2, Southampton-street, Bloomsbury-square, London.

## Mr. G. Hind, F.R.C.S., will resume

his DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.

Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

### TO STUDENTS OF ST. BARTHOLOMEW'S HOSPITAL.

## Mr. Harvey Ludlow, 27, Charter-

house-square, receives into his house a LIMITED NUMBER of GENTLEMEN, whose Studies he undertakes to superintend, and who will experience under his roof the advantages of a comfortable home, situated in close proximity to the Hospital.—For particulars respecting terms apply, personally or by letter, to Mr. Henry Ludlow, 27, Charter-house-square.

EAST INDIA HOUSE, August 9th, 1854.

## Notice is hereby given, that the

annexed CODE OF REGULATIONS for the ADMISSION of CANDIDATES at the First Examination, to be held in January next, for the APPOINTMENT of ASSISTANT-SURGEONS in the service of the EAST INDIA COMPANY, has been framed by the Board of Commissioners for the Affairs of INDIA, under the provisions of the Act 16 and 17 Vict., cap. 95, sec. 38.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE SERVICE OF THE EAST INDIA COMPANY.

All natural-born subjects of her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons; they must, however, be between twenty-two and twenty-eight years of age, and of sound bodily health.

They must subscribe and send in to Dr. Scott, the Physician to the Hon. East India Company, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration pursuant to the Act 5th and 6th William IV., cap. 62.

2. A diploma in surgery or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree.

3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing at least, on an average, 100 in-patients, or of having attended one course of lectures of six months on the practice of physic and clinical instruction for twelve months.

4. A certificate of having attended for three months the practical instruction, given at one of the public asylums for the treatment of the insane.

5. A certificate of having attended for three months one of the institutions, or wards of a hospital, especially devoted to the treatment of ophthalmic disease.

6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.

7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination, to be held in January, 1855.

The examination will include the following subjects:—

1. Surgery in all its departments.

2. Medicine, including the diseases of women and children, therapeutics, pharmacy, and hygiene.

3. Anatomy and physiology, including comparative anatomy.

4. Natural history, including botany and zoology.

The examination will be conducted—

1. By means of written questions and answers.

2. By object examinations and experiments, when the subject admits of such tests.

3. By practical examination at the bedside of the patient, and by dissections and operations on the dead body.

4. By *visu voce* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as assistant-surgeons in the East India Company's service.

All assistant-surgeons are required to subscribe to the military or medical, and medical retiring funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Asylum also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information, if needed.

N.B. The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

JAMES C. MELVILL, Secretary.

## Leeds School of Medicine.

TWENTY-FOURTH SESSION.

The WINTER SESSION will commence on Monday, October 2nd, 1864, when J. T. Ikin, F.R.C.S., President, will deliver the Introductory Lecture, at Twelve o'clock.

Anatomy, Physiology, and Pathology—Mr. Ikin, Mr. S. Hey, Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.  
Descriptive Anatomy—Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.  
Principles and Practice of Surgery—Mr. Hey and Mr. Nunneley.  
Chemistry—Mr. Morley and Mr. Scattergood.  
Principles and Practice of Physio—Dr. Chadwick and Dr. Heaton.  
Superintendent of Dissections—Mr. E. W. Ward.

SUMMER SESSION, 1865, Commencing May 1st.

Materia Medica and Therapeutics—Mr. Bishop.  
Midwifery and Diseases of Women and Children—Mr. Smith and Mr. Braithwaite.  
Forensic Medicine—Dr. Fremont Smith.  
Botany—Dr. Heaton.  
Practical Chemistry—Mr. Scattergood.  
Operative Surgery—

\* \* Application for Tickets may be made to the Treasurer, Mr. Samuel Hey, Albion-place.

N.B.—Attendance at the above Lectures will confer the same Qualification for Examination as is obtained in the Medical Schools of London.

Clinical Lectures will be given at the General Infirmary on Medical Cases, by Dr. Chadwick and Dr. Heaton; on Surgical Cases, at the General Infirmary, by Mr. Smith, Mr. T. E. Teale, and Mr. Samuel Hey; on Ophthalmic and Aural Practice, at the Eye and Ear Infirmary, by Mr. Nunneley. Medical Libraries are connected both with the School and the Infirmary.

## The Manchester Royal School of Medicine and Surgery, PINE-STREET, behind the Royal Infirmary. (Founded 1824).

WINTER SESSION, 1864-65.

The WINTER SESSION of this School will Open on Monday, the 2nd of October, at Twelve o'clock, when an Introductory Address will be delivered by Mr. CHILDS.

Anatomy and Physiology—Mr. Turner and Mr. William Smith.  
Microscopic Anatomy—Mr. William Smith.  
Practical Anatomy and Demonstrations—Mr. Lund.  
Medicine—Dr. Brown.  
Surgery—Mr. Orr.  
Chemistry—Dr. Allan.  
Clinical Medicine and Surgery, at the Royal Infirmary—the Physicians and Surgeons to the Hospital.

SUMMER SESSION, 1865.

Midwifery—Mr. Heath.  
Materia Medica—Mr. Childs.  
Forensic Medicine—Mr. Greaves.  
Botany—Mr. Grindon.  
General Pathology and Morbid Anatomy—Dr. Renand.  
Anatomy, Physiology, and Pathology of the Eye—Mr. Hunt and Mr. Lund.  
Practical Chemistry—Dr. Allan.  
Medals and Certificates of Honour will be awarded to the most distinguished Students.

Three Scholarships will be open for competition to the Students of the School, of the value respectively of—

- £20, tenable for Two Years;
- £15, tenable for One Year;
- £10, tenable for One Year.

The Register of Tickets for the Winter Courses is open from October 2nd to October 15th, 1864; and for the Summer Courses from May 1st to May 15th, 1865.

## Chatham-street School of Medicine, MANCHESTER.

The SESSION for 1864-65 will commence on Monday, October 2nd, when the Introductory Address will be delivered by Dr. WEIRHEAD, at Four P.M.

Extensive alterations have been made in the premises of this Institution during the recess. The present Lecture Theatre is considerably larger than the previous one, and is much better adapted both for hearing and for demonstration. The Museum has undergone complete review, and the various objects of interest have been so arranged and designated as to afford every facility to the Student in the prosecution of his studies.

Practical Chemistry will be taught during the present Session under the same roof, in additional premises, which have been already secured for the purpose.

The Lecturers have the pleasure of stating that Dr. Marshall Hall has kindly promised to deliver, sometime during the Session, a short Course of Lectures on "The Spinal System of Nerves and its Diseases," in the Lecture Theatre of this Institution, to which members of the Profession, in this locality, will be invited.

WINTER LECTURERS.—Mr. Southam, Mr. Dumville, Dr. Watts, Dr. Eason Wilkinson, Dr. Noble, Messrs. J. S. and J. O. Fletcher, Mr. Murphy, and Mr. Stone.

SUMMER LECTURERS.—Dr. Whitehead, Dr. Merel, Dr. Aikenshead, Mr. Somers, Dr. Jepson, Dr. Stone, Dr. Watts, and Mr. Stone.

HOSPITAL PRACTICE and Clinical Instruction at the Royal Infirmary.

SCHOLARSHIPS.—In addition to the usual Medals, Prizes, and Certificates of Merit, Three Scholarships will be offered for competition, at the termination of the Session, as follows:—

- One of £20—for Third Year's Students.
- One of £15—for Second Year's Students.
- One of £10—for First Year's Students.

Further particulars may be obtained from the Registrar, Mr. SOUTHAM, Salford, or from any of the Lecturers.

Chatham-street, Piccadilly. August, 1864.

## York School of Medicine.—Winter

SESSION will commence on Monday, October 2nd, 1864.

Anatomy and Physiology—Mr. Edward Allen and Mr. Hornby.  
Practical and Descriptive Anatomy—Mr. Hornby and Mr. North.  
Surgery—Mr. Kaywerth.  
Practice of Medicine—Dr. Lapecock.  
Chemistry—Mr. Procter.

SUMMER SESSION will commence May 1st, 1865.

Materia Medica—Mr. Williams.  
Midwifery—Mr. J. Allen and Mr. Anderson.  
Medical Jurisprudence—Mr. Procter.  
Botany—Mr. Moore.

The Introductory Address will be delivered in the Theatre of the Hospital, by Mr. HOWARD, October 2nd, 1864, at Two P.M.

Dr. LAYCOCK will include Clinical Lectures in his Course, in connexion with the practice of the York Dispensary.

Mr. HAY will deliver a regular Course of Clinical Lectures to the Pupils entering into the Medical and Surgical Practice of the York County Hospital.

An extensive Museum of Anatomy and Pathology is annexed to the School. Further particulars may be obtained by applying to Mr. JAMES ALLIE, Secretary to the York School of Medicine; or to any of the Lecturers.

## Newcastle-upon-Tyne College of Medicine, in connexion with the UNIVERSITY OF DURHAM.

This College is also in connexion with the University of London, and is recognised by the Royal College of Surgeons of England, and the Worshipful Society of Apothecaries of London; and the Council beg particularly to state, that the Courses of Lectures are equally open to all Students, whether they intend to Matriculate at the University of Durham, or to pass their Examination at the University of London, the Royal College of Surgeons, or the Society of Apothecaries.

Those Students who Matriculate at the University of Durham are enabled to proceed in the first place to a License in Medicine, and then to the Degree of M.B. and M.D. in that University.

The WINTER SESSION will commence on Monday, October 2nd, 1864, at Two o'clock, when the Venerable CHARLES THORP, D.D., F.R.S., Warden of the University, or some other Authority of the University, will be present to confer the Exhibition and Certificates of Merit.

An Introductory Address will be delivered by Dr. EMBLETON.

Anatomy and Physiology—D. Embleton, M.D., F.R.C.S., Reader in Medicine in the University of Durham, Physician to the Newcastle Infirmary; and C. J. Gibb, M.R.C.S., House Surgeon to the Newcastle Infirmary.  
Surgical Anatomy and Demonstrations—J. S. Pearce, M.R.C.S., House Surgeon to the Newcastle Dispensary.

Principles and Practice of Physic—Edward Chariton, M.D., Physician to the Newcastle Infirmary, &c.

Mental Diseases—Donald Macintosh, M.D., Physician to the Newcastle Lunatic Asylum.

Principles and Practice of Surgery—Henry Heath, F.R.C.S., Surgeon to the Newcastle Infirmary; and G. Y. Heath, M.B., M.R.C.S., Surgeon to the Newcastle Eye Infirmary.

Principles of Chemistry—T. Richardson, Ph.D.  
Resident Medical Tutor and Demonstrator of Anatomy—J. C. Penny, M.R.C.S.

The Duty of the Resident Medical Tutor and Demonstrator of Anatomy is to assist the Students living in the College, as well as the Non-Resident Students, in the Subjects of the Lectures, and to superintend the Dissecting Rooms.

Perpetual Tickets to all the Lectures, qualifying for the Diploma of the College of Surgeons, and the License of the Apothecaries' Society (exclusive of Practical Chemistry)—Forty Guineas.

The required Hospital Practice can be attended at the Newcastle Infirmary, which is duly recognised, and in which Clinical Lectures are regularly delivered. The Infirmary contains 230 Beds. Fees for Medical and Surgical Practice—Twelve Months, Seven Guineas; Perpetual Ticket, Seventeen Guineas.

An Exhibition, amounting to £15 per Annum, Tenable for Two Years, and open to all the Students of the College, will be awarded at the termination of the Session.

Students who are Members of the University of Durham are eligible to Scholarships in the University.

The Book of Registration will be closed on the 21st of October.

NEVILLE HALL, NEWCASTLE-UPON-TYNE.

Principal—The Rev. JAMES RAINY, M.A.

This Hall was opened in October, 1862, by the University, for the Reception of all Students who wish to avail themselves of its Advantages.

The Hall is under the charge of a Resident Principal, to whom the general Superintendence of the Students is entrusted, to whom Applications may be addressed.

REFURISH.

Rooms Furnished, (except Linen,) Board, Servants, and all other Domestic Charges, (except washing,) forty weeks, £42; Censor's Fees, £8. Total £50. Further Particulars may be learned of any of the Lecturers, and Tickets obtained from the Registrar.

D. EMBLETON, M.D., Registrar.  
J. S. PEARCE, Secretary.

Newcastle-upon-Tyne, August 2nd, 1864.

## Matrimonial Institution.—Founded

1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUTBERT, 12, John-street, Adelphi, London.



## Society for the Relief of Widows and

ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY,  
(Founded 1798), 63, BERNERS-STREET, OXFORD-STREET.  
Members are reminded that a QUARTERLY COURT OF DIRECTORS will be held on WEDNESDAY, the 20th instant, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. All legally qualified Medical Practitioners residing in any part of the County of Middlesex, or within seven miles of the General Post-Office in St. Martin's-le-Grand, are eligible; and the benefits of the Society are restricted to the Families of deceased Members of not less than two years' standing.  
63, Berners-street, Oxford-street. CHARLES E. WALSH, Sec.

## Provincial Medical and Surgical

ASSOCIATION.—ANNIVERSARY MEETING, 1854.—The Members and Friends of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION are informed that the TWENTY-SECOND ANNIVERSARY of the ASSOCIATION will be held at MANCHESTER, on WEDNESDAY, the 13th, and THURSDAY, the 14th of SEPTEMBER next.

The Council of the Association will meet at half-past seven o'clock on Tuesday evening, September the 12th, in the Lecture Theatre of the Royal Institution, Molesley-street.

The First General Meeting of the Association will be held in the same place, on Wednesday Morning, September the 13th, at ten o'clock, when the President, GEORGE GWYNNE BIRD, M.D., of Swansea, will take the Chair, and afterwards resign it to the President-Elect, WILLIAM JAMES WILSON, Esq., F.R.C.S., Senior Surgeon to the Manchester Royal Infirmary.

Members and Visitors arriving in Manchester are requested to apply at the Royal Institution, Molesley-street, when, on registering their names, they will be supplied with Tickets of admission to the Meetings of the Association, and the several Public Institutions, Manufactories, and other objects of interest, which will be open for the inspection of visitors.

PHILIP H. WILLIAMS, M.D.,

Secretary to the Association.

Gentlemen having Papers or Cases to lay before the Meeting, are requested to give notice of the same to the Secretary, as they will be read in the order in which such notice is given.

## Marischal College and University of

ABERDEEN.

Charter Ratified by Act of Parliament—A.D. 1563.

CHANCELLOR—His Grace the Duke of Richmond and Lennox.

RECTOR—Colonel Wm. Sykes, Hon. E. I. C. Service.

DEAN OF FACULTY—Alex. Thomson, Esq., of Banchoy.

PRINCIPAL—The Very Rev. Daniel Dewar, D.D. and LL.D.

### FACULTY OF MEDICINE.

WINTER SESSION of 1854-55, of Six Months' duration, Commences on Monday, the 6th of November.

#### CLASSES.

Anatomy—Professor A. J. LIZARS. 12 noon, £3 3s.  
Practical Anatomy, and } Professor A. J. LIZARS, and } 2 P.M., £2 2s.  
Anatomical Demonstrations } Dr. Beveridge.  
Chemistry—Dr. Clark (Mr. Brazier, Assistant). 3 P.M., £3 3s.  
Practical Chemistry—Dr. Clark and Mr. Brazier. 11 A.M., £3 3s.  
Materia Medica—Dr. Henderson. 9 A.M., £3 3s.  
Institutes of Medicine—Dr. Ogilvie. 4 P.M., £3 3s.  
Practice of Medicine—Dr. Macrobin. 3 P.M., £3 3s.  
Surgery—Professor Wm. Pirrie. 1 P.M., £3 3s.  
Midwifery, and Diseases of Women and Children—Dr. Dyce. 4 P.M., £3 3s.  
Natural History—Professor Nicol. 11 A.M., £3 3s.

Janitor's Fee for each of the above Classes, 2s. 6d.—No other Fees are charged.

The following subjects are taught during the SUMMER SESSION, of Three Months' duration, commencing 3rd May:—

Botany— 8 A.M., £2 2s.  
Practical Anatomy and Demonstrations—Professor A. J. LIZARS and Dr. Beveridge. 12 noon, £2 2s.  
Medical Jurisprudence—Dr. Ogston. 9 A.M., £2 2s.  
Dietetics and Hygiene—Dr. Henderson. 1 P.M., £2 2s.

The various Courses delivered at this University qualify for examination here, and at the Universities of London, Dublin, Oxford, Cambridge, Glasgow, and St. Andrews; the Royal Colleges of Surgeons of England, Edinburgh, and Ireland; the Apothecaries' Hall, London; and the Medical Boards of the Army and Navy, and Hon. East India Company.

Graduates who have attended the several Medical Classes in this University will be charged no Graduation Fees.

### HOSPITAL PRACTICE AND CLINICAL LECTURES.

Hospital Practice daily, at Ten o'clock, at the Royal Infirmary, which contains upwards of 280 beds.

#### PHYSICIANS.

Dr. Dyce.

Dr. Kilgour.

Dr. Nicol.

Dr. Williamson.

Lectures on Clinical Medicine, by Dr. Kilgour.

Lectures on Clinical Surgery, by Wm. Keith, Esq.

The perpetual Fee to the Hospital, £5 5s. This sum may be paid in one, or in separate payments of £2 2s. at the commencement of each Session.

### THE LUNATIC ASYLUM.

Under the care of Dr. Macrobin, Consulting Physician, and Dr. Robert Jamieson, Resident Physician, contains about 280 Patients. A limited number of Pupils is permitted to witness the Practice pursued in this Asylum in the treatment of Mental Diseases.

A Course of Clinical Instruction in the treatment of Insanity is given during the Summer Session by Dr. Jamieson, the Medical Superintendent. Fee, £2 2s.

Besides the College Library, there is in the Hall of the Medico-Chirurgical Society of Aberdeen, a Medical Library, containing 4000 volumes, with a Reading-Room attached. Admission to the Society by ballot.

Terms for Students, £1 1s. yearly.

The Autumn Graduation Term will be held in the third week of October. For particulars, both in the case of Students and Practitioners, application may be made to the SECRETARY of the University.

### MEDICAL SCHOOL.

## Anderson's University, Glasgow.—

The WINTER SESSION will begin on Tuesday, November 7th, 1854. Lectures will be delivered daily for six months on the following branches of Medical Science:—

Anatomy..... Dr. M. S. Buchanan  
Anatomical Demonstrations } and  
Practical Anatomy } Dr. George Buchanan.  
Surgery—Dr. Hunter.  
Principles and Practice of Medicine—Dr. A. Anderson.  
Institutes of Medicine—Dr. Eben. Watson.  
Materia Medica, Pharmacy, and Dietetics—Dr. Easton.  
Chemistry—Dr. Penny.  
Practical Chemistry—Dr. Penny.  
Midwifery and Diseases of Women and Children—Dr. Paterson.  
Medical Jurisprudence and Police—Dr. Crawford.  
Natural Philosophy (three times a week)—Dr. Taylor.  
Mathematics—Mr. Laing.

Summer Courses of Anatomy, Midwifery, Chemistry, Materia Medica, and Botany, begin in May.

Botany—Mr. Ball.

Fee for each Class, £2 2s. Perpetual, £3 3s.

The general Fee for all the classes required for passing the College or Hall, including Hospital Practice, amounts to £40.

Certificates of attendance on the above courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrew's; by all the Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of Physicians and Surgeons in Glasgow; and by the Army, Navy, and East India Boards; and the Apothecaries' Company.

Students attending the Medical Classes have the opportunity of witnessing the practice of the following hospitals:—viz. Lying-in Hospital, No. 6d. for six months; Eye Infirmary, £2 2s. for six months; Royal Infirmary, £2 2s. for two years, including Medical and Surgical Clinical Lectures, which are delivered four times weekly. The patients admitted to the Eye Infirmary average 1100 annually; those admitted to the Royal Infirmary, nearly 3000; besides 6000 out-patients treated at the Dispensary. Average number of surgical operations 200 annually.

The Dissecting-room is free to those attending either of the above Courses of Anatomy, and attached to it there is a Reading-room and Museum for the use of the Anatomical Students. A valuable Medical Library is also attached to the Medical School.

The new and extensive Laboratory of the Institution, fitted up expressly for gentlemen desirous of pursuing Practical and Analytical Chemistry, is open daily from eleven till four o'clock. No charge for apparatus and materials in the class for Practical Medical Chemistry.

The University Museum, a splendid collection of specimens of Natural History, including more particularly those of Zoology, Mineralogy, and Antiquities, is open to all Students attending the University.

Further information may be obtained by applying to Dr. ANDREW ANDERSON 2, Woodside-crescent, Glasgow.

## Eastern Dispensary of Bath.—A

RESIDENT MEDICAL OFFICER is required, who must possess the Diplomas of a Royal College of Surgeons and Society of Apothecaries. The salary is £200 per annum, with furnished apartments, and an allowance of £20 for coals, candles, and servant. The Election lies with the Governors and Subscribers entitled to Vote, and is appointed to take place on the 28th day of September instant.

Testimonials (post paid, and marked "Eastern Dispensary") to be forwarded on or before September 19th, to E. TURNER PAYNE, Esq., Honorary Secretary, 5, Old King-street, Queen-square, Bath, who will afford any further information required.

### TO THE MEDICAL PROFESSION.

## Hanwell Lunatic Asylum.—A

Vacancy has occurred in the Office of RESIDENT MEDICAL OFFICER of the Female Department of the Middlesex County Pauper Lunatic Asylum at Hanwell; and gentlemen desirous to become Candidates for the appointment must be Fellows or Members of the Royal College of Surgeons, and Members or Licentiates of the Apothecaries' Company, married, and between thirty and fifty years of age. The salary will be £200 per annum, with board, including coals and candles, and residence at the Asylum.

Candidates are requested to send in testimonials, addressed to the Committee of Visitors of the Hanwell Lunatic Asylum, on or before the 2nd of October next, under cover to me, at the Sessions House, Clerkenwell-green, where information as to the duties to be performed may be obtained; and they must personally attend the Committee of Visitors, at the Sessions House aforesaid, on Friday, the 13th day of October, at Eleven o'clock precisely, on which day the Election will take place.

CHARLES WRIGHT, Clerk to the Visitors.

Dated this 24th of August, 1854.

### TO THE MEDICAL PROFESSION.

## Dorset County Lunatic Asylum,

Forston, near Dorchester.—A Vacancy having occurred in the office of RESIDENT MEDICAL OFFICER of the Dorset County Lunatic Asylum, in consequence of the death of Mr. Sandon, the late Medical Superintendent, Gentlemen desirous of becoming Candidates for the Appointment, must be Members of the Royal College of Surgeons, London, and also Licentiates of the Apothecaries' Company, or Members of the Royal College of Physicians, London or Edinburgh; must have had experience in the treatment of the Insane, and the management of a Lunatic Asylum, and must not be under thirty years of age. The Salary will be £200 per annum, with Board and Residence at the Asylum.

Candidates are requested to send their Testimonials (stating age) addressed to the Committee of Visitors of the Forston Lunatic Asylum, on or before the 15th September next, under cover to Mr. John Brown, Dorchester, Clerk to the Visitors, from whom further information may be obtained. Due notice of the day and hour of Election will afterwards be given to such of the Candidates as the Committee may select for choice, and they will be informed whether their personal attendance will then be required.

Dated the 26th August, 1854.

## Lincolnshire County Lunatic

ASYLUM.—A Vacancy having occurred in the appointment of ASSISTANT MEDICAL OFFICER in this Institution, Gentlemen who may wish to become Candidates, are requested to send in their applications, together with testimonials and a statement of qualifications, to Dr. Palmer, at the Asylum, Bracebridge, Lincoln, on or before Saturday, the 23rd of September inst. Salary £50 per annum, with board, residence, &c., in the Asylum.

## Halifax Infirmary and Dispensary.

Wanted, a RESIDENT MEDICAL OFFICER to the above Institution, who is required to be a Licentiate of the Society of Apothecaries. The salary is £80 per annum, with Board and Lodging, and a Compounder is provided. The appointment is vested in the Medical Staff, and will take place on Wednesday, the 27th of September next. Testimonials to be sent in by Saturday, the 23rd of September, addressed to the Venerable Archdeacon Musgrave, D.D., President of the Institution, Halifax.

Halifax, August 23rd, 1854.

## Kidderminster Infirmary.—Wanted,

a HOUSE-SURGEON to this Institution, who will be required to act as SECRETARY. Salary £90 per annum, with furnished rooms, coals, and candles. He must be a M.R.C.S. of London, Edinburgh, Dublin, or Glasgow, and will be required to enter into a Bond not to practise within six miles of the town of Kidderminster for five years after he leaves the Infirmary.—Applications, stating age, accompanied by testimonials, to be forwarded to the Committee at the Infirmary, on or before the 12th of September next.

August 23rd, 1854.

## House-Surgeon Wanted for the

LANCASTER GENERAL DISPENSARY AND HOUSE OF RECOVERY. Salary £90 per annum, with furnished apartments, coals, and gas. Testimonials of moral and professional character must be sent in to the President at the Institution, on or before the 22nd; and the Election will take place on the 29th inst. The Gentleman elected will have to commence his duties on the 15th of October next.

Lancaster, September 4th, 1854.

## St. Marylebone General Dispensary,

77, WELBECK-STREET, CAVENTISH-SQUARE.—Notice is hereby given that a Vacancy having occurred in the Office of RESIDENT APOTHECARY to this Institution by the resignation of Mr. BERTIE PANDOR MATTHEWS, the Directors will meet at the Dispensary on Wednesday, the 20th of September instant, to receive applications for filling the vacant Office. Every Candidate for the Office must be a Licentiate of the Society of Apothecaries, London, and must personally attend the Board on the above-named day, at Eleven o'clock in the Forenoon precisely, with a written application, and produce his qualifications and testimonials. The Salary is One Hundred Guineas per annum.

By order of the Board,

September 6th, 1854.

PETER MATTHEWS, Secretary.

## Wanted, for the Bradford Infirmary

and DISPENSARY, a HOUSE-SURGEON, who will be required to engage for three years. He must be a Member of the Royal College of Surgeons, or a Licentiate of the Apothecaries' Company. Salary £80 per annum, with board and residence. The duties of the House-Surgeon will be to take the general superintendence of the patients in the House, which contains sixty beds, and also to visit the Home Patients of the Dispensary Department. There is an Assistant House-Surgeon, and also a Dispenser to the Institution. The diplomas and testimonials of Candidates must be sent to the Secretary, Mr. C. Woodcock, Sun Bridge, Bradford, on or before the 18th instant; and the Election will take place on Wednesday, the 27th instant, at Half-past Three o'clock in the afternoon. Married Gentlemen are ineligible. The Gentleman elected will be required to enter upon his office not later than one week after his appointment.

## A Physician is required for the

STAMFORD-HILL, STOKE NEWINGTON, CLAPTON, WEST HACKNEY, KINGSLAND, and DALSTON DISPENSARY.—Notice is hereby given that a Vacancy has occurred in the Office of PHYSICIAN to this Institution by the resignation of Dr. SIEVEKING. By the Rules of the Institution the Office is gratuitous, and must be filled by a Member of the Royal College of Physicians of London. There are two Physicians to the Institution, and one is required to attend at the Dispensary, Stoke Newington, four days in each week, but the days on which each attends is fixed by arrangement with the other Physician.

Applications for this appointment are to be addressed to the Honorary Secretaries at the Dispensary, Stoke Newington, on or before the 18th day of September instant.

By order of the Committee,

F. B. ROBERTS,

JOHN CASTLE GANT, } Honorary Secretaries.

## Improved Invalid Cot Carriages—

the greatest luxury and comfort ever introduced for removing invalids, being fitted up with the patent noiseless wheels. These carriages may be engaged, on moderate terms, for any journey, upon application to H. and J. READING, coachbuilders, 14, Riding House-lane, Cavendish-square.—N.B. A good assortment of new and second-hand carriages for sale or hire.

## Cholera Prevented! Rettie's Patents.

SELF-ACTING SEWER AND SINK TRAPS, for Streets and Kitchen Sinks, to prevent all effluvia from Drains, Cesspools, and Urinals. Damp Houses cured at Fourpence per day, giving a dry, warm temperature, for sick or invalids.

PORTABLE CHAMBER CLOSETS, free from all effluvia.

Orders to E. M. and M. Rettie, 7, Brompton-road. (Enclose Stamp.)

N.B.—Beware of imitations on the above Patents.

TO THE PROFESSION.

## Mr. Bowmer, M.R.C.S. Eng., 50,

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

## A Gentleman, who has matriculated

at the London University and Apothecaries' Hall, wishes to assist a Practitioner during the hours not required for his hospital studies, in consideration of board and lodging.—Apply to Mr. Monson Hills, Guy's Hospital.

## A Gentleman, possessing both quali-

fications, is desirous of entering into an engagement with a General Practitioner in the country as Visiting ASSISTANT. The highest references can be given.—Address, X. Y., Post-office, Ipswich, Suffolk.

## Surgeon Wanted for a First-class

Al Private Passenger SHIP, proceeding direct to New Zealand in about a fortnight. Favourable terms would be offered to a family man wishing to settle in the Colony.—Apply to F. Young and Co., 74, Cornhill, London.

## A Surgeon about to go abroad will

give up a good PRACTICE in the country, with Public Works attached, on easy terms. This Practice is within thirteen miles of Glasgow, in an excellent locality for an energetic Young Man.—For further particulars apply, by letter, to Oxonian, Herald Office, Glasgow.

MEDICAL.

## For Disposal, a well-established

GENERAL PRACTICE, in a small railway town situate in the south of Yorkshire. Such an opportunity seldom offers for the safe transfer of £350 to £400 per annum.—Address, A. Z., Messrs. Butterfield and Clark, Wholesale Druggists, York.

## A Third Year's Student, at one of

the Borough Hospitals, wishes to meet with a Surgeon in the Vicinity with whom he could reside during the ensuing Winter Session, in return for which he would assist in Visiting and Dispensing.—Address, Omega Post-office, Putney, Surrey.

## A Medical Gentleman, residing near

Finsbury-square, connected with one of the Public Institutions, who assists Gentlemen to pass the Hall and College, has a Vacancy for a PUPIL, or could accommodate one or two Gentlemen with Board, or partial Board and Lodgings, on reasonable terms. References can be given.—Address to C. B., 34, Wilson-street, Finsbury-square.

MEDICAL.

## Wanted, by a Gentleman, aged 30,

accustomed to Dispense, Visit, and attend Midwifery, and whose testimonials to character and professional ability are unexceptionable, a SITUATION on or near the Coast.—Address to A. B., Post Office, Edgeware, near London.

## An Assistant is required to take the

Charge, under the direction of the Principal, of a BRANCH PRACTICE, in one of the North-Western Counties. Steady habits and professional efficiency indispensable.—Address, stating age and two references, to Mr. Hayes, Surgeon, Poynton, Cheshire.

## Medical Residence and Practice,

near Belgrave-square.—The LEASE with immediate possession of a MEDICAL RESIDENCE, in a fashionable district, can be obtained by purchasing the appropriate Furniture and Fixtures, at a fair valuation. A Practice of several years' standing can thus be acquired without premium.—Apply to Mr. Robert Reid, 48, Great Marlborough-street.

## Wanted, by an M.D. and M.R.C.S.,

Edinburgh, Unmarried, aged twenty-six, who has had some years' experience, and possesses superior testimonials, a PARTNERSHIP in a good GENERAL PRACTICE in England, where the proprietor is in want of active assistance, and would not object to receive a premium by yearly instalments.—Address, D. M., Mr. McLeane, Chemist and Druggist, St. Andrew-square, Edinburgh.

## Insanity and Nervousness.—In a

small Establishment, conducted by a Lady, two or three PATIENTS can be RECEIVED on very moderate terms. Every possible care, attention, and kindness, is observed, and the fullest confidence may be placed in the advertiser. References of the first respectability will be offered.—Apply by letter, or personally, to Miss Lush, York House, Battersea, Surrey.

TO MEDICAL STUDENTS AND OTHERS.

## Appartments furnished, with attend-

ance, in the house of a professional gentleman, in a central and agreeable part of London, close to the British Museum, and less than half-a-mile from the Middlesex, University College, Charing-cross, and King's College Hospitals. Terms average £1 per floor weekly; single rooms, 10s.—Address, 13, Caroline-street, Bedford-square.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS.

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.

Office hours from 12 till 4.

**Surgeons requiring Appointments in**

Vessels sailing to INDIA or the AUSTRALIAN COLONIES, may hear of vacancies on application to J. W. Horder and Co., Druggists, 85, Minorities.

**MEDICAL.**

**Wanted immediately, an Assistant,**

fully qualified to practise all the Branches of the Profession.—For particulars, apply personally to Corbyn and Co., 300, Holborn.

**Medical Assistant.—Required by a**

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and other MINERAL WATERS. Under her Majesty's especial patronage.—ROYAL GERMAN SPA, BRIGHTON. The Pump-room and Promenades, offering every facility for a Course of Mineral Waters as perfect and beneficial as at the natural springs, are NOW OPEN for the 30th Season. Orders for Struve's Bottled Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street (west side), London, and by numerous other respectable houses in London and the provincial towns, where a printed account of Struve's Mineral Waters may be obtained gratis.

CAUTION.—Struve and Co. have no connexion with waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," &c., and every genuine bottle of Struve's Waters has the name of "Struve" on the label, as well as on both sides of the red-ink stamp over the cork, having the words "Royal German Spa, Brighton," under the Royal Arms.

**Drug Price Currents forwarded free:**

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London Bridge, removed from Hatton-garden; containing the ready Cash Prices for Drugs and Pharmaceutical Preparations of the purest quality, Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c. &c., to the advantages attendant upon the above Price Current.

**The Pulvis Jacobi Verus, prepared**

by WILLIAM HOOPER, 24, Russell-street, Covent-garden, from its identity with the more costly preparations, and its acknowledged efficacy as an Antimonial, merits the patronage of those gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand for Public Institutions has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

FOR EPILEPSY.

**Cotyledon Umbilicus.—The intro-**

duction of this valuable agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. Salter, &c. Mr. Hooper has instructions to state that Mr. Salter never used any but what he has obtained from him. A copy of Mr. Salter's reports in the "Medical Gazette" sent free by post.

HOOPER, Operative Chemist, Pall Mall East, and Grosvenor-street.

**W. Twinberrow begs to draw the**

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.) also to his Liq. Taraxac, Liq. Galli Aparinis (a valuable alterative), Liq. Parietaris (diuretic), and Liq. Belos (prepared from the Egle Marmelos, or Indian Bael), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BARK on hand.

2, Edwards-street, Portman-square.

**Dinneford's Pure Fluid Magnesia,**

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive and increasing sale amongst the public, is now very largely employed in DISPENSING for which the cheapest and most convenient form is in the BROWN JARS; half-gallon, 6s. 6d.; gallon, 9s. 6d.; specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers, DINNEFORD & CO., Chemists, 173, Bond-street, London; and all respectable Wholesale Druggists and Patent Medicine Houses.



# New Equitable Assurance Company,

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

CHIEF OFFICES—449, STRAND, LONDON.

BRANCH OFFICES.—SAVINGS BANK, WORCESTER.

CAPITAL, £100,000.

## TRUSTEES.

SIR JAMES DUKE, Bart., Ald., M.P.  
WILLIAM FERGUSON, Esq., F.R.S.  
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GEORGE JAMES GUTHRIE, Esq., F.R.S.

## DIRECTORS.

SIR CHARLES HASTINGS, M.D., D.C.L., Chairman of the Board.  
GEORGE BEAMAN, Esq., M.D., F.R.C.S., Deputy Chairman.

The progress of the Company, from its commencement to the end of the year 1853, is shown at a glance in the subjoined Table:—

	Number of Policies issued.	Sums Assured.	Annual Premiums.
1851	301	£ 98,500	£ 3,439 s. 0 d. 1
1852	677	278,855	10,608 12 2
1853	1025	413,785	15,836 3 6

## MEDICAL PRACTITIONERS.

THE DIRECTORS ACKNOWLEDGE AND CONSULT ALL DULY-QUALIFIED MEDICAL PRACTITIONERS AS THE MEDICAL ADVISERS OF THE COMPANY, AND UNIFORMLY PAY A FEE OF TWO GUINEAS FOR EVERY MEDICAL REPORT, WHEN THE PROPOSAL FOR ASSURANCE IS FOR £200 AND UPWARDS, AND A PROPORTIONATE FEE FOR A SMALLER AMOUNT.

MEDICAL PRACTITIONERS ARE ALSO ENTITLED TO TEN PER CENT. COMMISSION ON FIRST-YEAR'S PREMIUMS, AND FIVE PER CENT. ON ALL SUBSEQUENT PAYMENTS, FOR ASSURANCES EFFECTED THROUGH THEIR INTRODUCTION.

EVERY DESCRIPTION OF LIFE ASSURANCE BUSINESS TRANSACTED.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office, or of the Company's Agents.

N.B.—Active and influential AGENTS wanted.

# Hooper's Waterproof Sheeting, for

protecting Bedding from Sloughing Sores, Incontinence of Urine, Hemorrhage, &c.

MR. HOOPER has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft, and inodorous; it is not affected by Urine, Heat, nor Cold, Acids, nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with Valves, for sitting, lying, or travelling, in any position.

HOOPER, Pall Mall East, and Grosvenor-street, London.

# Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

FIG. 2.

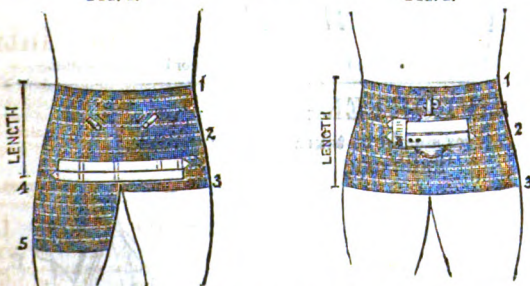


FIG. 1. THE BELT AND AIR-PAD FOR FEMORAL HERNIA.—MR. Bourjeaud begs to state that this has been extensively tried, and has met with great approbation, especially at Guy's and St. Bartholomew's Hospitals. (See THE LANCET, Jan. 10th, 1852, page 43; and March 13th, 1852, page 267.) The air-pad is carefully adjusted, so that it may exactly rest on the femoral ring, the tube and stopcock being free, to allow of the pad being subjected to more or less insufflation. The belts in all these apparatuses possess the great advantage of encompassing the abdomen without distressing the patient, and of giving such support to the intestines as to lessen the chance of hernial protrusion. It is, in fact, extremely erroneous to confine the pressure to the rings; the whole abdominal mass should be well supported, and the pressure on the rings will then be effectual, without being exerted with the violence so often connected with the steel trusses.

FIG. 2.—APPARATUS FOR UMBILICAL HERNIA.—The belt is of the same kind as those figured in the other diagrams, but an air-pad sufficiently large is here fixed to the centre of the belt, and has the advantage, by its yielding and resilient properties, to fill, in some degree, the umbilical ring; thereby preventing protrusion, and leading the way, especially in children, to the final closure of the ring. Mr. Bourjeaud has had several cases of radical cure with young subjects. (See THE LANCET, July 12th, 1851, page 33; and Feb. 12th, 1853, page 153.)

# Engineers' Masonic and Universal

MUTUAL LIFE ASSURANCE SOCIETY, 345, Strand, London.

During the prevalence of Cholera, Policies for three months (renewable, if required, at the expiration of that period) are granted by this Society, covering the risk, not only of Cholera, but of all other diseases. Rates may be obtained at the Office.

Annuitants admitted to a share in the Profits.

No charge for Policy Stamps.

Credit given for half the Premium.

Assignments and Transfers of Policies registered free of charge.

A liberal commission allowed to Solicitors and Agents on the introduction of business.

ANTHONY PECK, M.A., Actuary and Secretary.

# Elastic Supporting Belts, of the same

beautiful fabric as Pope and Planter's Elastic Stockings for Varicose Veins. Those for ladies' use, before and after accouchement, are ADMIRABLY ADAPTED FOR GIVING ADEQUATE SUPPORT WITH EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the manufacturers, POPE and PLANTE, 4, Waterloo-place Pall Mall, London.

# A New Discovery.—Mr. Howard,

Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication.

52, Fleet-street. At home from Ten till Five.

# Meinig's Electro-Generator,



FOR CHOLERA.

TO THE MEDICAL PROFESSION.

Having witnessed personally the greatest benefit, in the first stages of Cholera, derived from the application of weak, continuous currents of Electricity from the spine to the abdomen, by which the warmth and action of the digestive organs is maintained, and the urinary functions stimulated; and feeling confident that in an advanced stage of the disease strong, uninterrupted Electric Currents passed along the cramped and paralyzed limbs, and along the spinal column, will be found of paramount efficacy in restoring normal circulation, Mr. Meinig earnestly invites the Medical Profession to test and investigate the effects of Electricity in the now prevalent epidemic; and so confident does he feel of the all but marvellous success of his Apparatus in this dreadful disease, that any medical gentleman who desires it may receive Mr. Meinig's warrant, to the effect that he will retake and repay, within one month after the purchase, any Apparatus which, after trial, it might be wished to return.

Prices of the Portable Generator: 5s., 10s. 6d., 15s., 20s., and 30s., according to power. Powerful Pocket Batteries, £3 3s.

103, LEADENHALL-STREET, and 213A, PICCADILLY.

# Railway Travellers, and all persons

suffering from weakness, should obtain one of W. S. SPARKS'S newly-invented URINALS, for night and day use, for both male and female. They are made on the most approved principles, so as to prevent any unpleasantness, are very durable, and at prices within the reach of all. W. S. also manufactures all articles in india-rubber and gutta-percha for invalids, including bed-pans, sheeting, water and air cushions, pillows and mattresses, hearing-tubes, portable baths, elastic bandages, stockings, knee-caps, &c. &c. Water-beds on sale or hire. The medical profession, hospitals, and country dealers supplied on the best terms, and circulars, &c. forwarded on application.—W. S. SPARKS, India-rubber Manufacturer, 115, New Bond-street.



# Walters' India-rubber URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

Manufacturer also of the PATENT HYDRO-STATIC TRUSS. One of the advantages of this Truss is, that the pad, being filled with water, adapts itself with perfect accuracy to the form of the body, thereby keeping up a firm but easy pressure on the internal ring.

F. WALTERS,

16, MOORGATE-STREET, LONDON.

**Hooper's Invalid Water Cushions and Mattresses, or Beds, for Bed-sores,** whether threatened with Sloughing, or in which Sloughing has actually taken place.—Fractures, Diseased Joints, Ulcerated Cartilages, Paralysis, Spinal Affections, Renal Diseases, Inflammation of the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gout and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive, and all Bed-ridden Patients. Mr. Hooper has succeeded in obtaining Waterproof Sheetings (Bed Protectors) at a Great Reduction in Price, Free from Smell, and not affected by Temperature, Urine, Acids, or Alkalies; and, MAY BE WASHED AS FAMILY LINEN. Also—

**IMPROVED URINALS, AND ELASTIC BED PANS, OR RECEPTACLES,**

INDIA-RUBBER, ENEMA, and DOUCHE, answering equally for either purpose, and may be carried in the Pocket.

For Hospitals and other Institutions a Discount is allowed. Their advantages over the costly and cumbersome Water Beds have been published in the Medical Journals, and they are particularly applicable for Paralytic and Lunatic Patients.

"I HAVE in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water-Bed."

"JONAS PEREIRA, M.D.,

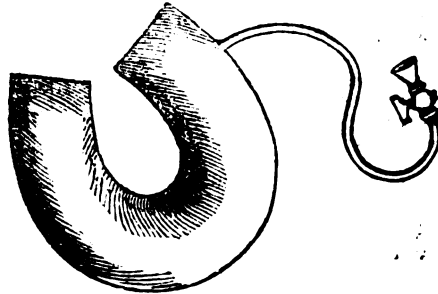
"Physician to the London Hospital.  
"Finsbury-square,  
"February 27, 1852."



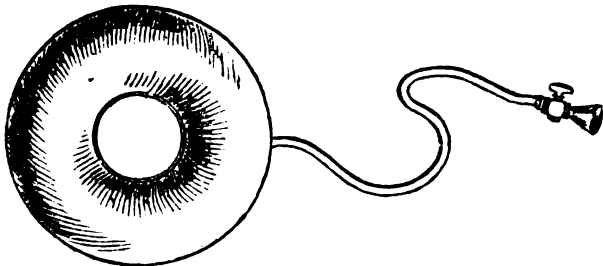
INVALID CUSHION,  
FOR GENERAL PURPOSES.

"North Wales Lunatic Asylum.  
"Sir,  
"Your Water Cushions and Mattresses answer most admirably; indeed, they are invaluable. They have been in use here for eighteen months.  
"Jan, 1864."

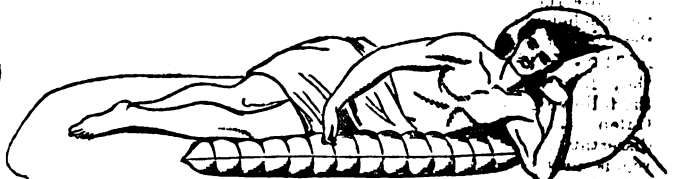
"R. L. WILLIAMS, M.D., Visit. Phys.



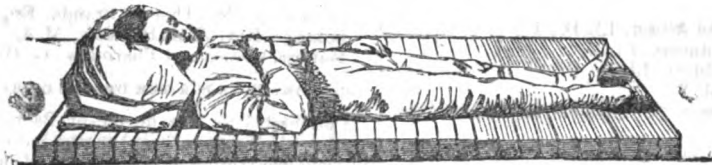
CUSHION MORE ESPECIALLY USEFUL FOR SLOUGHING  
OVER THE SACRUM.



CIRCULAR CUSHION, FOR SITTING ON.



MATTRESS OF AN INTERMEDIATE SIZE.



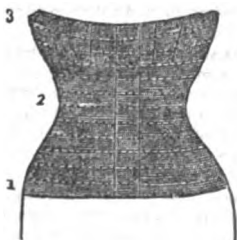
FULL-LENGTH INVALID MATTRESS OR BED.

Being greatly preferable to the original costly and cumbersome Water Bed. The above are simply to be placed on an ordinary Bedstead.

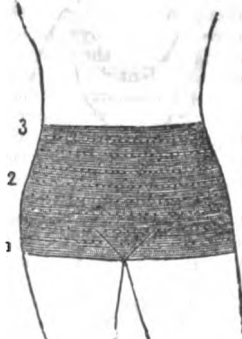
**HOOPER'S SPIRAL SUPPORTERS.**

[The Figures 1, 2, 3, &c., show the points at which measures should be taken in circumference.]

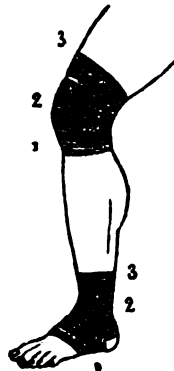
KNEE CAP.



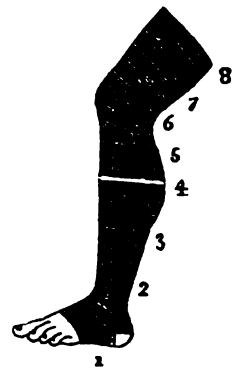
SPIRAL SUPPORTER.



ABDOMINAL SUPPORTER.



ANKLE SOCK.



STOCKING.

HOOPER, 7, PALL MALL EAST, AND 55, GROSVENOR STREET, LONDON.



# REGULATIONS OF Universities, Colleges, & Medical Examining Boards in England.

## UNIVERSITY OF OXFORD.

*Chancellor*—The Earl of Derby.

*High Steward*—The Earl of Devon.

*Vice-Chancellor*—R. L. Cotton, D.D.

*Registrar*—Edward Rowdon, Esq.

*Professors*—Regius Professor of Medicine: J. Adey Ogle, M.D.

Tomlins' Prælector of Anatomy: Ditto.

Sherardian Professor of Botany: C. G. B. Daubeny, M.D.

Lichfield's Clinical Medicine: J. Adey Ogle, M.D.

Aldrichian Professor of Anatomy: Ditto.

Aldrichian Professor of Medicine: Ditto.

Aldrichian Professor of Chemistry: C. G. B. Daubeny, M.D.

Lee's Lecturer in Anatomy: H. Wentworth Acland, M.D.

### EXERCISES FOR DEGREES.

1st. *To perform the exercise called Responsions*, consisting of an examination in the Greek and Latin languages, in the rudiments of Logic, or in Euclid's Elements of Geometry.

2nd. *To be publicly examined*. 1st. *The rudiments of religion*; 2nd. *The literæ humaniores*; 3rd. *The elements of the mathematical sciences, and of physics*. In Medicine, all students (besides undergoing the two examinations appointed for Bachelors of Arts) are to be examined in the Theory and Practice of Medicine, Anatomy, Physiology, and Pathology; in Materia Medica, and in Chemistry and Botany, so far as they illustrate the science of Medicine; and in two at least of the following ancient medical writers: Hippocrates, Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved of by the regius professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the professor. Degrees are conferred once a year.

## UNIVERSITY OF CAMBRIDGE.

*Chancellor*—H. R. H. Prince Albert, LL.D., &c.

*High Steward*—Lord Lyndhurst, LL.D.

*Vice-Chancellor*—T. C. Geldart, LL.D.

*Registrar*—J. Romilly, M.A.

*Professors*—Regius Professor of Physic: H. J. H. Bond, M.D.

Professor of Chemistry: James Cumming, M.A., F.R.S.

Professor of Anatomy: William Clark, M.D.

Professor of Botany: Rev. J. S. Henslow, M.A., F.L.S.

Downing Professor of Medicine: W. W. Fisher, M.D.

Linacre Lecturer of Physic: G. E. Paget, M.D.

### REGULATIONS.

*Proceedings in Physic*. M.B.—A student, before he can become a Bachelor of Physic, must have entered on his sixth year, computed from the date of his first admission at the University, have resided nine terms, and have passed the previous examination.

The examination in Chemistry and Botany may take place after the expiration of three years from their first admission at the University; that in Anatomy and Medicine after the expiration of four years.

The exercises for this degree are one Act and one Opponency (academical disputations).

M.D.—The degree of Doctor of Physic is granted to a Bachelor of Physic of five years', or to a Master of Arts of seven years' standing. The exercises for this degree are two Acts and one Opponency.

Every candidate for the degree of Doctor of Physic is required to produce the same certificates, and pass the same examination, as are required in the case of candidates for a licence *ad practicandum in Medicina*.

L.M.—Candidates for a licence *ad practicandum in Medicina*, being previously Bachelors of Physic, are required to produce certificates of their having attended hospital practice for three years, exclusive of the nine terms which they kept by No. 1620.

residence for the degree of Bachelor of Physic, and of their having attended lectures on the following subjects—viz., Practice of Physic and Pathology, Anatomy and Physiology, Chemistry, Botany, Medical Jurisprudence, Materia Medica, and Pharmacy, Principles of Surgery, Principles of Midwifery, Practical Anatomy for two seasons.

Candidates for a licence *ad practicandum in Medicina*, being previously Masters of Arts, are required to bring satisfactory evidence of their having been employed in the study of Physic for five years, after they became Bachelors of Arts, and to produce certificates of their having attended on hospital practice for three of the said five years, and of their having attended lectures on the subjects before mentioned.

Every candidate for a licence *ad practicandum in Medicina* is required to pass an examination to the satisfaction of the Regius Professor of Physic, the Professor of Anatomy, the Downing Professor of Medicine, and a Doctor of Physic, to be nominated by the Vice Chancellor, and approved by the senate. There are two such examinations in every year.

This licence gives the privilege of practising Medicine in any part of the United Kingdom, except in London and within seven miles thereof, for which the diploma of the College of Physicians is necessary.

## UNIVERSITY OF LONDON,

*Warborough House.*

*Visitor*—Her Majesty the Queen.

*Chancellor*—The Earl of Burlington, LL.D., F.R.S.

*Vice-Chancellor*—John G. Shaw Lefevre, Esq., C.B., M.A., F.R.S.

*Registrar*—R. W. Rothman, M.A., M.D.

*Clerk to the Senate*—H. Moore.

### EXAMINERS.

FACULTY OF MEDICINE.—Intellectual Philosophy, Logic, and Moral Philosophy: Rev. Henry Alford, B.D.; T. B. Burcham, Esq., M.A.

Medicine: Archibald Billing, M.A., M.D., F.R.S.; Alex. Tweedie, M.D., F.R.S.

Surgery: Sir Stephen L. Hammick, Bart.; Joseph Hodgson, Esq., F.R.S.

Anatomy and Physiology: Francis Kiernan, Esq., F.R.S.; William Sharpey, M.D., F.R.S.

Physiology and Comparative Anatomy: W. B. Carpenter, M.D., F.R.S.

Midwifery: Edward Rigby, M.D.

Chemistry: W. Thomas Brande, Esq., F.R.S.

Botany: Rev. J. S. Henslow, M.A.

Materia Medica and Pharmacy: G. Owen Rees, M.D., F.R.S.

### EXAMINATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates for the degree of Bachelor of Medicine are required—1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this University. 2. To have spent one year at least of the four in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

#### FIRST EXAMINATION.

The First Examination commences on the first Monday in August. The candidate is required to produce certificates—1. Of having completed his nineteenth year. 2. Of having taken a degree in Arts in this University, or in an university the degrees granted by which are recognised by the senate; or of having passed the matriculation examination. 3. Of having been a student during two years at a medical school recognised by this University, subsequently to having taken a degree in Arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Chemistry, Botany, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 5. Of having dissected during nine months. 6. Of having attended a comprehensive course of Practical Chemistry. 7. Of having attended to Practical Pharmacy sufficiently to acquire a practical knowledge in the preparation of medicines. The fee for examination is five pounds. Candidates are examined in Anatomy, Physiology, Chemistry, Botany, (a syllabus of which may be had by application at the office of the University,) and Materia



Medica and Pharmacy; they are also required to translate passages from the Latin Pharmacopœia. In the week next following the examination, the examiners arrange in two divisions such of the candidates as shall have passed; and a certificate, signed by the registrar, is delivered to each candidate.

#### SECOND EXAMINATION.

The Second Examination commences on the first Monday in November. No candidate is admitted to this examination within two academical years of the first examination. Certificates required—1. Of having passed the first examination. 2. Of having subsequently attended a course of lectures on each of two of the subjects in the foregoing list, and for which the candidate did not present certificates at the first examination. 3. Of having, since the first examination, dissected during six months. 4. Of having conducted at least six labours. 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having subsequently attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months. 8. Of moral character from a teacher in the last school or institution at which he studied. The fee for examination is five pounds. Candidates are examined in Physiology, (including Comparative Anatomy;) General Pathology, General Therapeutics, and Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine; they are also required to translate passages of the Latin Pharmacopœia into English, and of the English Pharmacopœia into Latin, and to report on the cases of actual patients. In the following week the examiners arrange in two divisions such of the candidates as shall have passed; and a certificate under the seal of the University, and signed by the Chancellor, is delivered to each candidate.

#### EXAMINATION FOR THE DEGREE OF DOCTOR OF MEDICINE.

The examination commences on the fourth Monday in November. Certificates required—1. Of having taken the degree of Bachelor of Medicine in this University, or a degree in medicine or in surgery at an university the degrees granted by which are recognised by the senate. (Those candidates who have not taken the degree in this University must produce a certificate of having completed their twenty-third year.) 2. Of having attended, subsequently to having taken one of the above degrees, (a) to clinical or practical medicine during two years in a medical institution recognised by this University; (b) or, to clinical or practical medicine during one year, and of having been engaged during three years in the practice of his profession; (c) or, if he have taken the degree of Bachelor of Medicine in this University, of having been engaged during five years in the practice of his profession. (One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination were placed in the first division.) 3. Of moral character, signed by two persons of respectability. The fee for examination is £10.

*Candidates are examined in the following subjects:*—Elements of Intellectual Philosophy, Logic, and Moral Philosophy; Medicine. A Commentary on a Case in Medicine, Surgery, or Midwifery, at the option of the candidate. *Viva voce* interrogations on the answers to the printed papers, and on the Commentary. The candidate is also required to report on cases of actual patients. In the following week the examiners arrange in two divisions, each in alphabetical order, such of the candidates as shall have passed; and a certificate, under the seal of the University, and signed by the Chancellor, is delivered to each candidate.

#### REGULATIONS RELATING TO STUDENTS WHO COMMENCED THEIR MEDICAL STUDIES IN OR BEFORE JANUARY, 1839.

**DEGREE OF BACHELOR OF MEDICINE.**—Candidates who commenced their professional studies in or before January, 1839, being then not less than fourteen years of age, will be admitted to the first examination for the degree of Bachelor of Medicine, on producing certificates—1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the foregoing list. 3. Of having dissected during nine months. 4. Of having attended to practical pharmacy.

They will be admitted to the second examination on producing certificates—1. Of having been engaged during four years in their professional studies. 2. Of having passed the

first examination. 3. Of having attended a course of lectures on each of two of the subjects in the foregoing list, in addition to those for which certificates were produced at the first examination. 4. Of having dissected during twelve months. 5. Of having attended to practical pharmacy. 6. Of having conducted at least six labours. 7. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months. 8. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months. 9. Of having completed their twenty-second year. 10. Of moral character, from a teacher in the last school or institution at which they studied. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of *CELSUS de Re Medica*.

#### REGULATIONS RELATING TO PRACTITIONERS IN MEDICINE OR SURGERY DESIROUS OF OBTAINING DEGREES IN MEDICINE.

**DEGREE OF BACHELOR OF MEDICINE.**—Candidates admitted to the two examinations on producing certificates—1. Of having been admitted, prior to 1840, members of one of the legally-constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery; or of having served, previously to 1840, as surgeons or assistant-surgeons in her Majesty's Army, Ordnance, or Navy, or in the service of the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of *CELSUS de Re Medica*.

**DEGREE OF DOCTOR OF MEDICINE.**—Candidates are admitted to examination on producing certificates—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of Bachelor of Medicine. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of *CELSUS de Re Medica*.

In the case of a candidate who fails to pass any one of the examinations, the fee is not returned to him, but he may present himself at a subsequent examination without any additional fee. Certificates must be sent in at least fourteen days before the commencement of the examination to which they relate.

N.B.—By a recent Act of Parliament, medical graduates of this University possess the same privileges in regard to the practice of their profession as the graduates of Oxford and Cambridge.

#### UNIVERSITY OF DURHAM.

THOSE students who matriculate at the University of Durham are enabled to proceed in the first place to a licence in Medicine, and then to the degrees of Bachelor and Doctor of Medicine in that University.

The course required is as follows:—One year's residence in the University of Durham, and attendance on lectures similar to those given to students in Arts in their first year. At the end of this year all students in Medicine are required to pass an examination in the rudiments of religion, literature, and science.

Students of Medicine who have passed their first examination must afterwards pursue their studies for three years in the College of Medicine at Newcastle, and then, preparatory to obtaining a licence in Medicine, pass at Durham the final examination, which will be directed to the medical sciences.

Licentiates in Medicine may proceed to the degrees of Bachelor and Doctor of Medicine, by performing such exercises as the warden and senate of the University of Durham shall appoint. Such licentiates being of the standing of twenty-one terms from the date of matriculation for the degree of Bachelor, and of thirty-three terms for the degree of Doctor of Medicine.

#### ROYAL COLLEGE OF PHYSICIANS, LONDON,

*Pal Mall East, Trafalgar-square.*

*President*—Dr. John Ayrton Paris.

*Censors*—Drs. F. J. Farre, Barker, Hughes, and Seth Thompson.

*Elects*—Drs. Thomas Turner, Clement Hue, John Bright, Edward Thomas Monro, Thomas Mayo, Henry Herbert Southey, Francis Hawkins.

*Treasurer*—Dr. Alderson.

*Registrar*—Dr. Francis Hawkins.

*The Examiners for the Licence are the President and Censors.*

The examinations take place on or about Christmas, Easter, Midsummer, and Michaelmas. The Examiners for the Extra-Licence are the President and three Elects. The examinations for the Extra-Licence take place at the same time as the former.

**FEES.**—*Licence*, £56 17s., including £15 stamp. *Fellowship*, £55 1s., including £25 stamp. *Extra-Licence*, about £26.

#### REGULATIONS, DATED 1838, AND NOW IN FORCE.

Every candidate for a licence or extra-licence must produce evidence—

1. Of unimpeached moral character.
2. Of having completed the twenty-sixth year of his age.
3. Of having devoted himself, for five years at least, to the study of medicine.

The course of study thus ordered by the College comprises:—Anatomy and Physiology; the Theory and Practice of Physic; Forensic Medicine; *Materia Medica* and Botany; and the Principles of Midwifery and Surgery.

Attendance for three entire years on the physicians' practice of some general hospital or hospitals in Great Britain or Ireland, containing at least 100 beds, and having a regular establishment of physicians as well as surgeons.

Candidates who have been educated abroad, in addition to the full course of study specified, must have diligently attended the physicians' practice in some general hospital in this country, for at least twelve months.

Candidates who have already been engaged in practice, and have attained the age of forty years, but have not passed through the complete course of study above described, may be admitted to examination upon presenting to the Censors' Board such testimonials of character, general and professional, as shall be satisfactory to the College.

The first examination is in anatomy and physiology; the second includes all that relates to the causes and symptoms of diseases; the third relates to the treatment of diseases.

The examinations are carried on usually during three days by writing, and two days *visd voce*. The *visd voce* part of each is carried on in Latin, except when the Board deems it expedient to put questions in English, and permits answers to be returned in the same language.

A competent knowledge of Greek is recommended, but is not indispensable, if the other qualifications of the candidate prove satisfactory. The candidate is called on to translate *visd voce* into Latin a passage from Hippocrates, Galen, or Aretæus; or to construe into English a portion of the works of Celsus, or Sydenham, or some other Latin medical author, having been previously required, on three separate days, to give written answers in English to questions on the different subjects enumerated above, and to translate in writing, passages from Greek or Latin books relating to Medicine.

The Fellows are elected from the body of Licentiates—a certain number generally on the 25th of June.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND,

*Lincoln's Inn-fields.*

*President*—G. J. Guthrie.

*Vice-Presidents*—W. Lawrence and B. Travers.

*The Council*—The President and Vice-Presidents, R. Keate, Sir B. C. Brodie, Bart., C. Hawkins, J. Swan, J. H. Green, E. Stanley, J. M. Arnott, J. F. South, James Luke, F. C. Skey, J. Hodgson, T. Wormald, G. Pilcher, J. Bishop, G. W. Mackmurdo, F. Kiernan, W. Coulson, G. Gulliver, R. Partridge, J. Hilton, and R. Quain.

*Court of Examiners*—G. J. Guthrie, W. Lawrence, B. Travers, R. Keate, E. Stanley, J. H. Green, J. M. Arnott, J. F. South, C. H. Hawkins, and J. Luke.

*Examiners in Midwifery*—Dr. A. Farre, Dr. H. Oldham, and Dr. J. Reid.

*Examiners for the Fellowship in Classics, Mathematics, and French*—G. Smith, G. G. Stokes, and I. Brasseur.

*Professor of Anatomy and Physiology*—Vacant.

*Hunterian Professor*

*Conservator of Museum*

*Professor of Histology*

*Resident Conservator*

*Librarian*—J. Chatte.

*Secretary*—E. Belfour.

R. Owen.

J. T. Quekett.

*Clerk*—T. M. Stone.

*Regulations of the Council respecting the Professional Education of Candidates for the Diploma of Member of the College.*

I. Candidates will be required to produce the following certificates—viz.,

1. Of being twenty-one years of age.
2. Of having been engaged during four years in the acquirement of professional knowledge.
3. Of having studied practical pharmacy during six months.
4. Of having attended at a recognised hospital or hospitals in the United Kingdom the practice of physic during one winter\* and one summer† session.
5. Of having attended, during three winter and two summer sessions, the practice of surgery at a recognised hospital or hospitals in the United Kingdom.
6. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions.
7. Of having attended, during two winter sessions, lectures on the principles and practice of surgery.
8. Of having attended, during one summer session, lectures on *materia medica*, and lectures on midwifery, practical midwifery to be attended at any time after the conclusion of the session.
9. And of having attended one course of lectures on the practice of physic, and one course on chemistry.

\* \* The course of study hereby prescribed is required to be observed by candidates who shall have pursued their studies in hospitals and schools in England. Those candidates who shall have studied in Scotland are required to bring certificates of having attended lectures on the institutes of medicine during one winter session, and on anatomy during two other winter sessions, and on demonstrations and dissections during three winter sessions, (the foregoing regulations being in all other respects observed.) Candidates who shall have attended lectures on *materia medica* in the University of Dublin will be allowed to bring certificates of such attendance during the winter session.

II. Members or Licentiates of any legally-constituted College of Surgeons in the United Kingdom, and Graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in Medicine of any legally-constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the university where they shall have graduated, or at one or more of the recognised schools and hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognised colonial hospitals and schools,‡ the medical and surgical practice and the several courses of lectures, with the demonstrations and dissections, required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognised hospital, and lectures on anatomy, physiology, and surgery, with demonstrations and dissections.

V. Certificates will not be recognised from any hospital unless the surgeons thereto be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom; nor from any school of anatomy and physiology or midwifery, unless the teachers in such school be members of some legally-constituted College of Physicians or Surgeons in the United Kingdom; nor from any school of surgery, unless the teachers in such school be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and physiology—demonstrations and dissections—will be respectively considered as one branch of science; and in those schools in Scotland or Ireland in which such division of those subjects is sanctioned by the College of Surgeons in each kingdom, the

\* The winter session comprises a period of six months, and, in England, commences on the 1st of October, and terminates on the 31st of March.

† The summer session comprises a period of three months, and, in England, commences on the 1st of May, and terminates on the 31st of July.

‡ No provincial hospital will be recognised by this College which contains less than 100 patients; and no metropolitan hospital which contains less than 160 patients.

§ The recognition of colonial hospitals and schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to physicians, surgeons, and lecturers, as apply to the recognition of provincial hospitals and schools in England.

institutes of Medicine—anatomy, demonstrations, and dissections—may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

N.B. In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the Secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

#### REGULATIONS OF THE COUNCIL RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE CERTIFICATE OF QUALIFICATION IN MIDWIFERY.

1. Persons who were Fellows or Members of the College prior to the 1st day of January, 1853, will be admitted to examination for the certificate of qualification in Midwifery upon producing their diploma.

2. Persons having become Members of the College subsequently to the 1st of January, 1853, will be admitted to examination on producing their diploma, together with a certificate or certificates of having attended twenty labours.

3. Members or Licentiates of any legally-constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma, licence, or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having attended one course of lectures on midwifery—and of having attended not less than twenty labours.

4. Graduates in Medicine of any legally-constituted College or University requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having completed, at recognised schools, the anatomical and surgical education required of candidates for the diploma of Member of the College—of having attended one course of lectures on midwifery—and of having attended not less than twenty labours.

5. Persons having commenced their professional education, either by attendance on hospital practice, or on lectures on anatomy, prior to the 1st of January, 1853, will be admitted to examination on producing the several certificates of professional education required for admission to examination for the diploma of Member of this College at the period when such persons shall respectively have, in such manner, commenced their professional education.

6. Persons having commenced their professional education, either by attendance on hospital practice, or on lectures on anatomy, after the 31st day of December, 1852, will be admitted to examination on producing certificates of being twenty-one years of age—of having been engaged during four years in the acquirement of professional knowledge—of having completed, at recognised schools, the professional education required of candidates for the diploma of Member of this College—of having attended one course of lectures on midwifery and the diseases of women and children—and of having personally conducted thirty labours.

N.B. The fee for the certificate is as follows, viz.:—

1. Persons who were Fellows or Members of this College prior to the 1st of January, 1853, two guineas.

2. Persons admitted Fellows or Members of this College subsequently to the 1st of January, 1853, three guineas.

3, 4. Persons producing any other diploma or certificate of degree which may be considered by the Council to afford satisfactory proof of sufficient surgical and medical education, three guineas.

5, 6. All other persons, ten guineas.

The certificates of attendance on the medical practice of a hospital, commencing on or after the 1st of October, 1854, must be accompanied by certificates of attendance on clinical lectures on medicine during such attendance; and the certificates of attendance, by such candidates, on the surgical

practice of a hospital, commencing on or after the said 1st of October, 1854, must be accompanied by certificates of attendance on clinical lectures on surgery during such attendance.

Such courses of clinical lectures shall, in England and in the colonies, consist of not less than one lecture on medicine and one lecture on surgery in each week during the summer and winter sessions; and in Scotland and Ireland shall consist of such number of lectures as may be, respectively, required by the Royal Colleges of Surgeons of Edinburgh and Ireland.

These lectures shall be additional to clinical instruction given in the wards, and shall have especial reference to cases at the time, or previously under observation in the hospital.

#### THE SOCIETY OF APOTHECARIES,

*Blackfriars.*

*Master*—N. B. Ward, Esq., F.R.S., F.L.S.

*Wardens*—R. C. Griffith, Esq., and J. F. de Grave, Esq.

*The Court of Examiners*—E. Tegart, Esq., *Chairman*; H. Combe, T. Ansell, A. M. Randall, Richard Hopkins Robertson, Richard King, R. C. Walsh, R. Druitt, R. H. Semple, W. G. T. Dyer, T. R. Wheeler, and S. H. Ward, Esqrs.

*Secretary to the Court of Examiners*—Henry Blatch, Esq.

*Clerk to the Society*—Robert Brotherson Upton, Esq.

*Professor of Chemistry and Materia Medica*—William Thomas Brande, Esq., D.C.L., F.R.S.

*Examiner for the Society's Prizes in Botany*—Jos. D. Hooker, M.D., F.L.S.

*Curator of the Botanic Garden*—Mr. T. Moore.

*Beadle*—Mr. C. Rivers.

*Note*.—Members are those who constitute the incorporated Society of Apothecaries; Licentiates, those who have obtained their licence to practise as Apothecaries.

*Regulations to be observed by Students intending to Qualify themselves to Practise as Apothecaries in England and Wales.* (Dated 1848.)

Candidates will be required to produce testimonials—

1. Of having served an apprenticeship of not less than five years to an apothecary, legally qualified to practise as an apothecary, either by having been in practice prior to or on the 1st of August, 1815, or by having received a certificate of his qualification from the Court of Examiners, or of an apprenticeship for not less than five years to surgeons practising as apothecaries in Ireland and Scotland.

2. Of having attained the full age of twenty-one years: As evidence of age a copy of the baptismal register will be required in every case where it can possibly be obtained.

3. Of good moral conduct: A testimony of moral character from the gentleman to whom the candidate has been an apprentice will always be more satisfactory than from any other person.

4. And of having pursued a course of medical study in conformity with the regulations of the Court.

#### COURSE OF STUDY.

Every candidate whose attendance on lectures shall have commenced on or after the 1st of October, 1849, must attend the following lectures and medical practice during not less than three winter and two summer sessions—each winter session to consist of not less than six months, and to commence not sooner than the 1st, nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

*FIRST YEAR.*—*Winter Session*: Chemistry; Anatomy and Physiology; Anatomical Demonstrations.—*Summer Session*: Materia Medica and Therapeutics; Botany and Vegetable Physiology; Midwifery and Diseases of Women and Children.

*SECOND YEAR.*—*Winter Session*: Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine; Medical Practice.\*—*Summer Session*: Medical Practice;† Midwifery and Diseases of Women and Children; Forensic Medicine; Practical Chemistry;‡ Morbid Anatomy and Clinical Medicine.

*THIRD YEAR.*—*Winter Session*: Dissections; Principles and Practice of Medicine; Medical Practice;§ Morbid Anatomy and Clinical Medicine.

\* Medical Practice must be attended during the full term of eighteen months—twelve months at a recognised hospital, and six months either at a recognised hospital or dispensary.

† By Practical Chemistry is intended a *specific* course of instruction in the laboratory, with an opportunity of personal manipulation in the ordinary processes of chemistry, and of acquiring a knowledge of the various re-agents for poisons.

Practical Midwifery at any time after the conclusion of the first course of midwifery lectures.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and medical practice are attended in the order prescribed.

The Court particularly request the attention of students to the increasing importance of Organic Chemistry and Structural and Physiological Botany.

Every examination of an hour's duration will be deemed equivalent to a lecture.\*

Students must also produce testimonials of attendance on a course of clinical lectures; of instruction in morbid anatomy; and of having dissected the whole of the human body once at least.†

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1849, will be allowed to complete their studies in conformity with the previous regulations of the Court.

The names of the lecturers recognised by the Court may be known on application to the Secretary, at the hall of the Society.

The certificates of teachers recognised by the constituted medical authorities in Dublin, Edinburgh, Glasgow, and Aberdeen, as also those of the medical professors in foreign universities, are received by the Court.

No dispensary will be recognised by the Court, unless it be situated in some town where there is a recognised medical school, and be under the care of at least two physicians and an apothecary legally qualified.

No medical practice will be available unless it be attended in conformity with the course of study prescribed for pupils.

#### REGISTRATION OF TESTIMONIALS.

All testimonials must be given on a printed schedule, with which students will be supplied at the end of their first registration:—

In London, at the Hall; in the provincial towns, from the gentlemen who keep the registers of the medical schools.

All students, in London, are required *personally* to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court whose names and classes in the register correspond with their schedules.

Tickets of admission to lectures and medical practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within *seven* days of the commencement of the course.

The Court also requires students at the provincial medical schools to register their names in their own handwriting, with the register of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended lectures on medical practice within fourteen days of the completion of such attendance.

#### PRELIMINARY EXAMINATION IN CLASSICS AND MATHEMATICS.

*Regulations, dated August, 1854*—An examination in classics and mathematics for junior students will be held at the Hall three times in the year—viz., on the third Tuesday in the months of November, 1854, March and July, 1855, at eleven o'clock.

Medical students *cannot* be admitted to this examination before the commencement of their apprenticeship, a certificate of which will be required, but at any period from that date to the commencement of the second winter session of their curriculum.

The examination is at present voluntary, and is conducted both by printed papers and *visd voce*.

The subjects of the present year will be:—In Greek: The First Book of Homer's Iliad, and the Gospel of St. Luke. In Latin: The First Book of Virgil's Georgics, and the Catiline War of Sallust. Mathematical: The First Book of Euclid's Elements, Arithmetical, and Algebra, including Simple Equations.

Candidates who fail to pass this examination cannot be re-admitted, but will be required to pass the Latin examination

\* The Court particularly request attention to this clause.

† In place of the Second Course of Lectures on the Theory and Practice of Medicine, the Court will admit a certificate of attendance on a course of Clinical Lectures, delivered in a recognised hospital by a distinct Professor, consisting of not less than seventy-five lectures, attended by the student after the first systematic course upon the Theory and Practice of Medicine.

in *Celsus* and *Gregory* when they appear for their final examination.

Students wishing to attend are requested to send their name and address to Mr. Rivers, Beadle's Office, at this Hall, at the latest, *one calendar month* previous to the day of examination.

#### GENERAL EXAMINATION.

Every person intending to offer himself for examination must give notice in writing to the clerk of the Society, on or before the Monday previously to the day of examination, and must at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from ten until four o'clock.

The examination of the candidate for a certificate of a qualification to practise as an apothecary will be as follows:—

In translating portions of the first four books of *Celsus de Medicina*, and of the first twenty-three chapters of *Gregory's Conspectus Medicinæ Theoreticæ*:

In Physicians' Prescriptions, and the *Pharmacopœia Londinensis*:

In Chemistry: In Practical Chemistry:

In Materia Medica and Therapeutics:

In Botany: In Anatomy: In Physiology:

In the Principles and Practice of Medicine, including Midwifery and the Diseases of Children.

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant until the expiration of three months.

The Court meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock.

Sums to be paid for certificates:—

For London, and within ten miles thereof, ten guineas.

For all other parts of England and Wales, six guineas.

Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition.

#### ARMY AND ORDNANCE MEDICAL DEPARTMENT,

13, St. James's-place.

Director-General—Dr. Andrew Smith.

Deputy Inspector-General of Hospitals—Dr. Spence, Professional Assistant, and Inspector of Regimental Hospitals.

Inspector of Medicines and Instruments—Staff Surgeon H. Pilleau, First Class.

Examiner of Medical Returns and Reports, &c. &c.—Staff-Surgeon D. F. Reid, Second Class.

Apothecary to the Forces—F. M. Bassano, Esq.

In selecting from amongst the candidates for the Medical Department of the Army, a preference is given to those who can fill up all the blanks in the printed schedules, by having the acquirements therein stated. The name of no gentleman can be placed on the list who does not possess a diploma from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or other corporate body legally entitled to grant a diploma in Surgery, and who cannot produce the following testimonials:—

Eighteen months' attendance at an hospital, where the average number of in-patients is not less than one hundred; twelve months' anatomy; twelve months' practical anatomy; six months' physiology; twelve months' surgery, or (what is preferred) six months' surgery and six months' military surgery; eight months' clinical surgery, a complete course of two or three lectures during the week; twelve months' practice of physic, or six months' practice of physic and six of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry; six months' practical chemistry; three months' botany; three months' materia medica; three months' practical pharmacy or apprenticeship; three months' natural history; three months' midwifery; three months' practical midwifery; one course natural philosophy; one course logic.

The candidates must be unmarried, not beyond twenty-five years of age, nor under twenty-one years.

Candidates who have had an university education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate.

The greater the attainments of the candidates the more eligible will they subsequently be deemed for promotion; as

selections to fill vacancies, especially in the higher ranks, will be guided more by reference to such acquirements than to mere seniority.

Although the British schools are specified, it is to be understood that candidates who have received regular education in approved foreign universities or schools will be admitted to examination.

With the exception of practice of physic and clinical medicine by one teacher, candidates must have attended separate lecturers for each branch of medical science.

Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a board of medical officers.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at this office for examination and registry at least one week before the candidate appears for examination; likewise certificates of moral conduct and character, one of them by the parochial minister if possible. Baptismal certificates are required at the same time, and if the parish register cannot be resorted to, an affidavit from one of the parents, or some near relative who can attest the fact, will be accepted.

The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil.

Certificates of lectures and attendance must be from physicians or surgeons of the recognised colleges of the United Kingdom, or of foreign universities.

All candidates for medical appointments are required to be conversant with Cullen's No.ology.

*Note.*—All communications to be pre-paid—or if not, to be forwarded, addressed *outside* to "The Right Honourable the Secretary-at-War," with the words "Army Medical Department" at the left hand corner.

#### NAVAL MEDICAL SERVICE,

*Admiralty Office, Somerset House.*

*Director-General of the Medical Department of the Navy*—Sir William Burnett, K.C.B., K.C.H., M.D., F.R.S.

#### REGULATIONS.

A candidate for entry into the Royal Navy as assistant-surgeon shall make a written application to the Secretary of the Admiralty, on the receipt of which he will be furnished with a printed form to be filled up.

As vacancies occur, the number of candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite certificates, when they will be examined by a board of medical officers.

The candidate must produce a certificate from one of the Royal Colleges of Surgeons, or from the Faculty of Physicians or Surgeons of Glasgow, of his fitness for the office; also proof of having received a preliminary classical education; of a competent knowledge of Latin; of good moral character; of having served an apprenticeship, or been engaged for not less than six months in practical pharmacy; that his age be not less than twenty years, nor more than twenty-six years;\* that he has actually attended an hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, Manchester, or Bristol, for eighteen months subsequently to the age of eighteen, in which hospital the average number of patients is not less than 100; that he has been engaged in actual dissections of the human body twelve months; that he has attended lectures, &c., on the following subjects, at established schools of eminence:—

Anatomy, eighteen months; or general anatomy, twelve months, and comparative anatomy, six months.

Surgery, eighteen months; or general surgery, twelve months, and military surgery, six months.

Theory of medicine, six months; practice of medicine, twelve months. (If the lectures on the theory and practice of medicine be given in conjunction, then the period required is eighteen months.)

Clinical lectures (at an hospital as above) on the practice of medicine, six months; practice of surgery, six months.

Chemistry, six months; or lectures on chemistry, three months, and practical chemistry, three months.

*Materia medica*, six months.

Midwifery, six months, accompanied by certificates stating the number of midwifery cases personally attended.

Botany, three months.

*N.B.*—Six months' lectures on pathology, if given at an university where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine.

\* The provision of being unmarried is not now insisted on.

A favourable consideration will be given to those who have obtained the degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service.

By the rules of the service, no assistant-surgeon can be promoted to the rank of surgeon until he shall have served three years, (one year of which must be in a ship actually employed at sea,) and can produce a diploma from one of the royal Colleges or the Faculty of Physicians and Surgeons.

Candidates who may be admitted into the naval medical service must serve in whatever ships, &c., they may be appointed to; and in the event of their being unable to do so from sea-sickness, their names cannot be continued on the naval medical list, nor can they be allowed half-pay.

By an Admiralty Circular, dated July 17th, 1850, assistant-surgeons are to be divided into two classes.

The first class to consist of all who have completed three years' servitude from the period of their first entry, (one year of which must be served on board a commissioned ship, and the other two may be served in one of the naval hospitals,) and who have passed their examination for surgeon either at home or abroad.

"Assistant-surgeons who have served more than three years, and have passed the examination for surgeon under the above conditions, are to rank next to naval instructors, and are to mess with the ward-room officers, to be allowed cabins when the accommodation and space on board will admit."

The second class of assistant-surgeons to consist of all those who have not served three years, and those who have not passed their examination for surgeon.

First-class assistant-surgeons, who may be serving in small vessels commanded by lieutenants, are to mess in the gun-room with the other officers.

#### EAST INDIA MEDICAL SERVICE,

*East India House, Leadenhall-street.*

*Examining Medical Officer*—Dr. Scott.

#### REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON.

ALL natural-born subjects of her Majesty may be candidates; they must, however, be between twenty-two and twenty-eight years of age, and of sound bodily health.

They must subscribe and send into Dr. Scott, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration pursuant to the Act 5th and 6th William IV., cap. 62.

2. A diploma in surgery or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or decree.

3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing at least, on an average, 100 in-patients, or of having attended one course of lectures of six months on the practice of physic and clinical instruction for twelve months.

4. A certificate of having attended for three months the practical instruction given at one of the public asylums for the treatment of the insane.

5. A certificate of having attended for three months one of the institutions, or wards of a hospital, especially devoted to the treatment of ophthalmic disease.

6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.

7. A certificate of having acquired a practical knowledge of cupping.



Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination on the following subjects:—

1. Surgery in all its departments.
  2. Medicine, including the diseases of women and children, therapeutics, pharmacy, and hygiene.
  3. Anatomy and physiology, including comparative anatomy.
  4. Natural history, including botany and zoology.
- The examination will be conducted—
1. By means of written questions and answers.
  2. By object examinations and experiments, when the subject admits of such tests.
  3. By practical examination at the bed-side of the patient, and by dissections and operations on the dead body.
  4. By *visd voce* examination.

All assistant-surgeons are required to subscribe to the military or medical, and medical retiring funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Asylum also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information, if needed.

N.B.—The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

## Metropolitan Hospitals & Medical Schools.

[In the following list, the hospitals and medical schools of the metropolis are placed in alphabetical order.]

### ST. BARTHOLOMEW'S HOSPITAL,

*Smithfield.*

*Physicians*—Dr. Hue, Dr. Roupell, Dr. Burrows, and Dr. F. J. Farre.

*Surgeons*—Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey.

*Assistant-Physicians*—Dr. Jeaffreson, Dr. Black, Dr. Baly, and Dr. Kirkes.

*Assistant-Surgeons*—Mr. Wormald, Mr. Paget, Mr. McWhinnie, and Mr. Coots.

*Physician-Accoucheur*—Dr. West.

MEDICAL PRACTICE.		SURGICAL PRACTICE.	
Six months ... ..	£10 10	Six months ... ..	£15 15
Nine months ... ..	12 12	Twelve months ...	21 0
Eighteen months ...	15 15	Three years ... ..	26 5
An unlimited period	31 10	An unlimited period	31 10

The hospital contains 650 beds, of which 420 are allotted to surgical cases and diseases of the eye, and 230 to medical cases and diseases of women. In 1852, 88,954 patients were relieved, including 5763 in-patients, 19,446 out-patients, and 63,745 casualties.

The clinical clerks to the physicians are elected from the most diligent students.

Dresserships, three months, £12 12s.; six months, £18 18s.; twelve months, £26 5s.

The entrance to the medical or surgical practice confers the right of attending the courses of clinical lectures by the physicians or surgeons.

Clinical lectures are delivered weekly during both the winter and the summer sessions. On medicine, by Dr. Roupell, Dr. Burrows, and Dr. Farre. On surgery, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey.

Examinations after death are made in the Pathological Theatre, at twelve. Demonstrator of morbid anatomy, Mr. Callender, registrar to the hospital.

Surgical operations on Saturday, at half-past one.

Cases in midwifery are attended, in out-patients of the hospital, by the students of the midwifery-class, under the superintendence of the physician accoucheur. More than 400 cases are thus attended annually.

The chemical laboratory is open daily, from ten to four

o'clock, for a special class of laboratory students:—Fee for one month, £3 3s.; for three months, £6 6s.

All students of the first year are examined weekly in the several subjects of their studies by the tutor, Mr. Savory.

### ST. BARTHOLOMEW'S COLLEGE.

#### WINTER SESSION.

The Introductory Address will be delivered by Dr. Burrows, on Monday, October 2nd, at seven P.M.

*Medicine*: Dr. George Burrows, Monday, Wednesday, and Friday, at half-past three. One course or session, £5 5s.; unlimited, £7 7s.

*Descriptive and Surgical Anatomy*: Mr. Skey, daily, except Saturday, at half-past two. Half session, £5 5s.; whole session, £7 7s.; unlimited, £10 10s.

*General and Morbid Anatomy and Physiology*: Mr. Paget, daily, at nine in the morning. One course or half session, £5 5s.; whole session, £7 7s.; unlimited, £10 10s.

*Practical Anatomy*. Demonstrators: Mr. Holden and Mr. Holmes Coots, daily, from half-past ten to half-past two. The dissecting-rooms are open daily, from seven till four.

*Surgery*: Mr. Lawrence, Monday, Wednesday, and Thursday, at seven o'clock in the evening. One course or session, £5 5s.; a second course, £3 3s.; unlimited, £7 7s.

*Chemistry*: Mr. Stenhouse, Monday, Wednesday, and Friday, at ten. One course, £5 5s.; unlimited, £7 7s.

#### SUMMER SESSION.

*Materia Medica and Therapeutics*: Dr. Roupell, Tuesday, Wednesday, Thursday, and Friday, at half-past two. One course or session, £5 5s.; unlimited, £7 7s.

*Midwifery and the Diseases of Women and Children*: Dr. West, daily, (except Saturday,) at half-past three. One course, £4 4s.; unlimited, £6 6s.

*Botany*: Dr. F. J. Farre, Tuesday, Thursday, and Saturday, at nine. One course, £3 3s.; unlimited, £4 4s. Herborizing excursions during the course.

*Practical Chemistry*: Mr. Stenhouse, assisted by Mr. Abel, and Mr. R. V. Tuson, Monday, Tuesday, Thursday, and Friday, from ten till one. One course, £2 2s.; unlimited, £3 3s.

*Forensic Medicine*: Dr. Baly, Monday, Wednesday, and Friday, at nine. One course, £3 3s.; unlimited, £4 4s.

*Comparative Anatomy*: Mr. McWhinnie, Monday, Wednesday, and Friday, at ten. One course, £2 2s.; unlimited, £3 3s.

*Natural Philosophy*: Mr. R. Martin, M.B., Wednesday and Saturday, at twelve. One course, £2 2s.

Entrance fee to all the lectures required by the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries, £52 10s.; to all the Lectures and Hospital Practice necessary for the same examinations, £94 10s.; unlimited entrance to all the lectures, £63. These fees may be paid in two or in three portions at the commencement of the first winter and summer and second winter sessions.

### CHARING-CROSS HOSPITAL,

*West Strand, near Charing-cross.*

*Consulting Physician*—Dr. W. Shearman.

*Physicians*—Dr. Golding and Dr. Chowne.

*Assistant-Physician*—Dr. Rowland.

*Surgeons*—Mr. Hancock and Mr. Avery.

*Assistant-Surgeon*—Mr. E. Canton.

MEDICAL PRACTICE.		SURGICAL PRACTICE.	
Six months ... ..	£10 10	Six months ... ..	£10 10
Full period required ...	15 15	Full period required ...	15 15
Full period to both medical and surgical practice,	£26 5s.		

The physicians and surgeons visit the wards daily, (Sundays excepted,) between one and two o'clock.

Out-patients are seen and prescribed for at the hospital daily, (Sundays excepted,) between twelve and two o'clock.

Medical and surgical clinical lectures are given weekly by the physicians and surgeons of the hospital.

### CHARING-CROSS MEDICAL AND SURGICAL SCHOOL.

#### WINTER SESSION.

The Introductory Address will be delivered by Dr. W. D. Chowne, on Monday, October 2nd, at three P.M.

*Chemistry*: Mr. H. H. Lewis, Tuesday, Thursday, and Saturday, at half-past nine. One session, £5 5s.; two sessions, £6 6s.; unlimited, £7 7s.

*Anatomy*: Mr. E. Canton, daily, (except Saturday,) at half

past eight A.M. One session, £4 4s.; two sessions, £6 6s.; unlimited, £7 7s.  
**Demonstrations and Dissections:** Mr. Goldsbro, daily, at three. One session, £2 2s.; two sessions, £3 3s.; unlimited, £4 4s.  
**Hospital Practice:** daily, from twelve to two.  
**Physiology and Pathology:** Dr. Hyde Salter, daily, (except Saturday,) at half-past three. One session, £4 4s.; two sessions, £6 6s.; unlimited, £7 7s.  
**Medicine:** Dr. Chowne and Dr. Rowland, Monday, Wednesday, and Friday, at half-past four. One session, £4 4s.; two sessions, £6 6s.; unlimited, £7 7s.  
**Surgery:** Mr. Hancock, Tuesday, Thursday, and Friday, at half-past two. One session, £3 3s.; two sessions, £5 5s.; unlimited, £6 6s.

## SUMMER SESSION.

**Practical Chemistry in the Laboratory:** Mr. H. H. Lewis, Tuesday, Thursday, and Saturday. Fee, £2 2s.  
**Materia Medica and Therapeutics:** Dr. Steggall and Dr. Willshire, daily, (except Monday,) at nine A.M. One session, £4 4s.; two sessions, £5 5s.; unlimited, £6 6s.  
**Midwifery, and the Medical Treatment of Women and Children:** Dr. Chowne and Mr. Hird, Monday, Tuesday, Thursday, and Friday, at two. One session, £3 3s.; two sessions, £5 5s.; unlimited, £6 6s.  
**Botany:** Mr. Headland, daily, at ten. One session, £2 2s.; two sessions, £3 3s.; unlimited, £4 4s.  
**Medical Jurisprudence:** Dr. G. Birkett and Mr. Hird, Monday, Wednesday, and Friday, at three. One session, £2 2s.; two sessions, £3 3s.; unlimited, £4 4s.

Demonstrations in operative surgery, applications of bandages, splints, &c., by Mr. Hancock.

Attendance is given in the dissecting-room by the teacher of anatomy and the demonstrator.

General fee for all the lectures required by the College of Surgeons and Society of Apothecaries, £45; with practical chemistry, £47 2s.

Free Scholarships are granted in some cases, the regulations respecting which, and forms of application, are to be obtained by the candidates personally at the Secretary of the hospital.

Medical officers of the army and navy are admitted to the practice and lectures at this hospital and school, upon presenting a recommendation from the heads of their respective departments.

## ST. GEORGE'S HOSPITAL,

Hyde-park Corner.

**Physicians**—Dr. J. A. Wilson, Dr. Nairne, Dr. Page, and Dr. Bence Jones.

**Assistant-Physicians**—Dr. Pitman and Dr. Fuller.

**Obstetric Physician**—Dr. R. Lee.

**Surgeons**—Mr. Caesar Hawkins, Mr. Cutler, Mr. Tatum, and Mr. H. C. Johnson.

**Assistant-Surgeons**—Mr. P. Hewett and Mr. G. D. Pollock.

## MEDICAL PRACTICE.

Six months ... ..	£8 8
Twelve months (or the period required by the Hall) ... ..	16 16
Unlimited ... ..	25 4
Fee to the apothecary ...	1 1

## SURGICAL PRACTICE.

Six months ... ..	£15 15
Twelve months (or the period required by the College) ... ..	21 0
Unlimited ... ..	52 10

The hospital contains 350 beds.

The physicians and surgeons attend daily at one o'clock.

Operations on Thursdays, at one o'clock.

Patients with diseases of the eye are treated by Mr. Tatum and Mr. H. C. Johnson, on Mondays and Fridays, at one o'clock.

Clinical lectures delivered by the physicians and surgeons on Tuesdays and Saturdays, at a quarter before two, during the winter and summer sessions.

Instruction in practical pharmacy, in the laboratory and dispensary of the hospital. Terms:—Six months, £12 12s.; one year, £15 15s.

The pupils attending the medical and surgical practice may become, when qualified, clinical clerks to the several physicians and surgeons. The dresser of the surgeon of the week boards at the hospital, free of expense.

Perpetual pupils are eligible to be assistant house-surgeons for six months, and house-surgeon for twelve months, (without additional fee,) when properly qualified for the office.

Library subscription for the first year, £1 1s.; for every subsequent year, 5s.

## ST. GEORGE'S MEDICAL AND SURGICAL SCHOOL.

## WINTER SESSION.

**Anatomy, General, and Physiology:** Mr. Athol Johnson, Monday, Tuesday, Thursday, and Friday, at ten A.M. One course, £6 6s.; perpetual, £8 8s.

**Anatomy, Descriptive and Surgical:** Mr. Prescott Hewett, Mr. Pollock, and Mr. Henry Gray, daily, (except Saturday,) at a quarter before three. One course, £6 6s.; perpetual, £8 8s.

**Practical Anatomy:** Students will be directed in their studies during several hours daily, by the demonstrators, under the superintendence of the lecturers.

**Chemistry:** Mr. H. M. Noad, Tuesday, Thursday, and Saturday, at eleven. One course, £6 6s.; perpetual, £8 8s.

**Medicine:** Dr. Nairne and Dr. Page, Monday, Wednesday, and Friday, at nine. One course, £5 5s.; perpetual, £6 6s.

**Surgery:** Mr. Tatum, Monday, Wednesday, and Friday, at twelve. One course, £4 4s.; perpetual, £6 6s.

## SUMMER SESSION.

**Materia Medica:** Dr. Pitman, daily, (except Saturday,) at eleven. One course, £5 5s.; perpetual, £6 6s.

**Midwifery:** Dr. R. Lee, daily, at nine. One course, £4 4s.; perpetual, £6 6s.

**Botany:** Mr. Henfrey, daily, (except Saturday,) at twelve. One course, £3 3s.; perpetual, £4 4s.

**Medical Jurisprudence:** Dr. Fuller, Monday, Wednesday, Thursday, and Friday, at ten A.M. One course, £3 3s.; perpetual, £4 4s.

**Practical Chemistry, (including use of materials):** Mr. Noad, daily, at half-past two. Fee for the course, £4 4s.

The whole of the lectures and hospital practice required by the College of Surgeons of England and Society of Apothecaries of London, may be attended, on payment of forty guineas at the commencement of the first year; forty guineas at the commencement of the second year; and twelve guineas at the commencement of the third year. The payment for the year will admit the pupil to all the lectures, and to the hospital practice required, for that year only. Registration fee, one guinea.

**SCHOLARSHIPS AND PRIZES.**—There will be examinations for three scholarships in July, 1855: of the value of £30, £20, and £10 respectively, and tenable for two years; the subjects of examination will be anatomy, chemistry, and materia medica.

Candidates must be matriculated students, who have been studying in the hospital school for one winter and one summer session.

A student elected to a scholarship will be required to continue his studies at the hospital during the whole period in which he holds the scholarship, unless with leave given by the medical officers to be absent.

**CURATOR OF THE PATHOLOGICAL MUSEUM.**—A curator is appointed annually by the Weekly Board, on the recommendation of the Medical School Council, with a salary of £50 per annum.

**REGISTRARS.**—Two registrars are appointed annually by the Weekly Board, on the recommendation of the Medical School Council, each with a salary of £20 per annum.

## GUY'S HOSPITAL,

Southwark.

**Consulting Physician**—Dr. Bright.

**Physicians**—Dr. Addison, Dr. Barlow, and Dr. Hughes.

**Assistant-Physicians**—Dr. G. Owen Rees, Dr. Gull, and Dr. Habershon.

**Surgeons**—Mr. Cock, Mr. Hilton, and Mr. Birkett.

**Assistant-Surgeons**—Mr. Alfred Poland and Mr. T. Callaway.

**Obstetric Physicians**—Dr. Lever and Dr. Oldham.

**Surgeon-Dentist**—Mr. T. Bell.

**Surgeon of the Eye Infirmary**—Mr. France.

**Apothecary**—Mr. Stocker.

This hospital contains 549 beds. The day for general admission of patients is Wednesday, at ten o'clock; but accidents and cases of urgent disease are received at all hours. Casual patients are dressed at the surgery from ten to two daily. Out-patients prescribed for by the assistant-physicians on Mondays, Wednesdays, and Fridays, at twelve; and a day is set apart for the special study and treatment of cutaneous diseases. Diseases of women are attended to on Thursdays and Saturdays, at twelve; and ophthalmic cases on Tuesdays and

**Fridays**; at twelve. The physicians and surgeons visit the wards, and give clinical instruction, daily, at one. Mr. France attends the eye wards on Mondays and Fridays, at one. Patients in the obstetric wards are also prescribed for at one, daily. In the *Lying-in Charity* many hundred women are annually attended by students. The electricity room is open daily at three, under the superintendence of Dr. Gull. Students are instructed in the use of the microscope.

Students must give satisfactory testimony as to their education and conduct.

**FEES**.—£40 for the first year, £40 for the second, and £10 for every succeeding year of attendance. The sum of £100 in a single payment entitles the student to a perpetual ticket.

Dressers, clinical clerks, assistants, resident obstetric clerks, and dressers in the eye ward, are selected from those students who have attended a second year, and have most satisfactorily distinguished themselves.

The dressers and obstetric residents live in the hospital, and are provided with commons during their weeks of residence. The cases in the general wards are divided amongst the junior students, who act as clerks to the physicians and surgeons.

Dr. Odling and Dr. Pavy superintend the studies of pupils preparing to graduate.

## GUY'S MEDICAL AND SURGICAL SCHOOL.

### WINTER SESSION.

The Introductory Address will be given by Mr. Birkett, on Monday, October 2nd, 1854, at two o'clock.

**Anatomy**: Mr. Poland and Mr. Callaway, daily, at two.

**Physiology and General Pathology**: Dr. Gull, Tuesday, Wednesday, Thursday, and Saturday, at nine.

**Demonstrations in Anatomy**: Dr. Pavy and Mr. Cooper Foster, daily.

**Demonstrations in Morbid Anatomy**: Dr. Habershon, daily, at half-past two.

**Chemistry**: Dr. Alfred S. Taylor, Tuesday, Thursday, and Saturday, at eleven.

**Medicine**: Dr. Addison, Monday, Wednesday, and Friday, at half-past three.

**Surgery**: Mr. Hilton and Mr. Birkett, Tuesday, Thursday, and Saturday, at half-past three.

**Experimental Philosophy**: Dr. Odling, Tuesday, at seven.

**Moral Philosophy**: Rev. T. H. Bullock, Chaplain to the Hospital.

**Clinical Medicine**: Dr. Addison, Dr. Barlow, and Dr. Hughes.

**Clinical Surgery**: Mr. Cock, Mr. Hilton, and Mr. Birkett.

**Clinical Lectures on Midwifery and Diseases of Women**: Dr. Lever and Dr. Oldham.

### SUMMER SESSION.

**Demonstrations on Cutaneous Diseases**: Dr. Addison and Dr. Gull, Monday, at one.

**Materia Medica**: Dr. Owen Rees, Tuesday, Thursday, and Saturday, at two.

**Clinical Medicine**: Dr. Owen Rees, Dr. Gull, and Dr. Habershon.

**Clinical Surgery**: Mr. Poland and Mr. Callaway.

**Dental Surgery**: Mr. Bell and Mr. Salter.

**Midwifery**: Dr. Lever and Dr. Oldham, daily, at a quarter to nine.

**Medical Jurisprudence**: Dr. Alfred Taylor, Tuesday, Thursday, and Saturday, at ten.

**Ophthalmic Surgery**: Mr. France, Wednesday and Friday, at three.

**Botany**: Mr. Johnson, Tuesday, Thursday, and Saturday, at half-past eleven.

**Practical Chemistry**: Dr. Odling, Monday, Wednesday, and Friday, from eleven to three.

## KING'S COLLEGE HOSPITAL,

Portugal-street, Lincoln's Inn-fields.

**Consulting Physicians**—Dr. Watson and Dr. Ferguson.

**Physicians**—Dr. Budd and Dr. Todd.

**Physician-Accoucheur**—Dr. Arthur Farre.

**Physician to Out-patients**—Dr. W. A. Guy.

**Assistant-Physician**—Dr. George Johnson.

**Surgeons**—Mr. Ferguson and Mr. Partridge.

**Assistant-Surgeons**—Mr. W. Bowman and Mr. Henry Lee.

**Surgeon-Dentist**—Mr. S. Cartwright, jun.

### HOSPITAL FEES.

Perpetual admission to the Medical and Surgical Practice:—

For Matriculated Students of King's College ... £31 10

For Pupils who are not Matriculated Students... 36 15

#### MEDICAL PRACTICE.

Three months ... .. £6 6

Six months ... .. 10 10

Twelve months } ... 15 15

Eighteen months } ... 15 15

Perpetual ... .. 21 0

#### SURGICAL PRACTICE.

Three months ... .. £10 10

Six months ... .. 15 15

Twelve months } 21 0

Twenty-one months } 21 0

Perpetual ... .. 26 5

Registration fee, (to be paid to the Secretary at King's College Hospital,) 10s. 6d.

Hospital attendance, daily, from half-past one to three, except on Wednesdays, when the hospital will be visited at two o'clock, to allow the students to attend the Principal's lecture.

Dr. Arthur Farre, Physician-Accoucheur, attends at half-past eleven, on Tuesday, Thursday, and Saturday.

Clinical lectures are delivered at half-past one on alternate

Tuesdays ... .. by Dr. Todd | Mondays ... by Mr. Partridge

Fridays ... .. by Dr. Budd | Thursdays... by Mr. Ferguson

The physician's assistant and clinical clerks, the house-surgeon, and dressers, are selected by examination from amongst those matriculated students of the College who are pupils of the hospital. No fee is paid for any of these appointments.

The hospital accommodates 120 in-patients.

## KING'S COLLEGE MEDICAL DEPARTMENT,

Somerset House.

The session will open with an Introductory Lecture by Dr. Royle, on Monday, October 2nd, at two P.M.

**Anatomy, Descriptive and Surgical**: Mr. Partridge, daily, at nine. Demonstrators, Mr. Henry Lee and Mr. J. Wood.

One sessional course, £8 8s.; unlimited, £9 9s.

**Physiology, General and Morbid Anatomy**: Mr. Bowman, Dr. Beale, Monday, Wednesday, Thursday, and Friday, at four o'clock. One course, £8 8s.; unlimited, £9 9s.

**Chemistry**: Dr. W. A. Miller, daily, (excepting Saturday,) at three. Demonstrator, Mr. C. L. Bloxam. One course, £7 7s.; unlimited, £9 9s.

**Medicine**: Dr. Budd, Tuesday, Thursday, and Saturday, at five. One course, £5 5s.; unlimited, £7 7s.

**Surgery**: Mr. Ferguson, Monday, Wednesday, and Friday, at five. One course, £4 4s.; unlimited, £6 6s.

### SUMMER SESSION.

**Midwifery**: Dr. A. Farre, Monday, Wednesday, Thursday, and Friday, at four. One course, £4 4s.; unlimited, £6 6s.

**Materia Medica and Therapeutics**: Dr. Forbes Royle, Tuesday, Wednesday, Thursday, and Friday, at a quarter-past ten. One course, £5 5s.; unlimited, £6 6s.

**Botany**: , Tuesday, Wednesday, Thursday, and Friday, at nine. One course, £3 3s.; unlimited, £4 4s.

**Forensic Medicine**: Dr. Guy, Monday, Tuesday, Wednesday, and Friday, at a quarter-past twelve. One course, £3 3s.; unlimited, £4 4s.

**Practical Chemistry**: Mr. J. E. Bowman, daily, at a quarter-past ten. One course, £4 4s.; unlimited, £8 8s.

**Comparative Anatomy**: Mr. Rymer Jones, Monday, Wednesday, and Friday, at a quarter-past ten. One course, £3 3s.; unlimited, £4 4s.

A resident medical tutor assists the students in the subjects of the lectures of their first and second years.

The course of study required by the College and Hall may be pursued at King's College on payment of £93 9s.

This payment may be made either in one sum upon matriculation; or in two equal sums—the one at the commencement of the winter session, October 1st, and the other not later than the 21st of January.

The following fees must be paid at the time of matriculation:

Matriculation fee ... .. £1 1 0

Library fee ... .. 1 1 0

Subscription to the Scholarship Fund... 1 1 0

Cap and Gown ... .. 1 10 0

Calendar ... .. 0 2 6

£4 15 6

Fees for admission to the laboratory class of analytical chemistry—for one month, £4 4s.; for three months, £10 10s. for six months, £18 18s.; for nine months, £26 5s.

Fee for the medical tutor—to resident students, £2 2s. for each academical year; to non-resident students, £3 3s. All resident students are required to attend the medical tutor during their first year.

Students are matriculated or occasional. Matriculated students are those who receive their entire medical education at King's College; they wear the College cap and gown. Occasional students are those who attend only the lectures of particular professors.

#### ENDOWMENTS.

1. WARNEFORD SCHOLARSHIPS.—*Class I*: Two of £25, for three years, given every October to such new students in Medicine who shall pass the best examination in Divinity, Classics, Mathematics, History and the Modern Languages.—*Class II*: Two of £25, for two years, given every July to such resident second year students who shall pass the best examination in Divinity and Hospital Practice.

2. MEDICAL SCHOLARSHIPS, given annually.—One of £40 for students of the third and fourth year, tenable for three years; one of £30 for students of the second year, tenable for two years; and three of £20, for students of the first year, tenable for two years.

3. DANIELL SCHOLARSHIP.—It is open to every student of the College; is of the annual value of £20, tenable for two years, and is given every second year for the best series of researches in Chemistry made in the laboratory of the College since the last award.

### THE LONDON HOSPITAL,

Whitechapel.

*Physicians*—Dr. Little, Dr. Fraser, and Dr. Davies.

*Assistant-Physicians*—Dr. Parker, Dr. Gibbon, and Dr. A. Clark.

*Obstetric Physician*—Dr. Ramsbotham.

*Surgeons*—Mr. Luke, Mr. Adams, and Mr. Curling.

*Assistant-Surgeons*—Mr. Critchett, Mr. N. Ward, and Mr. Wordsworth.

This hospital contains 400 beds. Accidents received and treated in 1853, 10,764.

One of the physicians and one of the surgeons attend daily, the former at eight A.M., the latter at one P.M.; and one of the assistant-physicians and one of the assistant-surgeons daily, at one.

Dr. Ramsbotham attends on Wednesdays and Saturdays, at one.

Surgical operations on Fridays, at one.

Post-mortem examinations at two, superintended by Dr. Gibbon.

**FEES.—MEDICAL PRACTICE:** For six months, £6 6s.; for period required by Apothecaries' Hall, £11 11s.

**SURGICAL PRACTICE:** For twelve months, including six months' dressership, £12 12s.; eighteen months, including twelve months' dressership, £18 18s.; three years, including twelve months' dressership, £26 5s.; twelve months' additional dressership, during the above three years, £5 5s.; twelve months' dressership, after expiration of the above three years, £8 8s.

The pupils enter and dress under all the surgeons. Two pupils, in rotation, remain in the hospital day and night for a week, and are provided with commons.

Three dresserships for twelve months are given annually to the pupils of the school, each pupil being previously required to dress the out-patients for one year.

Two house-surgeons are elected every three months, without any additional fee. They reside in the hospital, and are provided with commons.

### LONDON HOSPITAL MEDICAL AND SURGICAL COLLEGE.

The winter session will commence on Monday, October 2nd, 1854, with an introductory lecture by Dr. Little, at three o'clock.

General fee for attendance on the medical and surgical practice, and all the lectures, qualifying for the examinations of the University of London, Royal College of Surgeons, and Apothecaries' Hall, £88 4s., payable in two instalments of £44 2s. each, at the commencement of the first two sessions of attendance. Fee perpetual to lectures alone, £50.

#### WINTER SESSION.

Medicine: Dr. Little, Monday and Thursday, at four; Wed-

nesday and Saturday, at eight in the morning. One session, £4 4s.; unlimited, £7 7s.

**Surgery:** Mr. Curling and Mr. Critchett, Monday, Wednesday, and Friday, at three. One session, £4 4s.; perpetual, £6 6s. Descriptive and Surgical Anatomy: Mr. John Adams, daily, (except Wednesday,) at a quarter past nine A.M. One session, £5 5s.; unlimited, £10 10s.

**General Anatomy and Physiology:** Dr. W. B. Carpenter, Tuesday and Thursday, at three. One session, £3 3s.; perpetual, £5 5s.

**Practical Anatomy:** Mr. N. Ward, Mr. Wordsworth, and Mr. P. L. Gowland. Demonstrations, on alternate days, at a quarter past eleven, and on Saturday, at three. One session, £5 5s.; unlimited, £10 10s. Attendance in the dissecting-room daily, from ten till three or four.

**Chemistry:** Dr. Henry Letheby, Monday, Wednesday, and Friday, at half-past ten. One session, or unlimited, £7 7s.

**Pathological Histology:** Dr. A. Clark, Monday and Friday, at twelve.

**Anatomy and Pathology of the Teeth, and Dental Surgery:** Mr. H. J. Barrett, at seven P.M.

#### SUMMER SESSION.

**Midwifery, and Diseases of Women and Children:** Dr. F. H. Ramsbotham, Monday, Tuesday, Thursday, and Friday, at three. One session, £4 4s.; unlimited, £6 6s.

**Forensic Medicine:** Dr. F. H. Ramsbotham and Dr. Henry Letheby, daily, (except Saturday,) at half-past nine. One course, £3 3s.; two courses, or unlimited, £4 4s.

**Materia Medica and Therapeutics:** Dr. Herbert Davies, Tuesday, Wednesday, and Friday, at half-past eight. One session, £3 3s.; unlimited, £4 4s.

**Practical Chemistry:** Dr. Henry Letheby, Tuesday, Thursday, and Saturday, at half-past ten A.M. To students of the hospital, one course, £2 2s.; others, £3 3s.

**Botany:** Mr. Robert Bentley, Monday, Wednesday, and Friday, at eleven; examinations and herborizing excursions on Saturday. One course, £3 3s.; two courses, or perpetual, £4 4s.

**Practical Histology and Use of the Microscope:** Dr. A. Clark, Wednesday and Saturday, at ten.

**Comparative Anatomy:** Mr. H. Coles, twice weekly, at twelve.

### ST. MARY'S HOSPITAL,

Cambridge-place, Paddington.

*Physicians*—Dr. Alderson, Dr. Chambers, and Dr. Sibson.

*Surgeons*—Mr. Coulson, Mr. Lane, and Mr. Ure.

*Assistant-Physicians*—Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.

*Assistant-Surgeons*—Mr. Spencer Smith, Mr. Haynes Walton, and Mr. James Lane.

*Physician-Accoucheur*—Dr. Tyler Smith.

*Surgeon-Accoucheur*—Mr. I. Baker Brown.

*Ophthalmic Surgeon*—Mr. White Cooper.

*Aural Surgeon*—Mr. Toynbee.

*Dental Surgeon*—Mr. Naamyth.

*Medical Registrar*—Dr. J. S. Burdon Sanderson.

*Surgical Registrar*—Mr. Graily Hewitt, M.B.

This hospital contains 150 beds, 85 of which are devoted to surgical, and 65 to medical, cases. These include wards for diseases of women, ophthalmic cases, and aural cases. In the maternity department, 218 poor married women were delivered at their own homes during the past year.

#### MEDICAL PRACTICE.

Three months	£5 5
Six months	7 7
Twelve months	12 12
Eighteen months	15 15
Perpetual	21 0

#### SURGICAL PRACTICE.

Six months	£9 9
Twelve months, (or period required by the College of Surgeons)	21 0
Perpetual	32 10

The in-patients are visited daily by the physicians and surgeons at one o'clock.

Lectures on clinical medicine will be regularly delivered by Dr. Alderson, and on clinical surgery by Mr. Ure; and occasionally by the other medical officers.

The out-patients are seen daily at half-past twelve by the assistant-physicians and assistant-surgeons.

Surgical operations on Wednesdays, at half-past one.

Post-mortem examinations by Dr. Markham at two.

The physician-accoucheur attends on Mondays and Thursdays; the surgeon-accoucheur and the ophthalmic surgeon on Tuesdays and Saturdays; the aural surgeon on Mondays and

Thursdays: all at half-past one. The surgeon-dentist attends on Mondays and Thursdays at half-past nine.

Students may receive private instruction in practical pharmacy in the Laboratory and Dispensary. Fee for six months, £6 6s.; twelve months, £10 10s.

There are three resident medical officers, who board in the hospital, and are appointed for eighteen months; two non-resident medical officers; a medical and a surgical registrar: all of whom are appointed by the Weekly Board of Governors, on the recommendation of the Medical Committee. Clinical clerks and dressers selected from the best qualified students. All the above offices are open to competition amongst the qualified perpetual pupils of the hospital, without extra fee.

### ST. MARY'S HOSPITAL MEDICAL SCHOOL.

This school will be opened on Monday, October 2nd, 1854, at half-past two, with an introductory address by Dr. Alderson.

#### WINTER SESSION.

Anatomy and Physiology: Mr. Lane and Dr. Handfield Jones, daily, at half-past two. One session, £6 6s.; unlimited, £8 8s.

Descriptive and Surgical Anatomy: Mr. Haynes Walton and Mr. James Lane, daily, at a quarter-past ten. One session, £6 6s.; unlimited, £8 8s.

Practical Anatomy and Dissections: Demonstrator, Mr. T. K. Hornidge.

Pathological Anatomy: Dr. Markham, Saturday, at half-past eleven. One session, £2 2s.; unlimited, £3 3s.

Chemistry: Dr. Albert J. Bernays, Tuesday, Thursday, and Saturday, at nine. One session, £5 5s.; unlimited, £7 7s.

Medicine: Dr. Chambers and Dr. Sibson, Monday, Wednesday, and Friday, at nine. One session, £4 4s.; unlimited, £6 6s.

Surgery: Mr. Coulson and Mr. Spencer Smith, Monday, Wednesday, and Friday, at a quarter to four. One session, £4 4s.; unlimited, £6 6s.

Clinical Medicine: Dr. Alderson, Monday, at a quarter to two. One session, £3 3s.; unlimited, £4 4s.

Clinical Surgery: Mr. Ure, Thursday, at a quarter to two. One session, £3 3s.; unlimited, £4 4s.

#### SUMMER SESSION.

Botany: Dr. J. S. B. Sanderson, Tuesday, Thursday, and Saturday, at ten. One session, £3 3s.; unlimited, £4 4s.

Materia Medica and Therapeutics: Dr. Sieveking, daily, (except Saturday,) at twelve. One session, £4 4s.; unlimited, £6 6s.

Practical Chemistry: Dr. A. J. Bernays, Monday, Wednesday, and Friday, at ten. One session, £2 2s.; unlimited, £3 3s.

Midwifery, and Diseases of Women and Children: Dr. Tyler Smith and Mr. I. B. Brown, daily, (except Saturday,) at a quarter to nine A.M. One session, £4 4s.; unlimited, £6 6s.

Medical Jurisprudence: Mr. Ancell, Monday, Wednesday, and Friday, at a quarter to four. One session, £3 3s.; unlimited, £4 4s.

Military Surgery, &c.: Dr. James Bird, Monday, Wednesday, and Friday, at half-past two. One session, £2 2s.; unlimited, £3 3s.

Ophthalmic Surgery: Mr. White Cooper, Tuesday and Saturday, at half-past two. One session, £2 2s.; unlimited, £3 3s.

Aural Surgery: Mr. Toynbee, Thursday, at half-past two. One session, £2 2s.

Fee to all the lectures required for the examinations at the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries, £52 10s. Fee to the hospital practice required by the Royal College of Surgeons and the Society of Apothecaries, £36 15s. Fee as a perpetual pupil for unlimited attendance on the hospital practice, and on every course of lectures delivered in the school, £105. The above general entrance fees may be paid in instalments.

### MIDDLESEX HOSPITAL,

*Charles-street, Berners-street.*

Physicians—Dr. Francis Hawkins, Dr. Crawford, and Dr. Seth Thompson.

Physician-Accoucheur—Dr. Frere.

Assistant-Physicians—Dr. Stewart and Dr. Goodfellow.

Surgeons—Mr. Shaw, Mr. de Morgan, and Mr. Moore.

Assistant-Surgeon—Mr. Henry.

Surgeon-Dentist—Mr. Tomes.

Apothecary—Mr. Corfe.

Registrar—Mr. Sibley.

#### MEDICAL PRACTICE.

Three months ...	£6 6
Six months ...	10 10
Eighteen months ...	15 15
Unlimited ...	21 0

#### SURGICAL PRACTICE.

Six months ...	£10 10
Twelve months ...	12 12
Three years ...	18 18
Unlimited ...	21 0

Fee to apothecary, £1 1s.; to secretary, 5s.

Fee for the entire periods required by the College of Surgeons and Apothecaries' Company, £30; this includes the fees of the apothecary and secretary.

Hospital attendance from one to three daily. Operations on Thursdays, at half-past twelve.

Clinical lectures four days weekly, at half-past twelve.

The hospital receives 300 in-patients, and contains wards appropriated to the admission of cases of syphilis, of cancer, and of uterine disease. 2192 in-patients were admitted during the past year. The number of out-patients treated was 11,675.

Clinical clerks and dressers are selected by the physicians and surgeons of the hospital from the most deserving pupils.

House-surgeons are elected half-yearly from the dressers, fee £21, and are provided with board and residence in the hospital, free of expense.

Out-patients attended on four mornings in the week by the assistant-physicians and assistant-surgeon.

Upwards of 800 cases of labour were attended under the direction of the physician-accoucheur during the last year. Students are furnished with cases under his superintendence. Out-patients with uterine and infantile diseases are seen by the physician-accoucheur on Wednesdays and Saturdays, at twelve.

Diseases of the eye attended by Mr. Moore on Tuesdays, Thursdays, and Saturdays, at nine.

Instruction on diseases of the teeth, and the operations connected with them, on Tuesdays, Thursdays, and Saturdays, at nine.

### MIDDLESEX HOSPITAL MEDICAL AND SURGICAL SCHOOL.

#### WINTER SESSION.

Physiology and General Anatomy: Mr. De Morgan, Monday, Wednesday, and Friday, at three. One session, £4; perpetual, £6.

Anatomy, Descriptive and Surgical: Mr. Moore, daily, at twelve. One session, £8; perpetual, £11.

Practical Anatomy: Mr. T. W. Nunn and Dr. Van der Byl. Demonstrations, Tuesday and Thursday, at three o'clock. One session, £2 2s.; perpetual, £3 3s.

The dissecting-room is open from eight to five o'clock, daily, and it is announced that attendance will be given there for six hours daily.

Fee for attendance on a single course of Anatomy, Physiology, Demonstrations, and Dissections, £8 8s.; perpetual, £15.

Chemistry: Mr. Thomas Taylor and Mr. Heisch, Monday, Wednesday, and Friday, at eleven. One session, £6; perpetual, £8.

Medicine: Dr. Crawford and Dr. Seth Thompson, Monday, Wednesday, and Friday, at nine. One session, £4; perpetual, £6.

Surgery: Mr. Shaw, Tuesday, Thursday, and Saturday, at nine. One session, £4; perpetual, £6. Fee for two courses, £5 5s.

Morbid Anatomy: Mr. Henry, Monday, at half-past ten. One session, £2 2s.; unlimited, £3 3s.

Practical Pharmacy, with Dispensing: Mr. Corfe. Fee for six months, £8 8s.; for twelve months, £12 12s.; without dispensing, fee for three months, £6 6s.

Demonstrations in Practical Histology, with the Use of the Microscope: Dr. Van der Byl.

#### SUMMER SESSION.

Materia Medica, &c.: Dr. Stewart, daily, (except Saturday,) at three. One session, £3 3s.; perpetual, £5 5s.

Midwifery: Dr. Frere, daily, (except Monday,) at four. One session, £3; perpetual, £5.

Botany: Mr. Bentley, daily, (except Friday,) at eleven. One course, £3; perpetual, £4.

Medical Jurisprudence: Dr. Goodfellow, daily, except Monday, at nine. One session, £3 3s.; perpetual, £5 5s.

Comparative Anatomy: Mr. G. R. Waterhouse, Tuesday and Friday, at five. Open to all general pupils of the school. Fee from occasional students, £2 2s.

Practical Chemistry: Mr. T. Taylor and Mr. C. Heisch, Monday, Wednesday, and Friday, at eleven. Fee for the course, for general pupils, £2 2s.; non-general pupils, £3 3s.

Clinical Lectures on Monday, Wednesday, Thursday, and Friday, at one.



Practical Histology and the Use of the Microscope: Dr. Van der Byl, two hours, twice a week. Fee, £2 2s.

Attendance on all the hospital practice and lectures required by the College and Hall, exclusive of practical chemistry, £75; which may be paid by instalments of £30 at the beginning of the first session; £30 at the beginning of the second session; and £15 at the beginning of the third session. For every additional session, £5.

## ROYAL FREE HOSPITAL,

*Gray's Inn-road.*

*Physicians*—Dr. Brinton, Dr. Arthur Hassall.

*Physician-Accoucheur*—Dr. Henry Bennet.

*Surgeons*—Mr. W. Marsden, Mr. T. Wakley, and Mr. Weedon Cooke.

*Assistant-Surgeon, (pro tem.)*—Mr. F. J. Gant.

*Medical Officer for Diseases of Children*—Mr. T. Carr Jackson.

*Dentist*—Mr. Robinson.

*House-Surgeons*—Mr. J. B. Curgenven, and Mr. J. Pollard.

*Apothecary*—Mr. Morgan.

*Secretary*—Mr. W. H. Penn.

The Royal Free Hospital contains 160 beds, classed in equal proportions for medical and surgical cases.

A Maternity Department is attached to the hospital.

One of the physicians and one of the surgeons attend daily at the hospital at half-past one. Out-patients seen daily at two.

Surgical operations on Mondays at one. In cases of emergency at all times.

## ST. THOMAS'S HOSPITAL.

MEDICAL AND SURGICAL COLLEGE.

*Consulting Physician*—Dr. Roots.

*Consulting Surgeon*—Mr. Green.

*Physicians*—Dr. Barker, Dr. J. Risdon Bennett, and Dr. Goolden.

*Assistant-Physicians*—Dr. Peacock, and Dr. Bristowe.

*Surgeons*—Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, and Mr. Simon.

*Obstetric Physicians*—Dr. Waller and Dr. Griffith.

The out-patients are seen at half-past eight A.M.

The wards are visited daily from twelve to four.

Operations on Saturdays, at half-past one.

Post-mortem examinations; Dr. Bristowe, and Mr. S. Jones, at half-past twelve.

Admission fee to hospital practice and all the lectures, £40 for the first year, £40 for the second, and £10 for each succeeding year, or £90 at one payment for an unlimited attendance.

Gentlemen proposing to become students of St. Thomas's Hospital are expected to produce satisfactory testimonials of moral character and general education.

### WINTER SESSION.

Introductory Address by Mr. Solly, in the Hall of the Hospital, on Monday, October 2nd, at eight P.M.

*Physiology and General Anatomy*: Mr. Grainger and Dr. Brinton, Tuesday, Thursday, and Saturday, at ten.

*Chemistry*: Dr. R. Dundas Thomson, Monday, Wednesday, and Friday, at ten.

*Surgery*: Mr. South, Monday, Wednesday, and Friday, at four.

*Descriptive and Surgical Anatomy*: Mr. Le Gros Clark and Mr. Rainey, daily, at nine.

*Anatomical Demonstrations*: Mr. Rainey, Mr. Barwell, and Mr. S. Jones, daily, from nine to three.

*Clinical Medicine*: Dr. Barker, Tuesday and Thursday, at four.

*Theory and Practice of Medicine*: Dr. Bennett, Monday, Wednesday, and Friday, at five.

*General Pathology*: Mr. Simon, Saturday, at four.

Clinical lectures are given at stated times by the medical and surgical officers; and Dr. Barker will deliver two clinical lectures, in addition to the above, every week throughout the winter and summer sessions, and give instruction in the clinical wards at least three days in each week, at a fixed hour.

There is a special Ophthalmic ward, under Mr. Mackmurdo; and a special department for the Diseases of Women and Children, under Dr. Waller and Dr. Griffith; in both of which departments clinical lectures are given.

There are also lectures on the Structure and Diseases of the Teeth, by Mr. Saunders, during the course of Physiology.

### SUMMER SESSION.

*Materia Medica*: Dr. Peacock, Monday, Tuesday, Wednesday, and Friday, at eight A.M.

*Forensic Medicine*: Dr. Brinton, Tuesday, Thursday, and Saturday, at eight A.M.

*Midwifery, &c.*, Dr. Waller, Monday, Wednesday, Thursday, and Friday, at nine A.M.

*Comparative Anatomy and Natural History*: Mr. Huxley, Tuesday and Saturday, at nine A.M.

*Botany*: Dr. Bristowe, Tuesday, Thursday, and Saturday, at ten.

*Practical Chemistry*: Dr. R. Dundas Thomson, Monday, Wednesday, and Friday, at ten.

*Clinical Medicine*: Dr. Barker, Monday and Thursday, at four.

### SCHOLARSHIPS AND APPOINTMENTS.

**SCHOLARSHIPS.**—One of £20 to the student who shall be first in a voluntary classical and mathematical examination at the commencement of his studies at the hospital. Two medical scholarships, for first year's men, each of the value of £20 a year, and other scholarships for second and third year's men.

Two house-surgeons, and a resident accoucheur are provided with rooms and commons free of expense. The house-surgeons are selected from gentlemen who have obtained their diplomas to practise, and the resident accoucheurs from the students, on examination.

Fifteen dressers selected every six months, are provided with rooms and commons in the hospital, free of expense during their weeks of attendance.

A general introductory address, by Dr. J. Risdon Bennett, in the hall of the Hospital, on Saturday, the 1st of October, at eight o'clock in the evening.

## UNIVERSITY COLLEGE HOSPITAL,

*Upper Gower-street.*

*Physicians*—Dr. Walshe, Dr. Parkes, and Dr. Garrod.

*Obstetric Physician*—Dr. Murphy.

*Assistant-Physicians*—Dr. Jenner and Dr. Hare.

*Surgeons*—Mr. Quain and Mr. Erichsen.

*Consulting Surgeon to Eye Infirmary*—Mr. Quain.

*Ophthalmic Surgeon*—Mr. Wharton Jones.

*Assistant-Surgeons*—Mr. Marshall and Mr. Statham.

*Dental Surgeon*—Mr. Shelley.

Fees from students who have already entered in the medical faculty of the College to three classes, of which the courses are of six months' duration; also to pupils who produce certificates of having attended a course of lectures of a recognised school of medicine, and during one year the practice of a recognised hospital:—

For perpetual admission to the medical and surgical practice	£26 5
One year to the physicians' and surgeons' practice	21 0
Physicians' or surgeons' practice, separately	15 15
Six months to the physicians' and surgeons' practice	15 15
Physicians' or surgeons' practice, separately	10 10

To pupils other than as above specified:—

For perpetual admission to the medical and surgical practice	£36 15
One year to the physicians' and surgeons' practice	30 0
Physicians' or surgeons' practice, separately	22 0
Six months to the physicians' and surgeons' practice	22 0
Physicians' or surgeons' practice, separately	15 0

Every pupil pays, in addition to the fees, 10s. apothecary's, and 5s. office fee.

Physicians' assistants, house-surgeons, midwifery assistants, physicians' clerks, surgeons' dressers, and ophthalmic surgeons' assistants, are selected from pupils, being students of the College, and of unexceptionable moral character, without additional payments. The physicians' assistants and house-surgeons reside in the hospital, paying for their board.

The physicians' and surgeons' visits are made daily, at one and two o'clock. Each of the physicians visits his patients three times a week.

Out-patients are seen four times weekly by the assistant-physicians and assistant-surgeons.

Lectures on clinical medicine fortnightly, by Dr. Walshe and Dr. Garrod, and twice a week by Dr. Parkes.

Clinical Surgery: Lectures, twice a week, by Mr. Quain, and once a fortnight by Mr. Erichsen.

**Bandaging:** A course of practical instruction in the application of bandages and other surgical apparatus is given by Mr. Marshall.

## UNIVERSITY COLLEGE—FACULTY OF MEDICINE.

## WINTER SESSION.

**Medicine:** Dr. Walshe, daily, at five; on Saturdays, earlier. Entire term, £5; first half-term, £3; second half-term, £3; perpetual, £8.

**Surgery:** Mr. Eriksen, Monday, Tuesday, Thursday, and Friday, at four. For the term, £4 10s.; perpetual, £6.

**Anatomy and Physiology:** Dr. Sharpey, daily, at ten. Entire term, £6; first half term, £3; second half term, £3; perpetual, £9.

**Chemistry:** Mr. Graham, daily, (except Saturday,) at eleven. Entire term, £6; first half term, £3; second half term, £3; perpetual, £9.

The first fifty lectures will form an elementary course to prepare students for the matriculation examination at the University of London. Fee, £3.

**Anatomy, Descriptive and Surgical:** Mr. Ellis, daily, at nine. Entire term, £6; first half-term, £3; second half-term, £3; perpetual, with dissections, £9.

In the dissecting-room, the pupils will be directed in their studies during several hours daily, by Mr. Ellis and by Dr. Boon Hayes, demonstrator.

**Analytical Chemistry:** Dr. Williamson. The laboratory is open daily, from nine A.M. to four, from the 2nd of October until the end of July, with a short recess at Christmas and Easter. Fee, £26 5s., exclusive of the expense of materials, &c., for three months, £10 10s.; for a single month, £4 4s.

**Comparative Anatomy and Zoology:** Dr. Grant, daily, (except Saturday,) at three. Comparative anatomy from the beginning of October to the end of January; zoology from the 1st of February to the 1st of May. For comparative anatomy, £4; for zoology, £3; perpetual, £8.

**Natural Philosophy:** Professor Potter, at a quarter-past four, on Monday, Wednesday, and Friday, from the 17th of October to the 17th of April. Fee, £4.

## SUMMER SESSION.

**Botany:** Dr. Lindley. Junior class till the end of April, at eight A.M. Fee, £2. An elementary course of about forty lectures in March. Senior class daily, (except Monday,) at eight A.M. Fee, £3; perpetual, £6.

**Pathological Anatomy:** Dr. Jenner, Tuesday, Wednesday, and Friday, at nine. Fee, £3; perpetual, £4.

**Paleo-Zoology:** Dr. Grant, daily, (except Saturday,) at three, commencing in April. Fee, £1.

**Practical Chemistry:** Dr. Williamson, Monday, Tuesday, Wednesday, and Thursday, at eleven. Fee, £4, including cost of materials, &c.

**Medical Jurisprudence:** Dr. Carpenter, Monday, Tuesday, Thursday, and Friday, at ten. Fee, £3.

**Midwifery, &c.:** Dr. Murphy, daily, (except Saturday,) at twelve. Fee, £3; perpetual, £6.

**Ophthalmic Medicine and Surgery:** Mr. Wharton Jones. Fee, £3.

**Materia Medica and Therapeutics:** Dr. Garrod, daily, (except Saturday,) at four. Fee, £4; perpetual, £6.

The payments stated above for each class are made by students nominated by proprietors: 5s. additional for every pound, until this extra payment amounts to £4 10s., are paid by those not nominated.

A college fee of 10s. for one class, and £1 for two or more classes, is paid by each student every session: where, however, the course is of short duration, this fee is diminished. The matriculation fee of £2 relieves the student, during the whole course of his study, from the college fee.

At the end of every session, the "Longridge" Exhibition of £40 is awarded as a prize for general proficiency.

## WESTMINSTER HOSPITAL,

Westminster Abbey.

**Physicians**—Dr. Hamilton Roe, Dr. Kingston, and Dr. Basham.  
**Assistant-Physicians**—Dr. Fincham and Dr. Radcliffe.

**Consulting Surgeons**—Mr. Guthrie, Mr. Hale Thomson, Mr. Phillips, and Mr. Lynn.

**Surgeons**—Mr. Barnard Holt, Mr. Chas. G. Guthrie, and Mr. Brooke.

**Assistant-Surgeons**—Mr. Holthouse and Mr. Hillman.

**Surgeon-Dentist**—Mr. Clendon.

**Apothecary**—Mr. Newcomb.

## MEDICAL PRACTICE.

Six months ... ..	£10 10
Twelve months ... ..	12 12
Eighteen months ... ..	15 15
Perpetual ... ..	21 0

## SURGICAL PRACTICE.

Three months ... ..	£8 8
Six months ... ..	12 12
Twelve months ... ..	21 0
Perpetual ... ..	31 10

Conjoint fee for the medical and surgical practice, for the period of hospital attendance required by the Royal College of Surgeons and Apothecaries' Hall, £27 6s.

The hospital affords relief to about 2000 in-patients and 16,000 out-patients annually.

Medical and surgical practice daily, from half-past twelve to two o'clock. Operations on Saturdays at one o'clock.

Post-mortem examinations and demonstrations of morbid anatomy are conducted by Mr. Power, under the superintendence of the physicians and surgeons.

In addition to the clinical instruction given by all the medical officers, special courses of lectures on Clinical Medicine and Surgery will be given by Dr. Hamilton Roe and by Mr. Barnard Holt.

Mr. Guthrie, F.R.S., will also give occasional lectures on some important points of surgery.

Pupils of this school to attend the practice of the Royal Westminster Ophthalmic Hospital, Charing-cross, without additional fee.

A special course of lectures on Dental Surgery is delivered by Mr. Clendon to the pupils, without fee, while instruction in dental operations is given three times a week.

Pupils, when properly qualified to attend lying-in patients, are supplied with cases from the Maternity Charity: Physician, Dr. Frederic Bird; Assistant-Physician, Dr. William Ogle.

Practical Instructions on Pharmacy, with opportunities of dispensing, are given by the apothecary, Mr. Newcomb.

## WESTMINSTER HOSPITAL MEDICAL AND SURGICAL SCHOOL.

## WINTER SESSION.

Introductory Address, by Mr. Barnard Holt, on Monday, October 2nd, 1854, at seven o'clock P.M., after which a Conversation will be held in the Board-room of the Hospital.

**Anatomy and Physiology:** Mr. Hillman, Monday, Wednesday, and Friday, at two. One course, £5 5s.; perpetual, £7 7s.

**Anatomy, Descriptive and Practical:** Mr. Holthouse and Mr. Power, daily, (except Saturdays,) at three. One course, £5 5s.; perpetual, £7 7s.

**Anatomy, Physiology, and Surgery:** Mr. Holthouse and Mr. Power. Dissections superintended by Mr. Power.

**Physiology and General Anatomy:** Mr. Hillman, Monday, Wednesday, and Friday, at two. One course, £5 5s.; perpetual, £7 7s.

**Surgery:** Mr. C. G. Guthrie and Mr. Brooke, Tuesday, Thursday, and Saturday, at half-past nine. One course, £4 4s.; perpetual, £5 5s.

**Medicine:** Dr. Basham, Monday, Tuesday, Thursday, and Friday, at four. One course, £4 4s.; perpetual, £5 5s.

**Chemistry:** Mr. Lewis, Monday, Wednesday, and Friday, at nine. One course, £5 5s.; perpetual, £7 7s.

**Dental Surgery:** Mr. Clendon, Wednesday, at ten. One course, £2 2s. Free to the hospital pupils.

## SUMMER SESSION.

**Materia Medica:** Dr. Basham, Tuesday, Wednesday, and Friday, at two. One course, £3 3s.; perpetual, £4 4s.

**Midwifery, &c.:** Dr. F. Bird, Tuesday, Thursday, and Friday, at four. One course, £3 3s.; perpetual, £4 4s.

**Forensic Medicine:** Dr. Fincham, Monday, Tuesday, Thursday, and Friday, at three. One course, £2 2s.; perpetual, £3 3s.

**Botany:** Dr. Radcliffe, Tuesday, Friday, and Saturday, at two. One course, £2 2s.; perpetual, £3 3s.

**Practical Chemistry:** Mr. H. Lewis. Fee for course, £2 2s.

**Natural Philosophy:** Mr. Brooke, Wednesday, at three. One course, £1 1s.

General fee to all the lectures required by the Royal College of Surgeons and Society of Apothecaries, £44 2s., exclusive of Practical Chemistry.

Fee to all the lectures and hospital practice required, £71 8s., which may be paid at once, or by instalments of £30 at the commencement of the first session, £30 at the commencement of the second session, and the remainder at the commencement of the third session.

The office of honorary demonstrator will be conferred on the second-year's student who shall obtain the prize in practical anatomy, and who will act as assistant demonstrator of anatomy for the year ensuing.

The office of anatomical prosector will be given to the student who, at the termination of the first session, shall have attained the greatest proficiency. He will have to dissect the parts required for the Anatomical course, and will thus obtain the privilege of dissecting for an entire session free of expense.

Clinical assistants, clinical clerks, and dressers, are selected from the best qualified students without extra fee.

### SCHOOL OF ANATOMY AND MEDICINE,

ADJOINING ST. GEORGE'S HOSPITAL,

1, Grosvenor-place.

#### WINTER SESSION.

**Anatomy and Physiology:** Dr. Lankester, Mr. G. E. Blenkins, and Mr. Lane, daily, (except Saturday,) at ten. Course, £6 6s.; unlimited, £8 8s.

**Descriptive and Surgical Anatomy:** Mr. G. E. Blenkins and Dr. A. Deville, daily, at a quarter-past eleven. Course, £6 6s.; unlimited, £8 8s. Dissections under the superintendence of Dr. Deville and Mr. A. Brown.

**Chemistry:** Mr. Rodgers, Monday, Wednesday, and Friday, at nine. Course, £5 5s.; unlimited, £6 6s.

**Medicine:** Dr. Cormack and Dr. Ballard, daily, (except Saturday,) at a quarter-past four. Course, £5 5s.; unlimited, £6 6s.

**Surgery:** Mr. Pilcher and Mr. T. Spencer Wells, Tuesday, Thursday, and Saturday, at nine. Course, £3 3s.; unlimited, £5 5s.

#### SUMMER SESSION.

**Materia Medica and Therapeutics:** Dr. Ballard, daily, (except Saturday,) at four. Course, £5 5s.; unlimited, £6 6s.

**Midwifery:** Mr. Bloxam, daily, (except Saturday,) at a quarter to three. Course, £3 3s.; unlimited, £5 5s.

**Medical Jurisprudence:** Dr. Benjamin J. W. Richardson, Monday, Wednesday, and Friday, at nine. Course, £3 3s.; unlimited, £4 4s.

**Botany:** Dr. Lankester, Monday, Wednesday, and Friday, at half-past eleven. Course, £3 3s.; unlimited, £4 4s.

**Practical Chemistry:** Mr. Rodgers, Tuesday, Thursday, and Saturday, at half-past nine. Fee for course, £3 3s.

**Comparative Anatomy:** Mr. R. T. Hulme, Tuesday, Thursday, and Saturday, at half-past ten. Course, £2 2s.; unlimited, £3 3s.

**Organic and Physiological Chemistry:** Dr. Marcet.

General fee to the whole of the courses required by the College of Surgeons and the Apothecaries' Company, including one course of Practical Chemistry, forty-two guineas, half of which may be paid on the entrance of pupils, and the remaining half in January.

Demonstrations with the Microscope will be regularly given in the courses of lectures on Anatomy, Physiology, Pathology, and Botany.

Pupils desirous of cultivating the important art of Organic Analysis will have an opportunity of doing so, under the direction of the lecturers on Chemistry, in their private laboratories.

Arrangements will be made for the delivery of courses during the summer session, on the following subjects:—Pathology and Morbid Anatomy; Aural Surgery; Ophthalmic Surgery; Dental Surgery; Natural Philosophy.

A classical and mathematical tutor will prepare gentlemen for their preliminary examination at the Hall, Colleges, and Universities.

### ST. LUKE'S HOSPITAL FOR LUNATICS,

Old-street.

**Physicians**—Dr. Alex. J. Sutherland, F.R.S., Dr. Henry Monro. **Surgeon**—Mr. James Luke.

**Resident Medical Superintendent**—Mr. Henry Stevens.

The practice of this hospital is open to a limited number of pupils.

Lectures on the Nature and Treatment of Insanity are delivered annually, by Dr. Sutherland, and clinical lectures are given from time to time.

Clinical clerks are also selected from such pupils as have completed three months' attendance on the hospital practice.

Sessions of three months each commence on October 1st, January 1st, and May 1st, in every year. Fee for each session, £3 3s.

### SCHOOL OF MIDWIFERY,

Russell-place, Fitzroy-square.

#### SUMMER SESSION.

DR. J. HALL DAVIS delivers his annual course of lectures on Obstetric Medicine, with Clinical Midwifery, at 17, Russell-place, Fitzroy-square. These lectures, instituted in 1843, and duly recognised by the examining boards, are illustrated by an obstetric museum, as also by complete apparatus adapted for teaching the student the different operations of midwifery. Further particulars relating to this course, which will commence with the summer term, will be announced in April.

### HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,

Brompton.

**Consulting Physicians**—Sir J. Forbes, Dr. C. J. B. Williams, and Dr. Walshe.

**Physicians**—Dr. Hamilton Roe, Dr. Theophilus Thompson, and Dr. Cursham.

**Assistant-Physicians**—Dr. Cotton, Dr. Quain, and Dr. Wadham.

Pupils are admitted to the hospital practice.

Fees for six months, £5 5s.; perpetual, £10 10s.

Two clinical assistants reside in the hospital. Pupils are eligible to these appointments, which are held for six months. The resident medical officer, Mr. Edwards, receives two dispensary pupils; and further particulars may be learned from him at the hospital.

### PHARMACEUTICAL SOCIETY,

17, Bloomsbury-square.

**Chemistry and Pharmacy:** Mr. Redwood, Tuesday, Wednesday, and Friday, at half-past eight o'clock A.M.

**Botany and the Natural History of Drugs:** Mr. Bentley, Saturday and Monday, at half-past eight A.M.

The Laboratory for Practical Instruction in Pharmaceutical Chemistry, under Professor Redwood, will be opened on Monday, the 2nd of October. The season extends from the 1st of October to the end of July, and pupils may enter at any period during the season.

**FEES.**—Five months, £15 15s.; four months, £13 13s.; three months, £11 11s.; two months, £9 9s.; one month, £6 6s. Students not registered in connexion with the Society pay a fee of one guinea for attendance at each of the courses of lectures.

**THE BOARD OF EXAMINERS.**—The Board of Examiners meet on the third Tuesday in every month, excepting May and September, for examinations and granting certificates of qualification to practise pharmacy. Candidates are required to give notice to the Secretary, before the first day of the month, of their intention to present themselves for examination.

Fee for minor examination and registration as an assistant, £5 5s.; or, if previously registered as an apprentice or student, £3 3s. For major examination and registration as a pharmaceutical chemist, £10 10s.; or, if previously registered as an assistant, £5 5s.

#### PRIVATE TEACHERS.

MR. POWER and Dr. POWER continue, daily, their Lectures and Examinations in the Lecture-room, Exeter-hall, Strand, preparatory for the various examining boards. Mr. Power receives privately, at his own residence, practitioners preparing for the degree of M.D., or College of Physicians; he also prepares by correspondence.

Dr. STEGGALL gives instruction to medical students in all the branches of their studies, including the classics, at his residence, 2, Southampton-street, Bloomsbury-square.

Mr. GEORGE HIND, F.R.C.S., resumed his private course of demonstrations and examinations, on the morning of the 15th instant, at ten o'clock, A.M. Class-room, 29, Newman-street, Oxford-street; private residence, 9, South-crescent, Bedford-square.

Mr. W. WISEMAN, M.C.P., of Kelvedon School, Essex, has made arrangements at his establishment to fully qualify young gentlemen for passing the preliminary examinations at the University of London and Apothecaries' Hall.

# THE LANCET.

LONDON: SATURDAY, SEPTEMBER 16, 1854.

FOR more than thirty successive years it has been our annual custom to address, to those who are about to embark in the profession of Medicine, such advice as may serve to guide them in their first and most important steps. A false step at the outset is not easily retrieved. It may exert a lasting and injurious influence upon the whole future career of the student. He who deliberates well and determines wisely before commencing his journey, will travel pleasantly along the road, and may reasonably expect to attain the goal with safety and success. The necessity of serious deliberation before entering upon any career is a general and obvious truth; but it is pre-eminently necessary before adopting the profession of Medicine. Whosoever shall survey the requirements demanded of aspirants to the honours and emoluments that belong to the various professions, whether of Theology, of Law, of Medicine, of Commerce, or of Arms, will not fail to observe that, whilst the education and mental accomplishments demanded of the medical practitioner are of the highest order, and tested most rigorously, the honours and emoluments to which he can look forward are infinitely below those to which the priest, the lawyer, the merchant, or the soldier may attain. He therefore who in after-life would escape the bitter but unavailing regret that he had chosen a profession in which the toil is great and the worldly reward is small, should ponder well before embracing the profession of Medicine. He whose ambition leads him to aspire to great wealth, social distinction, high place, and an honourable and peaceful retirement, must seek some other career. The physician lives and dies in harness. A large and an oppressive share of his time and skill is a free offering to charity—a voluntary and unrequited contribution to the public service. But for the man who can enter upon it in a spirit of humility,—who regards that as the noblest ambition which aspires to benefit mankind,—whose faith is expressed in the maxim of BACON, “*Efficaciter operari ad sublevanda vitæ humanæ incommoda*,”—such a man may fearlessly and trustfully consecrate his life and his energies to the practice of Medicine.

The science of Medicine, as we have always contended, and as it is now beginning to be understood, is a science that has a far wider application and a far nobler mission than the limited duty of leading the sick back to health. In the present age, more than at any previous epoch of the history of the world, men are brought together into immense masses, under a variety of conditions powerfully and variously affecting the health of individuals and of communities. Thousands of human beings are closely congregated in factories; emigrants and sailors now crowd our transports and men-of-war in numbers unheard of in former times; armies encamp or move about in gigantic masses. The great problem of Medicine now is, not so much how to cure a particular case of pneumonia or of fever, but how to *prevent* the outbreak of pestilence; to discover and to avert all the causes of epidemic and endemic disease; in one word, how to increase the sum of human happiness, to remove the most terrible and the most oppressive incubus upon phy-

sical and intellectual activity, by *preserving* the health of communities. Regarded in this light, the profession of Medicine acquires an importance which it has never yet challenged. When it is considered how many great enterprises by sea and land, of peace and war, may terminate disastrously, if the health of those who are charged with their execution fail, surely the physician, thus necessarily brought into intimate relation with the planners and administrative chiefs, must rise to a conspicuous place in the public esteem. Thus, not only is the mission of the medical practitioner enlarged, but in proportion as he is found more and more essential to the success of enterprises of moment, it may be hoped that a larger measure of public honours and rewards will accrue to the profession of Medicine.

We have thought it not unsuitable, as an introduction to the immediate purpose of this Address, to lay before our young readers this comprehensive view of the duties and scope of the profession we will now suppose them to have selected. To be qualified for success in a calling having such vast and difficult duties to discharge, demands, we need scarcely say, in the first place, a sound and liberal general education. The example set by the University of London, of demanding ample proof of general knowledge as the condition of initiation into the special study of Medicine, is now generally followed. The matriculation examination of the Metropolitan University requires of the candidate a competent knowledge of Arithmetic, Algebra, Geometry, Natural Philosophy, and Chemistry; of Greek and Latin classics; of the English language; of History and Geography; and of either French or German. The Apothecaries' Society has also instituted a preliminary examination framed upon a similar plan. The College of Surgeons has in like manner caught a partial glimpse of truth. A classical and mathematical examination now precedes the examinations for the Fellowship. This is something. Hereafter, possibly, another beam of light may break through the heavy portal of Lincoln's-inn-fields—or as that has a northern aspect, the light may steal in by the back-way—and the candidate for the Membership, the “ordinary-emergency man,” may also be required to show that he can write his native language correctly, and that he possesses the education of a gentleman. But in any case it behoves the student who aspires to take an honourable position in a “learned” profession, not to frame his estimate of the character of the medical practitioner upon the worn-out standard of slow-moving corporations. We therefore earnestly exhort those who may unhappily have neglected their general education, to make the best speed to repair their neglect. We strongly advise those who may feel themselves equal to the ordeal, to take the classical and mathematical examinations of the University of London, and of the Apothecaries' Society, as *early* as possible. The University examination takes place in July. Since the first examination for the degree of Bachelor of Medicine cannot be passed until two years from the date of the matriculation, it is the more important not to delay. The preliminary examination of the Apothecaries' Society takes place twice in the year.

The preparation and acquirements necessary for passing the examinations of both these institutions, though varying somewhat in extent and degree, are of the same kind. It will be found most convenient to pass both as nearly as possible at the same time.

We will now consider the course the student should adopt

in the pursuit of the special knowledge of Medicine. One of the first questions that will arise, is the choice of a school. It is not our custom to point to any one school in preference to the rest. In this number of our Journal—a number specially devoted to the object of placing before the student every information that can be of use or interest—we have gathered together under one view the educational capabilities and particular advantages of all the Schools and Hospitals in the Metropolis.

In all of them we believe the student will find adequate schemes of instruction and competent teachers; and, what is of greater value, fertile fields for observation, in which he may cultivate his mental faculties, and reap the full harvest of knowledge. In stating this opinion, however, we cannot miss the opportunity of adding a remark upon what we have long felt to be a serious defect in the system of medical education in this country. It is a defect which it is very much in the power of the student to remedy. It is for that reason that we are the more desirous to refer to it in this place. There is a vulgar phrase which describes the medical student in London as “walking the hospitals.” The phrase conveys a very false notion of the reality. The student does not “walk the hospitals.” His studies are for the most part limited to one hospital—the particular institution to which he enters—and to which he pays his fees. All the rest are practically closed to him. The boundless materials for medical instruction congregated in this vast metropolis are subdivided into small sections, each offering, to a very limited extent, the advantages which free access to the whole might afford. Should the hospital assigned to him by choice or accident prove deficient in any branch of Medicine; should it, as is the case in some, exclude certain diseases, the student cannot, without great inconvenience and often considerable expense, supply the deficiency by complementary study in other hospitals.

In addition to this, there is another evil attending the plan of confining one's education to the wards of a single hospital. The student hears the opinions and sees the practice of a small set of men. Opinions and practices so taught and repeated before a limited and unchanging audience are apt to become dogmatic and routine in their character. The reaction upon the school and the teacher is pernicious. The effect upon the student is to narrow his mind, to check the spirit of free inquiry, to foster the slavish and dangerous tendency, “*jurare in verba magistri*.” To counteract this tendency, we counsel the student to seize every fair opportunity of extending the sphere of his observation beyond the hospital to which he is especially attached. Let him pay an occasional visit to the wards of other hospitals. Let him compare the views and the practice of the physicians and surgeons of different hospitals. He will find in this pursuit a most valuable guide in THE LANCET “Mirror of the London Practice of Medicine and Surgery.” By this course he will shake off many prejudices; acquire a more extensive and accurate appreciation of the various modes of treating disease; he will learn many truths in pathology that would otherwise escape him; the different and often seemingly opposite modes of treating the same disease, ending perhaps in the same result, which he will witness, cannot fail to give him a more correct insight into the processes of nature, and to enlarge his knowledge of his art. We will go a step further. We would suggest that some liberal and systematic arrangement may be adopted to facilitate the visits

of students to all the hospitals in London. This facility should be afforded to third and fourth year's men, who, having previously acquired the necessary information to enable them to observe profitably, would derive the highest benefit from that mental correction which more enlarged experience never fails to bring. By the course we suggest, the inconvenience and disappointment that now not unfrequently result from being tied down within a narrow circle of observation, would be avoided. The individual student would gain much. Science in the aggregate would gain no less. In Paris, where the hospitals are all under one general management, where no pecuniary impediments obstruct the freest interchange of scientific knowledge, the student enjoys the advantages we have pointed out to the fullest extent. We strongly advise those who are able to do so, to carry the principle yet further, and, before they settle down in practice, to enlarge their knowledge of disease, and to extend their mastery over the ills that flesh is heir to, by comparing the practice of our Continental brethren with our own.

But even with or without this opportunity of enlarged observation, we still do not think the choice of an hospital a matter of the first importance. He who brings to the study of his profession the spirit of independent inquiry; of industry that will not be daunted; and the inestimable quality of self-reliance, will not fail to discover in any hospital ample means of instruction. He who does not feel within him the impulse to learn, the necessity to work,—who waits to be taught, to have a contracted-for amount of Anatomy, Physiology, Materia Medica, Medicine, and Surgery served out to him and packed up for him, as a patient mule waits for the load to be laid upon his back,—will find one hospital as good as another, and all equally useless. Knowledge is for him that seeks it.

The student, then, has made his choice of an hospital. How or in what order shall he prosecute his studies? Upon this point we have little to offer. The curricula prescribed by the College of Surgeons and the Apothecaries' Society, define the order in which the several departments of professional education shall be studied with so much minuteness, that the student has no alternative but to follow that order. Upon the whole, we will admit that the order laid down is a natural and reasonable one. But we are inclined to question the general utility of prescribing an uniform course of study that shall in all cases be rigorously and undeviatingly pursued. It may be doubted whether the adoption of the stringent curricula referred to was not dictated, in a great measure, by a false and unhealthy principle of accepting a conventional *proof of study*, in substitution of *proof of knowledge*. In our system, certificates of attendance upon lectures are largely received as equivalents for examinations. We could wish that our Colleges and Halls would rely a little more upon examination, and be less punctilious about certificates. The University of London, which exhibits the greatest liberality in the matter of certificates, and leaves the student the utmost freedom in his course of study, institutes the most rigid of examinations. We think it will not be disputed that by this policy the University takes the best security for the knowledge of their candidates. Attendance upon lectures and hospitals are amongst the means of obtaining knowledge and skill. But knowledge and skill is the end and aim of study. Our Colleges adopt, very rigorously and very absurdly, a sort of police-spying to ascertain that the student avails himself of the means. By a



curious kind of logic they conclude that he has acquired the end because he possessed the means !

While, however, we counsel a general adherence to the course of study prescribed by the Examining and Certificate-receiving Boards, we would caution our young friends against following it in too literal and servile a spirit. The young student should undoubtedly dissect diligently; he should attend regularly the lectures on Anatomy and Physiology; but he should not defer his visits to the bedside to a late period of study. The observation of disease—of the manifold appliances of modern surgery and medicine—he should commence as early as possible. We will not assent unreservedly to the maxim of BAGLIVI, that, “*Ars medicæ est tota in observationibus;*” but to a great extent it is undoubtedly true. Books should be used, we will not say sparingly, but discreetly; as guides to clinical observation and original research, not as authorities to satisfy the mind with the false notion that they can impart true knowledge, or enable the student to dispense with personal labour. The reader is not necessarily a worker.

For the same reason we would warn the student against voluminous note-taking. Let him beware of heaping up undigested masses of extracts or lectures. The man who does not study out for himself the relations of things, who does not assimilate them, as it were, with his own mental organization by reflection, profits little by accumulating detached scraps of wisdom and alien experience in note-books, or even in his memory. “Memory is not wisdom; idiots can rote volumes. The grafted stock—should that be proud of apples not its own?” It is by meditation, corrected by experiment, putting to the test of reason and practice, that we learn to estimate the truth and value of the writings or dicta of others. When we shall have subjected them to this process, we shall have acquired knowledge that will never desert us, that will be part of ourselves. The best qualities of the mind, the faculties of comparing, of judging, and of prompt and accurate decision, will be thus trained and improved. Intellectual power, often more valuable than mere knowledge, will be possessed. It has been well observed by that acute thinker, SYDNEY SMITH, that “The desirable and useful thing is, that we should carry our knowledge about with us as we carry our health about with us; that the one should be exhibited in the alacrity of our actions, and the other proved by the vigor of our thoughts. I would as soon call a man healthy who had a physician’s prescription in his pocket, which he could take and recover from, as I would say that a man had knowledge who had no other proof of it to afford than a pile of closely-written common-place books.”

In what we have said we have been less solicitous to point out a precise and definite track to be servilely followed, than to impress upon our young friends the importance of cultivating a habit of diligent practical research, of self-reliance, and of independent inquiry. Promptitude of decision, vigor in action, are the great and indispensable qualities of the practitioner. To acquire these inestimable qualities, study, long and patient observation, and experience are necessary.

If labour be now more essential than ever before to master the actual forces of Medicine, there are not wanting other incentives of a more obvious and immediate kind. The principle of competition is now largely recognised. Superior merit is every day becoming more and more the acknowledged title to preferment and confidence. The valuable appointments of the

East India Company are now held out as prizes for the most able. The system will certainly be extended. We are not without hope that something like the *concours* will be adopted as the test of qualification for hospital appointments. The day may yet arrive when men of science and worth will not be compelled to sue for the most sweet voices of brewers, bakers, and grocers. The advent of this much-to-be-desired epoch, the emancipation of an honourable profession from this degrading servitude, will be hastened, if each one of those whom we are now addressing—the rising generation of students—will zealously and honestly strive, not only to make himself an able practitioner, but to make himself worthy of the profession he has chosen. Let him remember that he has a duty to perform, not to himself alone, but to the body to which he belongs. Let him earnestly strive to maintain and to elevate the social and political position of his profession: If he do this in a right and manly spirit, he will not only obtain honour for himself, but take the surest course to promote the great end of the noble science of Medicine—the alleviation of human suffering—the welfare of his fellow-men.

IN reply to a vast number of questions which have been addressed to us on the subject, and in consequence of communications we have received from numerous practitioners, we do not hesitate to express the opinion, that hundreds of lives have fallen sacrifices, within the last few days, to the treatment of Cholera by *castor oil*. All experience has hitherto shown that in nearly every instance, if the diarrhoea and vomiting be stopped at the commencement, a cure is effected. The result of the mass of facts which have reached us, enables us to say emphatically, that we consider the treatment of choleraic diarrhoea by castor oil, and a reliance upon that purgative as the chief anti-choleraic medicine, to be prolific sources of danger and death. It would probably not be erroneous to allege that the whole of the 2,362,236 persons, which are mentioned as constituting the population of London in the last week’s Report of the Registrar-General, are every one—man, woman, and child—affected at the present moment by the agencies which produce Cholera; and that in many thousands of them a few doses of castor oil, or of any other active purgative, would be sufficient to excite the disease in its most virulent form. In our next we shall refer to this subject at greater length.

IN the crowded state of our columns this week, we have only space to briefly, but emphatically, urge upon our brethren the value and importance of filling up the “Returns of Choleraic Disease” just issued by the General Board of Health. It is only by the cordial co-operation of medical practitioners in such a praiseworthy work, that anything like accurate data can be arrived at for determining the laws which regulate the fatal disease known as Cholera. We feel confident that the President of the Board of Health will not be disappointed in the assistance which he will receive in this inquiry from the members of the medical profession.

MEDICAL BENEVOLENT COLLEGE.—The first legacy of £100, bequeathed by the late Mrs. Barr, has just been handed to the treasurer, by the executor, J. R. Unwin, Esq., surgeon, of Brixton, at whose suggestion it was bequeathed. As it is, doubtless in the power of many members of the profession to benefit the College in like manner, we trust that this is only the precursor of many such benefactions.

## THE PROGRESS OF CHOLERA IN THE HOSPITALS OF LONDON.

THE rapid and fearful spread of the epidemic, in the early part of this month, has been especially felt in those hospitals situated in the vicinity of the principal foci. Guy's and St. Thomas's, on the south side of the Thames, receive a great many cholera patients, owing to the great prevalence of the disease in the south districts; and the Middlesex and University College Hospitals have also had a large influx, in consequence of the sudden and appalling concentration of the choleraic miasm in a certain portion of the western sub-district, called St. James's, Westminster, (Berwick-street, Golden-square, &c. &c.)

When we made inquiries at the Middlesex Hospital, on September 4th, which were kindly and readily answered by Mr. Sibley, the house-physician, we found that on that day there were no less than sixty cholera patients in the house, even the surgical wards having been invaded by them. Mr. Sibley considers that on September 1st, at eight in the morning, (the disease generally appearing, as is well known, a few hours after midnight,) a sudden outburst of cholera took place in the neighbourhood above-mentioned; and in the space of three days no less than 120 patients were brought to the Middlesex Hospital, a great number being, besides, sent to University College Hospital, for want of room. Most of the cases were in the last stage, and it may therefore be easily imagined how great the mortality must have been. It is reckoned that about two-thirds of the patients have sunk. The treatment mostly used at the Middlesex Hospital has been the saline, with the addition of small doses of calomel, and moderate stimulation.

It will be perceived, that owing to the large number of cholera patients admitted into this hospital, no separate accommodation could be thought of; but the wards are kept thoroughly ventilated, and in each of them we remarked large dishes, containing a mixture of manganese, sulphuric acid, and common salt. In fact, so plentifully is chlorine evolved, that the smell of this gas is readily observed on entering the hospital.

At University College there were about eleven cholera patients in the house on September 8th, the number of admissions since September 2nd having been about twenty-five. The proportion of deaths has been nearly one-half, the line of treatment consisting of small doses of calomel, according to Dr. Ayre's plan.

At Guy's the same rapid increase noticed in some of the western districts was observed, and more than twenty-five patients were admitted between the 1st and 4th of September; of these, up to the latter date, about seven had died; and on the day of our visit to the hospital, injections into the veins were being tried, but with no evident success. Several cases, (about five or six,) have occurred in the medical wards amongst patients admitted for other diseases, but no seizures have been observed on the surgical side.

At St. Thomas's, on September 5th, there were twelve cholera patients in the house; and since September 1st no more than about twenty had been admitted. The mortality has been comparatively small, as only one-third have sunk. Of course, all depends on the stage in which patients are admitted; but we may add, that at this hospital care is taken that the means used be extremely few, the over-medicating of patients being sedulously avoided.

At Charing-cross Hospital, up to September 5th, about fourteen cases have been admitted; this being a great increase, as in our last report this hospital was stated to have received but one cholera patient. The treatment adopted is the same as we mentioned in the account above alluded to—viz., dilute sulphuric acid and artificial heat.

The German Hospital, Dalston, had, up to a recent date, been remarkably free from cholera cases, but the renewed outbreak has also been felt here. The sudden influx took place on September 3rd, and hardly had the first patient been admitted, than a man, already an inmate, and under treatment for another disease, was seized with cholera. On September 6th, there were nine cases in the house; the deaths up to that date having been only two. Some of the patients were brought in by the police as accidents, the individuals, amongst whom was an Italian organ boy, having been stricken in the public thoroughfares. The treatment adopted by Drs. Sutro

and Weber, in this hospital, consists of small doses of calomel and opium, with moderate stimulation, in the shape of port-wine, &c.

At St. Mary's Hospital, Paddington, we were informed, by Mr. Ormerod, one of the resident medical officers to the institution, that only one new case was admitted on September 11th, and no cholera patients had been brought in for the previous four or five days. Since the beginning of the epidemic, about twenty-four cases of cholera have been treated; the number of deaths having been a little above half that number. It will be perceived that the disease is in this district rapidly decreasing. Dr. Chambers prescribes calomel when the vomiting is severe and there is but little purging; but when the alvine dejections are very numerous, he gives sulphuric acid. This latter medicine has been found very efficacious; but when the looseness is not controlled by the administration of the acid, injections of a scruple of acetate of lead to six ounces of water have been extremely serviceable. When sickness was present without purging, castor oil has been tried, with no satisfactory results. In the secondary fever, when there was congestion about the head, Dr. Chambers has ordered leeches to the anus.

At the Westminster Hospital eight cases were in the house on September 11th, and it was computed that about eighty cases had been admitted since the outbreak of the epidemic. Of these about half had died; but it should be observed that a great many were brought into the house in a hopeless state of collapse. The treatment is still the same as mentioned in our former report—viz., calomel and opium, stimulants, warm baths, &c. There have been noticed at this hospital several distinct outbursts of the disease, when the influx was very large, and Dr. Fincham, who has the care of many of the cases, suspects, with some reason, that these outbursts are owing to a sudden concentration of the virus upon one locality. The patients seized with the disease seem to have inhaled a large proportion of the miasm, and, indeed, so large, that the organism soon sunk under its effects.

At St. Bartholomew's there were, on September 11th, twelve patients in Bentley ward, (male,) and about the same in Lucas ward (female.) Since the outbreak, seventy-four women and 120 men have been admitted. Mr. Wood, the resident medical officer, who answered our inquiries with great readiness and courtesy, considers that many of these cases presented symptoms which would justify the name of choleraic diarrhoea; these were benefited in a remarkable degree by calomel and opium, (in doses of five grains of the former and one of the latter,) given more or less frequently according to circumstances. The number of deaths has been twenty-three females and twenty-nine males. Dr. Black has given a trial to cold water; and some cases have also been treated with castor oil and capsicum, but the results have not been peculiar. One fact, however, has been clearly elicited—viz., the reviving effect of the injection of a saline solution into the venous system. The proportions have been so regulated as to imitate the saline constituents of the serum of the blood. Mr. Wood has used the following quantities:—Common salt, three ounces; phosphate of soda, one ounce; bicarbonate of soda, one ounce and a half; sulphate of soda, half-a-drachm; water, as much as is sufficient, at 98° Fahr., to get a solution of a specific gravity of 1030. Of this fluid about thirty ounces were injected in two cases. Both patients were remarkably revived by the operation, but died some hours afterwards.

At the Royal Free Hospital the epidemic is on the decrease, as on September 11th there were only twelve cases in the hospital. The deaths have been more than half, and it was stated that some patients had had no premonitory symptoms. The treatment has been the same as described in our former cholera report, (see THE LANCET, vol. ii. 1854, p. 192,) and castor oil has been tried, but with no success.

At King's College Hospital there were seven patients in the house on September 11th. Dr. Johnson is still pursuing the castor oil plan. It is reported that he obtains favourable results, and that a large majority of the patients have recovered.

At St. George's Hospital about twelve patients were under treatment on September 11th, the cases admitted for the last three days being about seven, five, and two. Amongst the inmates of the house, the surgery-man and one nurse have died, the latter having had the care of a ward where numerous cholera patients were placed. These are here distributed through the ordinary medical wards. At the present time large doses of sal volatile are being tried.

At the London Hospital seven cases were under treatment on September 12th, three having been admitted on that

day. The treatment has not varied much from the method followed in former epidemics.

It will be perceived that, excepting the outburst in St. James's, Westminster, the disease is on the decrease in public institutions, and it is to be hoped that, with the active exertions of the Board of Health, the different local authorities, and the medical profession, the amount of danger will gradually diminish.

## THE CHOLERA.

RELATIVE to the progress of the Cholera in the Metropolis, we condense the following from the "Weekly Return" of the Registrar-General, for the week ending September 9th:—

Districts.	Elevation above water mark.	Population (1861).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	208
Central (St. Giles, &c.).....	49 "	393,256	117
Western (Kensington, &c.)	28 "	376,427	545
Eastern (Shoreditch, &c.)...	26 "	485,522	208
Southern (St. Saviour's, } Lambeth, &c.) }	6 "	616,635	972
			2050

Of these 954 were males, 1096 females.

614 " under 15 years of age.

1128 " above 15 and under 60.

287 " above 60 years old.

276 persons are stated to have died from *diarrhœa*.

The deaths from cholera in the last nine weeks have been 5, 26, 133, 399, 644, 729, 847, 1287, 2050, and in the aggregate 6120 persons have lost their lives by the disease.

Much discussion has taken place as to what may have been the chief exciting cause of the particularly severe local outbreaks of the disease which have taken place within the last fortnight in certain parts of London and its suburbs. Much obloquy has been cast upon the Commissioners of Sewers for selecting this particular time for the purpose of opening so many conduits, to the great danger and alarm of the inhabitants of certain districts. Wood-street, Cheapside; and Suffolk-street, Clerkenwell, have been especially referred to, as also the districts of King-street, Cannon-row, &c., near the houses of Parliament. We ourselves can testify to the alarm of the residents, and the disgusting smells, &c., pervading some spots in Westminster, where mounds of black clay and seething mud are piled up almost to the first-floor windows, the whole length of a narrow (now impassable) thoroughfare. The open sewers of St. George's, Camberwell, and certain parts of the great Chelsea sewer, have received, in particular, animadversion.

A correspondent in *The Times* of Tuesday, adverts to the probability of the recent severe outbreaks of cholera in districts east of Regent-street being greatly induced by house-drains communicating with the leading sewers not being "trapped." The mockery of such a system of sewerage or drainage must be obvious to all. As it would be unwise to disturb these sewer openings at the present moment, when the atmosphere seems tainted with the prevailing epidemic, it has been suggested that a tarred sack should in dry weather be laid over each street grating, so as to prevent the escape of effluvia. It would be but a trifling exercise of trouble for the servant of the person whose house might be in front of the grating, or for the police during the night, to fold the piece of tarred sacking back, so as to allow of the escape of water, should a fall of rain occur.

In connexion with the sudden and intense malignancy of the irruption of the cholera on the south side of Oxford-street, and certain portions of Soho, the following amongst other communications to the public papers, has appeared in *The Times*:—"The pit alluded to by Macaulay as having been dug at the east of Regent-street, opposite Conduit-street, when the great plague was raging, and into which the dead-carts had nightly shot corpses by scores, is situated within the area bounded by Argyll-place, King-street, Tyler-street, and Marlborough-street. Little Marlborough-street stands directly over the pit. In excavating for sewers here some time since, the ground disturbed was found to consist chiefly of black decayed animal matter, mixed with bones. On discovering this, precaution was taken not to remove more of it than was possible, what was thrown

out was covered over with quick-lime, and carted away, and the contract hastily completed. The sewers hereabout, to my knowledge, (with the exception of the sewer in Great Marlborough-street,) are as perfect as sewers can be, and free from accumulation. What can have produced the fearful mortality in this neighbourhood I cannot conceive. It is true that the houses generally are closely built together, and are very dilapidated, with little or no open areas or yards back or front. They are, moreover, densely populated by the poor, most of the floors and rooms being let off to separate families and persons."

From the reservoir within the garden enclosure of St. James's-square, the whole of the water has been drawn off, and the open space filled up with earth, a fresh grassplot being laid on the surface, which will doubtless be not less fragrant to the inhabitants than the stagnant pool of water that has for so many years been suffered to exist. The fact that these open pieces of water in the metropolis are most objectionable is satisfactorily proved from the cart-loads of offensive matter which had encrusted the basins of the fountains in Trafalgar-square, and which were not removed until the attention of the authorities about this time last year had been aroused to a conviction, that if suffered to remain in that state, it was calculated to produce malaria and disease in its worst form throughout the neighbourhood. The whole theory, indeed, of forming serpentine, lakes, fountains, and ornamental (?) pools of water within or near to the precincts of large towns in such a damp, foggy, chilly climate as our own, is contrary to the principles both of propriety and æsthetics. The air is here damp or wet enough in all conscience, without attempting to add to it by such artificial media as it is now the fashion to praise.

Mr. Tilley, the surgeon of the Westminster Dispensary, was seized with cholera on Sunday evening, shortly after having attended some cases of the disease, and so violent was the attack, that in a few hours, notwithstanding every effort of medical skill, his case became hopeless. The Rev. Nugent Wade, the rector of the parish, who administered the last rites to the moribund, became himself very ill, as did also Mr. Bowles, a medical gentleman present. The body was buried as quickly as possible.

The foreign obituary for the last week announces the death, near Naples, of the Cavaliere Melloni, the distinguished physician and savant; as also the death, by cholera, of two well-known journalists of Augsburg—viz., Dr. Widemann, the editor of the *Ausland*; and Herr Mebold, one of the directors of the *Augsburg Journal*.

The cholera has been increasing in Scotland. In Edinburgh and Glasgow the disease is said to give way according as sanitary measures are carried out with effect; but in some of the more densely-peopled localities it seems to have got a very firm footing. In most other towns isolated cases have appeared. In the city of Aberdeen there have been several cases, and on Sunday an Irish family, in one of the lowest localities, had four deaths—a mother and three children—out of five persons attacked. The local authorities were indefatigable in their sanitary efforts, and the general health of the city is good.

The great demand made upon our space this week will only permit us further to remark, that we have received a communication (illustrated with cases) upon an asserted highly satisfactory mode of treatment put in force in the Mauritius (on the Wolmar estate) during the present epidemic. Our correspondent writes, "It appears to have been entirely successful, by the Divine blessing, in every case upon this estate—viz., 124—up to the 11th of July (one old man only having died of the cholera, in whose case the treatment alluded to was not used.).....It is to administer thirty grains of ipecacuanha, and two grains of tartar emetic, as soon as possible, followed by quantities of warm water in the usual way, (i.e., from six to ten quarts,) and repeat the same dose if all the bad symptoms have not disappeared after the result of the first, (but which was not often requisite,) followed, next morning by a dose of castor oil. In some instances thirty drops of diluted sulphuric acid were administered after the emetic." The details of thirteen cases are appended to the report, and also the statement, that the manager of the estate was first led to adopt this treatment from finding it successful in the first two cases, which had been regarded as instances of poisoning.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, SEPTEMBER 9.—In the week ending Saturday last, 3413 persons died, or 2165 more than have on an average died in the corresponding week of former years. In addition to 2050 deaths from cholera, 276 persons have died of *diarrhœa*.

## TERMS FOR ADVERTISING.

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## TO CORRESPONDENTS.

THE extraordinary pressure upon our space this week has prevented us from inserting any account of the proceedings of the meeting of the Provincial Medical and Surgical Association, held at Manchester on the 13th and 14th instant.

*A Friend of Dr. Scott.*—Our correspondent writes as follows:—"The original plan proposed by Dr. Parkes, and submitted, I believe, by Dr. Scott to the Court of Directors, was a job still more objectionable than the one now consummated by the advice of Sir James Clark. It was, that certain schools of Medicine should have a number of appointments, proportioned to the number of pupils, to give away on the recommendation of the Professors. This was abandoned, on its being shown to be contrary to the Act of Parliament. But the appointment of Dr. Parkes and Mr. Paget, to a certain extent, carries out this principle; for who can doubt that the pupils of University College and St. Bartholomew's will have a far better chance of success than the pupils say of St. George's or Guy's?—and who will doubt, with such examiners as Dr. Parkes, Mr. Paget, and Mr. Busk, that a knowledge of cytoblasts, granular molecules and cells, will be far more esteemed than a sound knowledge of fever, dysentery, cholera, liver diseases, and other disorders incident to India?"

*Dr. W. Bishop.*—It is not likely, under such circumstances, that any mischief would result to the bitten person.

*Medicine, (Newcastle.)*—The disgraceful paragraph has not escaped us. We will inquire into the matter.

*J. K. B.*—If it be true that the authorities of Bow and Poplar have appointed two druggists to prescribe for persons affected with cholera, the fact should be distinctly stated, and the names of the parties given.

*Mr. H. Wilkinson.*—Our opinion remains unaltered. We shall publish Mr. Walker's decision, with remarks. In the case of *Gremaire v. Le Clerc* *bois Valon*, Garrow was for the plaintiff, and clearly admitted that his client was unlicensed. Lord Ellenborough's express opinion, "that the action was maintainable," has never, we believe, been overruled. The rule nisi afterwards obtained to set aside the verdict, which was for the plaintiff, did not touch the question of the plaintiff's right to recover. But it must be remembered, in addition to this, that the plaintiff in the late action at Rotherham was duly qualified to practise as an apothecary. We shall, on an early occasion, go further into this subject.

*H. A. T. (Reading)* is thanked for his communication, which we have made use of as he wished.

*Mr. S. Newham, (Bury St. Edmund's.)*—The proposals shall receive attention.

*A Young Surgeon.*—Mr. Coulson's work on "Lithotomy and Lithotomy."

*J. A. M.*—Under such circumstances, the guardians are not liable. Cannot the patient himself afford to pay?

*Truth* states that Dr. Ayton treated him, when suffering from cholera in 1832, precisely as Dr. Johnson now treats the disease.

*M.D., (Dover.)*—Our correspondent's inquiries about the German schools shall be answered next week.

*Mr. J. H. Tucker.*—Our space does not admit of the publication of the correspondence. The letters from the *Morning Post* were forwarded to us some time since, but we declined to re-publish them. It would appear that Mr. Bodington has clearly made out his claim to be the first person to recommend the employment of sulphuric acid in Asiatic cholera. We should be glad to see the pamphlet which Mr. Bodington published on the subject.

*Dr. E. Fowler.*—At present our space will not allow of the publication.

*An Old Subscriber.*—Though disinclined to enter into the subject, we have no difficulty in arriving at the conclusion, that Mr. Breary, if sinning, was much sinned against. The little pamphlet which he has circulated tends to show that his enemies were not over scrupulous of the means which they employed to overthrow him. The notes appended to the "Explanation" are from gentlemen well acquainted with the subject, and should be regarded accordingly.

*A Subscriber.*—The Manchester Royal Infirmary contains 200 beds. We cannot answer the other question this week.

*Mr. Critchett's* interesting and successful "Case in which Local Anaesthesia was employed in an Operation upon the Eye," and other papers and cases in type, are unavoidably postponed.

*A Subscriber to THE LANCET from its first Number.*—Much inconvenience would attend the carrying out of such a suggestion, which, however, would demand most serious consideration if the epidemic were not on the decline. Mr. Chaplin's communication arrived too late for insertion this week.

## THE CASTOR OIL TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Do you think that Dr. George Johnson has added to his reputation by the recent puff in your daily contemporary? Purgatives and castor oil amongst them, have been tried at various times, without success, and in the late serious outbreak they were found equally unavailing.

Dr. Johnson has taken up an old plan of treatment, and applied it to a theory, which he has appropriated without the least acknowledgment. He hopes to settle the whole question by the results of *affirm* cases, taken, it may be remarked, not from any one quarter where the disease is raging in a virulent form, but scattered and isolated cases, which are well known to be by far the least fatal. His view of the nature of the disease, as many of your readers have already noticed, is obtained from the work of Mr. J. G. French, the "Nature of Cholera Investigated," first published in 1835, and of which a second edition appeared last year.

I append a few passages from Dr. Johnson's letter, and place them side by side with extracts from Mr. French's work.

DR. GEORGE JOHNSON.

"For, what reasonable explanation can we suggest for the phenomena of cholera except this,—that some mysterious poison enters the blood, which, while it exerts a powerful depressing and narcotic influence on the entire nervous system, in most cases excites a copious secretion into the stomach and intestines, whereby the poison is separated from the blood, and thus ejected from the body?"

And if this be the rational pathology of cholera, what treatment is so likely to be injurious as that which attempts by narcotics and astringents to arrest the discharges?

What procedure so full of promise as that which has for its object to favour and assist the elimination of the poison?

I may, however, remark in passing, that there is no relation between the degree of collapse and the amount of fluid which is lost by purging; that in many cases there is rather an inverse ratio between the collapse and the diarrhoea, and that the former often decreases and disappears while the latter continues with unabated rapidity.

A patient with a cold tongue has not a very delicate sense of taste, and we have had no difficulty in administering the medicine. It sometimes excites vomiting, and we have had such decided evidence that the effort of vomiting is beneficial, that we are rather gratified than otherwise with this result.

In every case we give cold water ad libitum."

Dr. Johnson would at least have shown better taste by referring to the source whence his views were drawn, instead of leaving it to be inferred that his plan of treatment arose necessarily out of a theory which was the result of his own experience and study. It is rather too bad that Mr. French's logical theory should be violently torn from him, and dressed up for the public taste, with castor oil, by Dr. Johnson.

Yours obediently,

M.D.

*ERRATUM.*—In the article "Langley on Bloodletting," in last week's *LANCET*, p. 208, first col., line 28, for 27th December, read 27th March.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir G. Ballingall, (Albion); Dr. J. MacAdam, (Glasgow); Mr. Hamilton, (Milton, near Abington); Messrs. Woodhead and Worsnip, (Bradford); Mr. H. Wilkinson, (Rotherham, Yorkshire); Mr. C. W. Everett, (Salisbury); Mr. T. Wade, (Halifax Infirmary); Mr. C. Johnson, (Ousefleet, with enclosure); Mr. W. H. Tuckett, (Clydach); Mr. E. Payne, (Bath); Dr. McChie, (Glasgow); Mr. P. R. Giles, (Hereford); Omicron, (Lutterworth); Mr. A. Lindsay, (Glasgow, with enclosure); Mr. J. Horan, (Bromley); Mr. G. C. Sharman, (Wellingborough, with enclosure); Dr. Joseph Romilly; Dr. Alfred Hill; Dr. R. Fowler, Army Medical Department; Mr. W. Bishop; Dr. W. Sanders; Dr. Vernon; J. A. M.; A Subscriber to *THE LANCET* from its first Number; Dr. W. Smith; Q. Q. Q.; Mr. T. Chaplin; Mr. Theale; Bristol Medical School; Mr. B. Rogers; Mr. E. Hooker; W. C.; Association for Repealing Taxes on Knowledge; Mr. W. N. Torrione; Mr. John Aitken; Dr. Matthew Corner; University of Edinburgh; A Friend of Dr. Scott; Lector; Medicine, (Newcastle); J. K. B.; Mr. Mushet; H. A. T. (Reading); An Old Subscriber; A Twenty-one Year's Subscriber; Delta; A Young Surgeon; M.D., (Dover); A Subscriber; Truth; Mr. J. H. Tucker; Mr. S. Newham; M.D.; Mr. W. S. Waller; Mr. Wm. Cowan, (Detroit, U.S., with enclosure); &c. &c.

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(July 29th, 1864.)

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**"THE MEDICAL TIMES,"**

(August 5th, 1854.)

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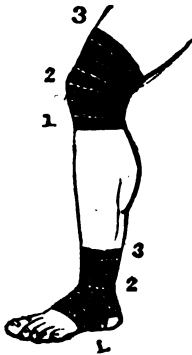
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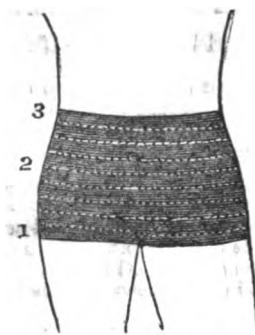


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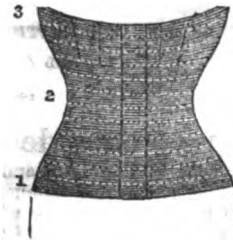
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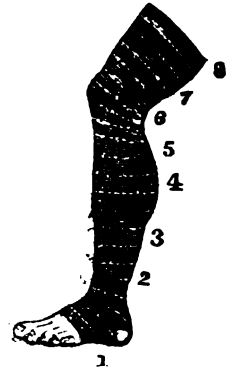
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Mr. Bourjeaurd, in submitting the above four Engravings as illustrating the nature and special design of his Apparatuses, most earnestly begs to call the attention of Professional Gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the Public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaurd wishes, therefore, to caution Medical Gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spinal Supporter, except the articles come from his own Establishment, No. 11, Davies-street, Berkeley-square, (opposite Mivart's Hotel,) London; and No. 17, Rue des Beaux Arts, Paris.

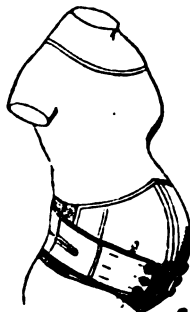
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**Fr. G. Ernst, Anatomical Machinist** and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam Eraser (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

**Surgical Instruments, and every** Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, **JAMES ARNOLD, 35, WEST SMITHFIELD, ST. Bartholomew's Hospital, London.**

Single Circular Trusses .....	s. d.	On Coler's Expired Patent .....	s. d.
Double ditto .....	5 0	Double ditto .....	10 0
On Salmon's Expired Patent ...	4 6	Cotton Net Suspensory .....	0 10
Double ditto .....	9 0	Elastic Stocking Net Bandage, per yard .....	0 4
Case of Tooth Instruments .....	21 0 0		
Case of Cupping Instruments .....	2 13 6		
Case of Pocket Instruments .....	1 0 0		
Brass Enema Syringe, complete in mahogany case .....	0 10 0		
Case of Dissecting Instruments, Ivory handles .....	0 12 0		
Best Bleeding Lancets, per dozen .....	0 15 0		
	0 18 0		



## Huxley's Fulcrum

ABDOMINAL BELT will be found, from its mechanical arrangement, (acting diagonally,) and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4oz. Price 18s.

Measures required.—Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the profession.  
**HUXLEY and CO., 8, Old Cavendish-street, late of 5, Vere-street, Oxford-street.**

**Water Filter for the Pocket, with** DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.

**J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-square.**

**Anatomical and Dental Repository,** 45, Museum-street, Bloomsbury, London.—**JOHN HARNETT** begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

**When using Chloroform, if a cessation** of the Heart's action suddenly supervenes, the Inhalation of the Lungs with OXYGEN GAS will be more likely to restore animation than any other remedy.—**BARTH'S PATENT PNEUMATHIC APPARATUS** supplies Oxygen Gas in a compressed form, and will also measure and force it into the Lungs.—Send a Card and one Postage-stamp for a Prospectus, to George Barth, No. 4, Mornington-crescent, London.

**Dissecting and Post-Mortem Instruments.** New and Second-hand. Surgical Instruments of the best description; A. URE'S New Urethrotome for Stricture; New Uterine Compress; Newly Improved Pessary; Instruments for Army and Navy Surgeons; DARTNELL'S Patent Truss; Trusses for Union Surgeons; Enema Syringes; New Syphon Enema, as supplied to the Army; New Spinal Machine, pronounced the best ever invented.—at **PRATT'S, Surgical Instrument Maker, 480, Oxford-street.**

## Ladies' Belts. — Bailey's Elastic

**LADIES' BELTS** are found to be some of the most useful articles in his establishment. They are worn by those who are delicate in constitution, as they support the Back and Abdominal Muscles, giving the greatest possible comfort before and after Accouchement. They are without Buckles or any incumbrances, and easily adjusted. Prices, 18s., 32s., and 42s.

Those without Elastic are much used by Surgeons for persons immediately after Accouchement, and called Bailey's Compressing Belts. Price 10s. 6d., 15s., and 25s.

Hospitals and Lying-in Institutions supplied.

Females in attendance, and private rooms for trying on.

Address, **WM. HUNTLY BAILEY, 418, Oxford-street, London.**

## Teeth.—Mr. Alfred Jones, of Gros-

venor-street, has recently completed a new and important improvement in the construction of ARTIFICIAL TEETH. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the first medical men, the nobility, and gentry, from whom he has received the most flattering acknowledgments of success. Supplied only by **MR. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.**

## St. Thomas's Medical Session. — A

General Introductory Address will be delivered by SAMUEL SOLLY, F.R.S., on Monday, 2nd October, 1854, at Eight o'clock P.M.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as Perpetual.

### SCHOLARSHIPS AND PRIZES FOR 1854-55.

A Scholarship of £20 for the best voluntary Classical and Mathematical examination, at the commencement of the Student's Hospital attendance.

Two Scholarships, for first year's men, each of the value of £20.

The Two House-Surgeons, the Fifteen Dressers, and the Resident Accoucheur, will be selected according to merit; and provided with Rooms and Commons in the Hospital, free of expense.

The President's Prizes. The first, 10 Guineas. The second, 5 Guineas.

Prizes and Certificates of Honour, in each of the different Classes.

Mr. Newman Smith's Prize, £5. The Cheselden Medal, and Dr. Roots' Prize, 10 Guineas.

The Treasurer's Prizes. The first, a Gold Medal. The second, 5 Guineas. And Three of 10 Guineas to Clinical Medical Clerks.

### MEDICAL OFFICERS.

Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Ridsden Bennett, Dr. Goulden, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Peacock, Dr. Bristowe, Dr. Waller, Mr. Whitfield.

A Systematic Course of Clinical Medicine, with Clinical Instruction in the Wards—Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Dr. Griffiths.

Medicine—Dr. J. Ridsden Bennett.  
Surgery—Mr. South.  
Physiology—Mr. Grainger and Dr. Brinton.  
Descriptive and Surgical Anatomy—Mr. Le Gros Clark and Mr. Rainey.  
Chemistry and Practical Chemistry—Dr. R. Dundas Thomson.  
Midwifery—Dr. Waller.  
Practical Midwifery—Dr. Griffiths.  
Diseases of the Teeth—Mr. E. Saunders.  
General Pathology—Mr. Simon.  
Botany—Dr. Bristowe.  
Comparative Anatomy—Mr. Huxley.  
Materia Medica—Dr. Peacock.  
Forensic Medicine—Dr. Brinton.  
Anatomical Demonstrations—Mr. Rainey, Mr. Barwell, and Mr. Jones.  
Demonstrations in Morbid Anatomy—Dr. Bristowe and Mr. Jones.  
Microscopical Demonstrations—Mr. Rainey.

To enter, or to obtain further information, apply to Mr. WHITFIELD, Medical Secretary, resident at the Hospital.

## University College, London. —

FACULTY OF MEDICINE. SESSION, 1854-55.—The Classes will Commence on Monday, the 2nd of October. Introductory Lecture by Professor CARPENTER, M.D., at Three o'clock.

Classes in the order in which Lectures are delivered during the day:—

### WINTER TERM.

Anatomy—Professor Ellis.  
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.  
Chemistry—Professor Graham, F.R.S.  
Comparative Anatomy—Professor Grant, M.D., F.R.S.  
Surgery—Professor Erichsen.  
Medicine—Professor Walshe, M.D.  
Dental Surgery—Hubert Shelley, M.B.  
Practical Anatomy.—The pupils will be directed in their studies during several hours daily by Professor Ellis and Dr. Boon Hayce, Demonstrator.

### SUMMER TERM.

Botany—Professor Lindley, Ph. D., F.R.S.  
Pathological Anatomy—Professor Jenner, M.D.  
Paleo-Zoology—Professor Grant, M.D.  
Practical Chemistry—Professor A. W. Williamson, Ph. D.  
Midwifery—Professor Murphy, M.D.  
Forensic Medicine—Professor Carpenter, M.D., F.R.S.  
Ophthalmic Medicine and Surgery—Professor T. W. Jones, F.R.S.  
Materia Medica—Professor Garrod, M.D.

Analytical Chemistry—Professor Williamson, throughout the Session.  
Logic, French, and German Languages, Natural Philosophy, Geology, and Mineralogy.—according to announcement for the Faculty of Arts.

### CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.  
Physicians—Dr. Walshe, Dr. Parkes, and Dr. Garrod.  
Obstetric Physician—Dr. Murphy.  
Assistant-Physicians—Dr. Jenner, Dr. Hare.  
Surgeons—Mr. Quain, Mr. Erichsen.  
Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.  
Ophthalmic Surgeon—Mr. Wharton Jones.  
Assistant-Surgeons—Mr. Marshall, Mr. Statham.  
Dental Surgeon—Mr. Shelley.  
Medical Clinical Lectures by Dr. Walshe and Dr. Garrod; also by Dr. Parkes, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of lessons and examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.  
Surgical Clinical Lectures, specially by Mr. Quain; and by Mr. Erichsen.  
Lectures on Ophthalmic Cases, by Mr. Wharton Jones.  
Practical Instruction in the Application of Bandages and other Surgical Appliances, by Mr. Marshall.

Prospectuses may be obtained at the office of the College.  
RESIDENCE OF STUDENTS.—Several of the Professors receive students to reside with them; and in the office of the College there is kept a register of parties unconnected with the College who receive boarders into their families. Amongst these are several medical gentlemen. The register will afford information as to terms and other particulars.

G. VIVIER ELLIS, Dean of the Faculty.  
CHAS. C. ATKINSON, Secretary to the Council.

August, 1854.  
The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, the 17th of October.  
The Junior School will open on Tuesday, the 26th of September.

## London Hospital Medical College. —

The WINTER SESSION will Commence on Monday, October 2nd, when an Inaugural Address on the opening of the New College will be delivered by Dr. LITTLE, at Three P.M.

### Medicine—Dr. Little.

Surgery—Mr. Curling, F.R.S., and Mr. Critchett.  
Descriptive and Surgical Anatomy—Mr. Adams.  
General Anatomy and Physiology—Dr. Carpenter, F.R.S.  
Practical Anatomy—Mr. N. Ward, Mr. Wordsworth, and Mr. Gowland.  
Chemistry—Dr. Letheby.  
Pathological Histology—Dr. Clark.  
Dental Surgery—Mr. Barrett.

### SUMMER SESSION, 1855, commencing May 1st.

Midwifery—Dr. Ramsbotham.  
Materia Medica—Dr. Davies.  
Forensic Medicine—Dr. Ramsbotham and Dr. Letheby.  
Botany—Mr. Bentley.  
Comparative Anatomy—Mr. Coles.  
Practical Chemistry—Dr. Letheby.

General fee to the Lectures, £50; to the Hospital Practice and Lectures, eighty-four guineas, payable in two instalments of forty-two guineas each, at the commencement of the two first Winter Sessions. Applications by post to be made to the Honorary Secretary.

## St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will Commence on October 2nd, with an Introductory Address by Dr. BURROWS, at seven o'clock P.M.

### LECTURES.

Medicine—Dr. Burrows.  
Surgery—Mr. Lawrence.  
Descriptive Anatomy—Mr. Skye.  
Physiology and Morbid Anatomy—Mr. Paget.  
Chemistry—Mr. Stenhouse.  
Superintendence of Dissections—Mr. Holden and Mr. Coote.

### SUMMER SESSION, 1855, Commencing May 1st.

Materia Medica—Dr. Roupell.  
Botany—Dr. F. Farre.  
Forensic Medicine—Dr. Baly.  
Midwifery, &c.—Dr. West.  
Comparative Anatomy—Mr. M'Whinnie.  
Practical Chemistry—Mr. Stenhouse.  
Natural Philosophy—Dr. Martin.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to nearly 90,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered weekly; those on the medical cases, by Dr. Roupell, Dr. Burrows, and Dr. Farre; those on the surgical cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skye. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Warden, Dr. BLACK. Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, examinations will be held for two Scholarships of the value of £45 for a year. The examination of the classes for prizes and certificates of merit, will take place at the same time.

Further information may be obtained from Mr. Paget, or any of the Medical or Surgical Officers or Lecturers, or at the Anatomical Museum or Library.

## King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION, 1854-5, will Commence on Monday, October 2, 1854.

### The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Ferguson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Ferguson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £20, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1854.

R. W. JELF, D.D., Principal.

## University of London, &c.—A First

CLASS B.A. and M.D., prepares Gentlemen, privately or in class, for the Matriculation, Medical, and Arts Examinations, the Fellowship Examinations, &c. Full MS. and printed notes forwarded. One Vacancy for a PRIVATE PUPIL, who may be Apprenticed.—Address A. Z., Ferriman's, 40, Albany-street, Regent's-park.

## St. George's Hospital Medical School,

LONDON.—SESSION, 1854-55.

The WINTER COURSE of INSTRUCTION will commence on Monday October 2nd, when the SCHOLARSHIPS and PRIZES for the past year will be awarded.

The Hospital contains 350 beds. Attendance of the Physicians and Surgeons daily, at One o'clock. Surgical Operations on Thursday, at One o'clock.

A Maternity Department, for the delivery of married lying-in women at their own homes, is established at the Hospital, under the superintendence of the Obstetric Physician.

Gentlemen becoming Pupils of the Hospital may attend all the Lectures, and the Medical and Surgical Practice necessary for those who desire to become Members of the Royal College of Surgeons, or Licentiates of the Society of Apothecaries, on paying Forty Guineas at the commencement of the first year, Forty Guineas at the commencement of the second year, and Twelve Guineas at the commencement of the third year.

The payment for the year will admit the Pupil to all the Lectures, and to the Hospital Practice required, for that year only.

Special entries to Hospital Practice, or to any separate Course of Lectures, may be made as heretofore.

Some of the Lecturers and other gentlemen connected with the Hospital receive Students to reside with them.

Further information may be obtained from the Secretary of the Hospital, or from Mr. Hammerton, the Apothecary of the Hospital, who is authorized to enter the names of Students.

## School of Anatomy and Medicine,

adjoining St. George's Hospital, 1, Grosvenor-place.—The WINTER SESSION will commence on Monday, October 2nd, 1854.

Anatomy and Physiology—Dr. Lankester and Mr. Blenkins, assisted by Mr. Lane.

Descriptive and Surgical Anatomy—Mr. Blenkins and Dr. Deville.

Chemistry—Mr. J. E. D. Rodgers and Dr. Marcet.

Medicine—Dr. Cormack and Dr. Ballard.

Surgery—Mr. Pilcher and Mr. Spensor Wells.

Midwifery—Mr. Bloxam.

Materia Medica—Dr. Ballard.

Forensic Medicine—Dr. B. W. Richardson.

Botany—Dr. Lankester.

Practical Chemistry—Mr. J. E. D. Rodgers.

Comparative Anatomy and Zoology—Mr. B. T. Hulme.

For further particulars and prospectuses, apply to Dr. Lankester, 22, Old Burlington-street; Mr. R. W. Burford, at the School, 1, Grosvenor-place; or at the residences of the respective Lecturers.

## Westminster Hospital Medical

SCHOOL.—The WINTER SESSION will commence on Monday, October 2nd, 1854, with an Introductory Address by Mr. BARNARD HOLT, at Seven o'clock P.M.

The Hospital affords relief to about 2000 In-patients, and 16,000 Out-patients annually.

The School premises have been greatly improved since the last Session, and considerable additions have been made to the Museums of Anatomy and Materia Medica.

Fee for attendance on all the Lectures and Hospital Practice required by the College of Surgeons and Society of Apothecaries, £71 8s. This sum may be paid at once, or by instalments of £30 at the commencement of the first Session; £30 at the commencement of the second Session, and the remainder at the commencement of the third Session.

Some of the Lecturers, and other Gentlemen in the neighbourhood of the Hospital, receive Students to reside with them.

Further information may be obtained from Mr. Holthouse, 9, New Burlington-street, from any of the other Lecturers, or from

F. J. WILSON, Secretary to the Hospital.

## Charing-cross Hospital Medical

SCHOOL, WEST STRAND, LONDON.

WINTER SESSION, October, 1854, to March, 1855.

Chemistry—H. H. Lewis, A.M.

Anatomy—Mr. E. Canton.

Demonstrations and Dissections—Mr. Goldsbro.

Surgery—Mr. Hancock.

Physiology and Pathology—Dr. Hyde Salter.

Medicine—Dr. Chowne and Dr. Rowland.

SUMMER SESSION, May, 1855, to the end of July.

Practical Chemistry in the Laboratory—H. Lewis, A.M.

Materia Medica—Dr. Steggall and Dr. Willsheire.

Botany—F. W. Headland, B.A.

Midwifery, &c.—Dr. Chowne and Mr. Hird.

Medical Jurisprudence—Dr. G. Birkett and Mr. Hird.

All the Lectures required by the College of Surgeons and Society of Apothecaries, £45, without Practical Chemistry, which is £2 2s.

HOSPITAL PRACTICE.

Consulting-Physician—W. Shearman, M.D.

Physicians—Dr. Golding and Dr. Chowne.

Assistant-Physician—Dr. Rowland.

Surgeons—Mr. Hancock and Mr. Avery.

Assistant-Surgeon—Mr. E. Canton.

MEDICAL PRACTICE.—Full period required, £15 15s. Surgical, £15 15s. Both Medical and Surgical, £26 5s.

JOHN ROBERTSON, Hon. Sec.

## House-Pupil.—Dr. Steggall will have

a Vacancy for a RESIDENT PUPIL in October next. Unusual advantages and assistance will be afforded for Study and Improvement.—For terms apply to Dr. S., 2, Southampton-street, Bloomsbury-square, London.

## Guy's and St. Thomas's.—A Phy-

sician attached to one of the above Hospitals, in the immediate vicinity of which he resides, is desirous of receiving one or two PUPILS, whose Medical Studies he will superintend.—For Cards of Address, apply to Mr. Rouse, 9, Wellington-street, London-bridge.

## Mr. G. Hind, F.R.C.S., will resume

his DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.

Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

## The City and Borough Hospitals.—

A Hospital Physician, possessing ample means of instruction, who is acquainted by personal experience with the requirements of all the London Examining Boards, including the University of London, and whose residence is most conveniently situated in reference to the City and Borough Hospitals, has a Vacancy for a PUPIL.—For terms, &c., apply to Dr. Barnes, 13, Devonshire-square.

## Medical College, Royal Free Hos-

PITAL.—During the WINTER SESSION, 1854-55, whilst this Institution is undergoing the alterations and extensions required by the Royal College of Surgeons,

COURSES of PRACTICAL INSTRUCTION on ANATOMY and SURGERY will be given by Dr. KNOX (late Lecturer on Anatomy, Edinburgh), and by Mr. GARR, Co-Lecturers on Anatomy and Physiology.

Terms and any further particulars may be obtained on application at the Office of the College.

## The Royal London Ophthalmic

HOSPITAL, MOORFIELDS. FOUNDED 1804.

Consulting Physician—Dr. Farre. | Physician—Dr. F. J. Farre.

Surgeons—G. W. Mackmurdo, Esq., F.R.S.; J. Dixon, Esq.; G. Critchett, Esq.;

W. Bowman, Esq., F.R.S.; A. Poland, Esq.

Assistant-Surgeon—J. C. Wordsworth, Esq.

During the past year, 10,421 Patients were treated at this Hospital, and 360 Operations performed, 183 being for Cataract. The Patients are seen daily at Nine o'clock, and Operations performed on Fridays at Ten.

Fee for attendance on the Practice for ONE YEAR, or with the consent of the Medical Officers for an unlimited period, £5 5s.: for THREE MONTHS, £3 5s.

## Kelvedon School, Essex.

Conducted by Mr. W. WISEMAN, M.C.P.

The Studies of Young Gentlemen intended for the Medical Profession are so arranged at this Establishment as to qualify them, on leaving, for passing the Preliminary Examination at the University of London or Apothecaries' Hall.

Terms, from Thirty Guineas to Fifty Guineas per annum, according to the accommodation, &c., required.

## Lectures and Demonstrations on the

THEORY AND PRACTICE OF CHEMISTRY.

JOHN MACADAM, M.D., (of the University of Glasgow, and Licentiate of the Faculty of Physicians and Surgeons,) will commence, on Wednesday, 1st November, at Ten o'clock A.M., his Winter Scientific Course of Lectures and Demonstrations on the Theory and Practice of Chemistry, to be continued Daily for Six Months. Oral Examinations Weekly.

Fee, £2 2s.

Dr. Macadam's Courses of Instruction in Practical Medical Chemistry begin in February and in May. The Laboratory is open daily, from Ten A.M. till Four P.M.

Chemistry Class-rooms, High John-street, Glasgow.

## A Course of Instruction on the

THEORY AND PRACTICE OF MEDICAL GYMNASTICS will be commenced, at the Institution, 16A, Old Cavendish-street, by Dr. BOTH, on Monday, the 2nd of October, at 6 P.M., and continued every Monday and Friday, during the months of October, November, and December.

This Course is open to all Medical Students and Professional Men.

Terms, Five Guineas.

## DR. BOTH'S WORKS ON MEDICAL AND EDUCATIONAL GYMNASTICS.

1. The PREVENTION and CURE of MANY CHRONIC DISEASES by MOVEMENTS. With Ninety Illustrations. Price 10s. London: John Churchill, New Burlington-street.

2. On the IMPORTANCE of RATIONAL GYMNASTICS. Price 1s.

3. The GYMNASTIC FREE EXERCISES of TRING. Price 2s. 6d.

4. MOVEMENTS for the DEVELOPMENT of the BODY in CHILDHOOD and YOUTH. Price 1s.

5. THREE SHEET TABLES, ILLUSTRATING GYMNASTIC EXERCISES WITHOUT APPARATUS.

In the Press,

NOTES on the SWEDISH MEDICAL GYMNASTICS. With 120 Engravings.

Groombridge and Sons, 5, Paternoster-row.

## St. Mary's Hospital and Medical

SCHOOL.—The WINTER SESSION will Commence on Monday, the 2nd of October, over an Introductory Address by Dr. ALDERSON, F.R.S., at Half-past Two o'clock.

### LECTURES.

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones.  
Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James Lane.  
Pathological Anatomy—Dr. Markham.  
Chemistry—Dr. Albert J. Bernays.  
Medicine—Dr. Chambers and Dr. Sibson.  
Surgery—Mr. Coulson and Mr. Spencer Smith.  
Clinical Medicine—Dr. Alderson.  
Clinical Surgery—Mr. Ure.

### SUMMER SESSION, 1855, commencing May 1st.

Botany—Dr. J. S. Burdon Sanderson.  
Materia Medica—Dr. Sieveking.  
Practical Chemistry—Dr. Albert J. Bernays.  
Midwifery, &c.—Dr. Tyler Smith and Mr. I. Baker Brown.  
Medical Jurisprudence—Mr. Ancell.  
Military Surgery—Dr. James Bird, F.R.C.S.E.  
Ophthalmic Surgery—Mr. White Cooper.  
Aural Surgery—Mr. Toynbee.  
Dental Surgery—Mr. Nasmyth.  
Comparative Anatomy—  
Natural Philosophy—

HOSPITAL PRACTICE.—The Hospital contains upwards of 150 beds, 65 of which are devoted to Medical, and the rest to Surgical, cases. This division includes a ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the hospital: 218 poor married women were delivered at their own homes during the past year. The in-patients are visited daily by the Physicians and Surgeons at one o'clock. Lectures on Clinical Medicine will be regularly delivered by Dr. Alderson, and on Clinical Surgery, by Mr. Ure; and occasionally by the other Medical Officers in their respective departments. The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

There are three Resident Medical Officers, who board in the hospital, and are appointed for eighteen months; two non-resident Medical Officers; a Medical and a Surgical Registrar. Clinical Clerks and Dressers will be selected from the best-qualified Students. All the above offices are open to competition amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of gentlemen in practice in the vicinity of the hospital, willing to receive Pupils to reside with them.

St. Mary's Hospital,  
Aug. 8th, 1854.

H. SPENCER SMITH,  
Dean of the School.

## Royal Veterinary College, College-

STREET, CAMDEN-TOWN, LONDON.—The LECTURES will Commence at the above Institution on Monday, October 16th, 1854, at Twelve o'clock.

Anatomy, Physiology, and Pathology of the Horse—Professor Spooner.  
Anatomy, Physiology, and Pathology of the Domesticated Animals—Professor Simonds.  
Chemistry and Materia Medica—Professor Morton.  
Descriptive Anatomy—Assistant-Professor Varnell.

The Introductory Address will be delivered by Professor MORROX, at Twelve o'clock.

Perpetual Fee to all the Lectures, with Infirmary Practice and Anatomical Demonstrations daily, Twenty Guineas.

## Queen's College, Birmingham.—

The WINTER SESSION will commence on Tuesday, the 3rd day of October next, when an Introductory Address will be delivered at Two o'clock, by R. D. GRAYSON, Esq., F.R.S.

The system of study pursued at this College constitutes a complete course of Collegiate, Medical, and Surgical education. The Lectures qualify for Examination for appointments in the Army and Navy and the East India Company's Service, for the Degrees of M.B. and M.D. of the University of London, for the Diploma of the Royal College of Surgeons, and the License of the Society of Apothecaries, without any residence elsewhere.

A married Tutor, in Holy Orders, a Graduate of Oxford, resides within the walls of the College, to whom is committed by the Council the superintendence of all Resident Students, under Collegiate discipline, and also the surveillance of Non-Resident Students.

### THE WINTER SESSION.

Surgical Anatomy—Professor Sands Cox, F.R.S., Fellow of the Royal College of Surgeons of England; Senior Surgeon of the Queen's Hospital.  
Descriptive Anatomy—Professor Parker, Fellow of the Royal College of Surgeons of England; Surgeon to the Queen's Hospital.  
General Anatomy and Physiology—Professor Heslop, M.D., Physician to the Queen's Hospital.

Practical Anatomy, with Superintendence of Dissections—Mr. David Bolton, Fellow of the Royal College of Surgeons; and Mr. Walter Careless Freer, M.R.C.S.

Chemistry—Professor George Shaw, Fellow of the Geological Society.  
Principles and Practice of Medicine—Professor James Johnstone, M.D., (Cantab.), Fellow of the Royal College of Physicians of London; Senior Physician to the General Hospital.

Principles and Practice of Surgery—Professor Sands Cox, F.R.S., Senior Surgeon to the Queen's Hospital.

Medical Tutor—R. C. R. Jordan, M.R.C.S., M.B.

Clinical Lectures will be delivered Weekly, by the Professors.

CHEMICAL LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience, for the attainment of a knowledge of Practical Chemistry, and for the prosecution of Scientific researches. The Students have also, under certain regulations, access to the Botanical Gardens.

For further information, application may be made to Mr. Sands Cox, Dean of the Faculty, 24, Temple-row; or to Mr. Langston Parker, Honorary Secretary to the Professors, 20, Colmore-row, Birmingham; from whom may be obtained, on receipt of two penny stamps, the Prospectuses of the Medical Departments.

## Marischal College and University.—

(Charter ratified by Act of Parliament, A.D. 1593).—FACULTY OF MEDICINE.—WINTER SESSION of 1854-55 commences on the first Monday of November.

### CLASSES.

Anatomy—Professor A. J. Lizars. 12 noon.  
Practical Anatomy and Anatomical Demonstrations—Professor A. J. Lizars and Dr. Beveridge. 2 P.M.  
Chemistry—Dr. Clark, Mr. Brazier (Assistant). 3 P.M.  
Practical Chemistry—Dr. Clark and Mr. Brazier. 11 A.M.  
Materia Medica—Dr. Henderson. 9 A.M.  
Institutes of Medicine—Dr. Ogilvie. 4 P.M.  
Practice of Medicine—Dr. Macrobain. 3 P.M.  
Principles and Practice of Surgery—Professor Pirrie. 1 P.M.  
Midwifery, and Diseases of Women and Children—Dr. Dyce. 4 P.M.  
Natural History—Professor Nicol. 11 A.M.

The SUMMER SESSION of three months' duration commences in May. Hospital Practice daily at 10 A.M., at the Royal Infirmary, containing upwards of 290 beds.

Fee, £5 5s., to be paid in one, or in separate payments of £2 2s. at the commencement of each Session.

The Courses at this University qualify for Examination at the several Universities, Colleges of Surgeons, and Boards of the Public Services, and at Apothecaries' Hall.

Graduates who have attended the several Medical Classes in this University are charged no Graduation Fees.

The Examination Term will be held in the third week of October.

For particulars, in the case both of students and practitioners, application may be made to the Secretary of the University.

## University and King's College,

ABERDEEN.

### MEDICAL SCHOOL.

The WINTER SESSION commences on the first Monday of November, and terminates on the third Friday of April. Introductory Lecture on the first Monday of November, at Two o'clock P.M.

Midwifery—Dr. Rainy. 8 to 9 A.M., £3 3s.  
Anatomical Demonstrations—Dr. Redfern. 9 to 10 A.M., £2 2s.  
Chemistry—Dr. Fyfe. 10½ to 11½ A.M., £3 5s. 6d.  
Materia Medica—Dr. Templeton. 12 to 1 P.M., £3 3s.  
Practice of Medicine—Dr. Williamson. 1 to 2 P.M., £3 3s.  
Anatomy and Physiology—Dr. Redfern. 2 to 3 P.M., £3 3s.  
Surgery—Dr. Kerr. 3 to 4 P.M., £3 3s.  
Institutes of Medicine, (Physiology)—Dr. Christie. 4 to 5 P.M., £3 3s.

### SUMMER SESSION.

Botany—Rev. J. C. Brown. 8 to 9 A.M., £2 2s.  
Practical Chemistry—Dr. Fyfe. 12 to 1 P.M., £3 5s. 6d.  
Anatomical Demonstrations—Dr. Redfern. 2 to 3 P.M., £2 2s.  
Medical Jurisprudence—Dr. Reid. 3 to 4 P.M., £2 2s.  
Histology—Dr. Redfern.  
Natural Philosophy—David Thomson, M.A. £2 2s.  
Natural History—Rev. J. Longmuir.

The rooms for Practical Anatomy are personally superintended by Dr. Redfern.

Students are required to matriculate within the first month of the Winter Session, and within the first fortnight of the Summer Session, and no certificate of attendance will be given without such matriculation. The Matriculation Fee for all the Classes is one sum of 5s. for the Winter, and one of 2s. 6d. for the Summer Session.

Chemistry will be taught, as formerly, in King's College; and other Classes, in the Medical School, St. Paul-street.

### ROYAL INFIRMARY.

The Hospital is open daily at Ten o'clock, A.M., and contains upwards of 300 beds. Separate Courses on Clinical Medicine and Clinical Surgery are delivered in the Hospital three times a-week.

#### PHYSICIANS.

Dr. Dyce.  
Dr. Kilgour.  
Dr. W. Williamson.  
Dr. Nicol.

#### SURGEONS.

Wm. Keith, Esq.  
Wm. Pirrie, Esq.  
David Kerr, Esq.  
A. J. Lizars, Esq.

Ophthalmic Surgeon—John Cadenhead, Esq.  
Lecturers on Clinical Medicine and Surgery:—  
Mr. Kilgour. Wm. Keith, Esq.

Fee for the Medical and Surgical Practice of the Hospital, 1st year, £3 3s.; 2nd year, making perpetual, £3 3s.; or one sum of £5 5s.

Clinical Medicine—for each of the three first Courses, £1 1s., making perpetual; or one payment of £2 2s. perpetual.

Clinical Surgery—for each of the three first Courses, £1 1s., making perpetual; or one payment of £2 2s. perpetual.

### DISPENSARY.

The ABERDEEN GENERAL DISPENSARY, VACCINE, and LYING-IN INSTITUTION is open to the Student on application to the Medical Officers. There are annually about 5000 patients, either prescribed for at the Institution or visited at their own houses.

### LUNATIC ASYLUM.

The Asylum contains about 240 patients. A limited number of Students are admitted to see the practice. Fee, for a Course of Three Months, £1 1s.

Consulting Physician—Dr. Macrobain.

Resident Physician and Superintendent—Dr. Robt. Jamieson.

The Library of the University contains about 45,000 volumes, and is free to all the Students of King's College.

The Medico-Chirurgical Society possesses a valuable Medical Library of nearly 4000 volumes, and a Reading-Room, to both of which, and to all the privileges of Junior Members, Students are admitted on payment of £1 1s. per year, becoming free members after three payments.

JOSEPH WILLIAMSON,  
Secretary to Medical Lecturers, King's College.

King's College, Aberdeen, Sept. 1854.

**Glasgow University. — Faculty of**  
**PHYSICIANS AND SURGEONS.**—Dr. ALEXANDER LINDSAY  
will continue, during the ensuing Session, to give instructions to Gentlemen  
desirous of revising their studies previously to their going before the Examining  
Boards.  
95, George-street, Glasgow, Sept. 11th, 1854.

**Glasgow Royal Infirmary. — The**  
**WINTER SESSION, 1854-5, commences on the 1st of November.**  
Physicians—Dr. Ritchie, Dr. Easton, Dr. Bell, Dr. M'Gregor, and Dr. Weir.  
Surgeons—Dr. A. Buchanan, Dr. Hunter, Dr. Fleming, Wm. Lyon, Esq., and  
Dr. Corbett.  
Medical Superintendent—Dr. J. M'Ghie.

The physicians and surgeons visit the wards daily, at two P.M.  
The physicians give Clinical Lectures on the Medical Cases on Mondays and  
Thursdays, at three P.M.  
The surgeons give Clinical Lectures on the Surgical Cases on Tuesdays and  
Fridays, at three P.M.  
The Post-mortem Examinations are made under the direction of the medical  
attendant in presence of the students.  
Students have the opportunity of acting as dressers to the surgeons, without  
fee; also of acting as clerks to the surgeon prescribing for the out-patients.  
FEE.—Perpetual, £8 8s.; for one year, £5 5s. Perpetual to those who have  
previously entered for one year, £3 13s. 6d.; for six months to holders of  
surgical diplomas, £2 2s.

**MEDICAL SCHOOL.**

**Anderson's University, Glasgow.—**  
The WINTER SESSION will begin on Tuesday, November 7th, 1854.  
Lectures will be delivered daily for six months on the following branches of  
Medical Science:—

Anatomy..... } Dr. M. S. Buchanan  
Anatomical Demonstrations..... } and  
Practical Anatomy..... } Dr. George Buchanan.  
Surgery—Dr. Hunter.  
Principles and Practice of Medicine—Dr. A. Anderson.  
Institutes of Medicine—Dr. Eben. Watson.  
Materia Medica, Pharmacy, and Dietetics—Dr. Easton.  
Chemistry—Dr. Penny.  
Practical Chemistry—Dr. Penny.  
Midwifery and Diseases of Women and Children—Dr. Paterson.  
Medical Jurisprudence and Police—Dr. Crawford.  
Natural Philosophy (three times a week)—Dr. Taylor.  
Mathematics—Mr. Laing.

Summer Courses of Anatomy, Midwifery, Chemistry, Materia Medica, and  
Botany, begin in May.

Botany—Mr. Bell.

Fee for each Class, £2 2s. Perpetual, £3 3s.

The general Fee for all the classes required for passing the College or Hall,  
including Hospital Practice, amounts to £40.

Certificates of attendance on the above courses are received by the Universities  
of Oxford, Cambridge, London, Aberdeen, and St. Andrew's; by all the  
Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of  
Physicians and Surgeons in Glasgow; and by the Army, Navy, and East  
India Boards; and the Apothecaries' Company.

Students attending the Medical Classes have the opportunity of witnessing  
the practice of the following hospitals:—viz., Lying-in Hospital, 10s. 6d. for  
six months; Eye Infirmary, £2 2s. for six months; Royal Infirmary, £8 8s. for  
two years, including Medical and Surgical Clinical Lectures, which are de-  
livered four times weekly. The patients admitted to the Eye Infirmary  
average 1100 annually; those admitted to the Royal Infirmary, nearly 3000;  
besides 6000 out-patients treated at the Dispensary. Average number of  
surgical operations 200 annually.

The Dissecting-room is free to those attending either of the above Courses  
of Anatomy, and attached to it there is a Reading-room and Museum for the  
use of the Anatomical Students. A valuable Medical Library is also attached  
to the Medical School.

The new and extensive Laboratory of the Institution, fitted up expressly  
for gentlemen desirous of pursuing Practical and Analytical Chemistry, is open  
daily from eleven till four o'clock. No charge for apparatus and materials in  
the class for Practical Medical Chemistry.

The University Museum, a splendid collection of specimens of Natural History,  
including more particularly those of Zoology, Mineralogy, and Anti-  
quities, is open to all Students attending the University.

Further information may be obtained by applying to Dr. ANDREW ANDERSON  
2, Woodside-crescent, Glasgow.

**Queen's College, Cork.**  
**SESSIONS 1854-1855.**  
**MATRICULATION AND SCHOLARSHIP EXAMINATIONS.**

On Tuesday, the 17th of October next, at Ten o'clock A.M., an Examination  
will be held for the Matriculation of Students in the Faculties of Arts,  
Medicine, and Law, and in the Departments of Civil Engineering and  
Agriculture.

The Examinations for Scholarships will commence on Tuesday, 17th October.  
The Council have the power of conferring at these Examinations Ten Senior  
Scholarships of the value of £40 each—viz., Seven in the Faculty of Arts, Two  
in the Faculty of Medicine, and One in the Faculty of Law; and Forty-five  
Junior Scholarships—viz., Fifteen in Literature, and Fifteen in Science, of  
the value of £24 each; Six in Medicine, Three in Law, and Two in Civil  
Engineering, of the value of £20 each; and Four in Agriculture, of the value  
of £15 each.

Prospectuses, containing full information as to the subjects of the Examina-  
tions, &c., may be had on application to the Registrar.

By order of the President,

ROBERT J. KERRY, Registrar.

Sept. 8th, 1854.

**Royal College of Surgeons, Ireland.**

President—Charles Benson.

Vice-President—Sir Philip Crampton, Bart.

The Council—Alexander Read, Arthur Jacob, A. Ellis, R. C. Williams, R.  
Adams, J. Barker, W. Colles, J. H. Power, Edward Hutton, J. Macdonnell,  
H. Irvine, J. S. Hughes, Robert Pentland, Robert Mayne, Richard G. H.  
Butcher, Augustus E. Tabuteau, Samuel G. Wilmot.

Honorary Secretary of the College—Edward Hutton.

Secretary of the Council—Henry Maunsell.

Court of Examiners—T. Rumley, C. Fleming, O'Brien Bellingham, R.  
Tuohill, Thomas Byrne, Francis Baileys, M. H. Stapleton.

Examiners in Midwifery—W. Jameson, Alfred McClintock, Samuel L. Hardy.

**PROFESSORS.**

Anatomy and Physiology—Arthur Jacob.

Descriptive Anatomy—J. H. Power.

Surgery—W. H. Porter and W. Hargrave.

Medicine—C. Benson.

Chemistry—W. Barker.

Materia Medica—R. C. Williams.

Midwifery—T. Beatty.

Medical Jurisprudence—T. G. Geoghegan.

Botany—A. Mitchell.

Logical Science—J. Murray, LL.D.

Fellows of the College are members of the Corporation, and are admitted by  
examination, letters testimonial are granted to licentiates; and a diploma in  
midwifery to fellows and licentiates educated and examined in that branch of  
surgery.

Candidates for the Fellowship must be twenty-five years of age, and must  
give proof of liberal preliminary education, and good conduct during pro-  
fessional education. They are required to produce certificates of surgical  
studies for six years, (three of which must be for exercises in Dublin,) and  
also of practice as house-surgeon or dresser in an hospital; as well as certificates  
of attendance on hospitals, lectures, and dissections, as required from licentiates;  
with the addition of Botany, Comparative Anatomy, and Natural Philosophy.  
Fee, £28 5s.; if the candidate be a licentiate, £10 10s.

Candidates for Letters Testimonial are required to produce certificates of  
preliminary classical education; of four years' professional study, (three of  
them in metropolitan schools;) also three years' attendance on hospital  
lectures and dissections. Fee, £21.

Candidates for the Midwifery Diploma must be fellows or licentiates of the  
College, and are required to produce certificates of attendance on midwifery  
lectures and practice, with proof of having attended thirty cases of parturition.

Candidates for the Fellowship and Letters Testimonial are publicly examined,  
on two separate days, in Anatomy, Physiology, Surgery, Practice of Medicine,  
and Pharmacy. The examiners are elected by a sworn jury of the Council  
and appointed by lot, teachers being ineligible. Fellows and licentiates of  
the College are qualified to practise as surgeons in any part of the British  
dominions, and to be appointed medical officers to the army and navy, public  
hospitals, infirmaries, dispensaries, and workhouses.

**Royal College of Surgeons in Ireland.**  
**SCHOOL OF SURGERY—SESSION 1854-55.**

The Dissecting Rooms will be opened on the 2nd of October, and the Lec-  
tures will commence on the 30th.

Anatomy and Physiology—Dr. Jacob.

Descriptive Anatomy—Dr. Power and Dr. Bevan.

Surgery—Mr. Porter and Mr. Hargrave.

Practice of Medicine—Dr. Benson.

Chemistry—Dr. Barker.

Materia Medica—Dr. Williams.

Midwifery—Dr. Beatty.

Medical Jurisprudence—Dr. Geoghegan.

Practical Chemistry—Dr. Barker.

Comparative Anatomy—Dr. Jacob.

Botany—Dr. Mitchell.

Logical Science—John Murray, A.M., LL.D.

Dissections under the direction of the Professors of Anatomy, assisted by  
the Demonstrators, Messrs. Hargrave, Malcolmsen, Morgan, and Mapother.

The Fee for each of the above Courses is Two Guineas.

The SUMMER SESSION will commence in April, and terminate in July.

For further information, application to be made to any of the Professors, or  
to the Registrar.

By order,

W. BOTLEY, Registrar.

**City of Dublin Hospital. — The**  
Course of Practical, Medical, and Surgical Instruction in this Hospital  
will commence on the 2nd of October, 1854.

The Clinical Lectures will be delivered on three days in each week, during  
the Session, by Dr. Jacob, Dr. Benson, Mr. Hargrave, Mr. Williams, Dr.  
Geoghegan, and Mr. Tufnell; and on Diseases peculiar to Women and  
Children by Dr. Beatty.

Dr. Jacob's Clinical Lectures on Diseases of the Eye, illustrated by the  
Cases in the Hospital, are open to the Pupils in attendance.

Sir Henry Marsh, Sir Philip Crampton, Mr. Cusack, and Dr. Apjohn, give  
their assistance in cases requiring consultation.

The certificates of attendance are received as qualification by all the Colleges,  
Halls, and Boards.

**Diseases of the Eye.—Dr. Jacob will**

deliver a full Course of Lectures on the Anatomy, Physiology, and  
Optical Mechanism of the Eye, during the ensuing Session, in the College of  
Surgeons; and also a Separate Course on its Pathology and Diseases, with the  
Operations required in their Treatment, in the City of Dublin Hospital.

**Madeira. — The Rev. Alex. J. D.**

DORSEY intends returning to the Island, via Liverpool, on the 24th  
inst., and will take charge of PUPILS. Terms for Education, £20; for Board,  
£30 to £70; Passage out and home, £15. Address, till 22nd inst., 97, Douglas-  
street, Glasgow.



## Queen's University.—Queen's Col-

LEGE, CORK.

President—Sir R. Kane, M.D., F.R.S.  
Vice-President—John Ryall, LL.D.FACULTY OF MEDICINE.  
Session 1854-55.

Dean of Faculty—Alexander Fleming, M.D.

PROFESSORS.

Anatomy and Physiology } Joseph Corbett.  
 Practical Anatomy }  
 Practice of Medicine—D. O. O'Connor, A.B., M.D.  
 Practice of Surgery—Denis B. Sullivan, M.D.  
 Materia Medica—Alexander Fleming, M.D.  
 Midwifery—J. R. Harvey, A.B., M.D.  
 Natural Philosophy—Geo. Fred. Shaw, F.T.C.D.  
 Chemistry }  
 Practical Chemistry } J. Byth, M.D.  
 Natural History } Wyville Thompson.  
 Botany }  
 Modern Languages—R. de Vericour, Des L.

Clinical Medicine and Clinical Surgery, at the Northern and South Infirmary, by the Physicians and Surgeons of these Institutions. Clinical Midwifery, at the Lying-in Hospital.

The Medical Session will be opened on Monday, 30th October, 1854, at Two o'clock, by an Address from the Dean, and on the following day the Courses of Lectures will commence as under:—

ANATOMY AND PHYSIOLOGY—Tuesday, 31st October, at One o'clock, to be continued daily, except on Saturdays, at the same hour.

THE PRACTICAL ANATOMY will be conducted by the Professor of Anatomy and Physiology and a Demonstrator. The Course will be opened for Dissections on the 17th October, and the DEMONSTRATIONS will commence on Thursday, 2nd November, and be continued daily at Twelve o'clock, except Saturdays.

MATERIA MEDICA—Thursday, 2nd November, at Two o'clock, to be continued on Tuesdays, Thursdays, and Fridays, at the same hour.

PRACTICE OF MEDICINE—Thursday, 2nd November, at Three o'clock, to be continued on Tuesdays and Thursdays, at the same hour, and on Saturdays, at One o'clock.

PRACTICE OF SURGERY—Wednesday, 1st November, at Three o'clock, to be continued on Mondays, Wednesdays, and Fridays, at the same hour.

Eight Scholarships will be awarded to Students in Medicine, thus—Six Junior Scholarships of £20 each to Students commencing their first, second, and third year, two to each year; and two Senior Scholarships of £40 each to Students commencing their fourth year.

Those Fees hitherto payable by Matriculated Students on behalf of the College for incidental expenses being now, in part, provided for by public grants, shall henceforth be reduced for each Student from £3 to 10s. for Matriculation and first year, and from £2 to 5s. for the second and subsequent years.

By order of the President,

ROBERT JOHN KENNY, Registrar.

Queen's College, Cork, September 6th, 1854.

## Medical Benevolent College.

President—The Right Honourable the Earl Manserv.

Trustees—Dr. J. Wilson; Dr. R. Lee, F.R.S.; William Ferguson, Esq., F.R.S.; John Baccot, Esq.; Benjamin Phillips, Esq., F.R.S.

Treasurer—John Propert, Esq., 6, New Cavendish-street.

The Council of the Medical Benevolent College gratefully acknowledge the warm and extensive support which this much-needed Institution has met with, and continues to enjoy, at the hands of the Members of the Medical Profession and of the Public at large. They have a pride and a pleasure in again availing themselves of an opportunity of recording their especial thanks to the Honorary Local Secretaries, to whose energy and zeal in the cause so much of its success has been due. The portion of the Building contracted for will now shortly be roofed in, and will therefore at an early period be ready for the reception of inmates. But the numerous applications that are constantly being made for admission prove most palpably that the accommodation will be far beneath the requirements of the case. The Council beg to remind their friends, that owing to the extraordinary high price of building materials, as well as of labour, they were, at the time of entering into the contract, reluctantly compelled to limit the accommodation for Pensioners much more than was originally intended, and they are of opinion that greater provision is imperatively demanded. In reliance upon the merits of their cause, which is truly one of the whole Medical Profession, and of all who have ever derived benefit from its Members—in full confidence and faith that the work, so well begun, will with its growth take a firmer hold in the affections, and receive a proportionately increasing support from their countrymen, the Council have boldly resolved to build additional Residences, by means of which it will be possible to receive, in the course of the ensuing year, a fair proportion of the deserving Applicants as Pensioners. The Council trust that those who enjoy affluence will not withhold their contributions; that those who cannot spare from their own incomes will use their influence with their friends; and that all will contribute as much as in them lies, by word or deed, to realize in full a plan which will redound to the credit and honour of all engaged in the enterprise.

By order of the Council,

EDWARD HENRY SLEVEKING, M.D., Hon. Sec.

HERBERT WILLIAMS, Assistant Sec.

Office, 37, Soho-square, Sept. 13th, 1854.

DONORS OF TEN GUINEAS are Life Governors of the College; Subscribers of ONE GUINEA Annually are Governors during the continuance of their Subscription.

Any information with regard to the details of the Institution will gladly be communicated by parties addressing inquiries to the Secretary, at the Offices of the College, 37, Soho-square, by whom, as well as by Members of the Council, and by the Honorary Local Secretaries, Subscriptions and Donations will be thankfully received; and also by the Treasurer and the following Bankers:—Goslings and Sharpe, 19, Fleet-street; Combs and Co., 59, Strand; Drummonds, Charing-cross; Glynn and Co., 67, Lombard-street; Scott and Co., 1, Cavendish-square; Hoare and Co., Fleet-street; the Union Bank of London, Regent-street Branch; Williams, Deacon, Labouchere, and Co., Birchin-lane; and by Cundliffe and Co., Manchester.

## Dr. Barron will resume his Medical

and SURGICAL TUITION, adapted to Gentlemen preparing for Professional Examinations, on September 26th.

The regular WINTER COURSE will commence on October 3rd.  
 15, St. Thomas'-street, Borough.

## Mr. Power and Dr. Power continue,

daily, their LECTURES and EXAMINATIONS, preparatory for the Colleges of Physicians and Surgeons, the Scotch Universities, the Apothecaries' Hall, and the Army, Navy, and East India Boards.

Mr. Power resides, privately, at his own residence, Practitioners preparing for the Degree of M.D. or College of Physicians; he also prepares by correspondence. Dr. Power receives two House Pupils.

Lecture-room, Exeter-hall, Strand.

## Private Medical Tuition.—

A Physician of a practical and scientific reputation, residing near Russell-square, receives HOUSE-PUPILS, as well as others, whose Medical Education, in all its branches, will be carefully and privately instructed by teachers of great experience and acknowledged ability. As a private Medical School, this establishment offers unequalled facilities for enabling Medical Students to undergo the requisite Medical, Surgical, and Chemical Examinations at the different Boards. The Students may be instructed singly or in classes, as they may prefer.—Apply to THE LANCET Office.

N.B. A Chemical Laboratory on the Premises.

TO ALL BAD WRITERS.

## Mr. T. H. Carstairs continues to give

LESSONS to Ladies and Gentlemen in his IMPROVED METHOD of WRITING, which enables those who take advantage of it to acquire as great a degree of freedom and facility as can be desired.

Prospectuses of Terms, &amp;c., may be had at 81, Lombard-street, City.

## Cheltenham General Hospital and

DISPENSARY.—Wanted, a DISPENSER for this Institution, who will be required to take the whole charge of the Dispensing Department, to perform the minor Operations of Surgery, and act in every respect as Assistant Surgeon. No person under thirty years of age will be appointed. Salary £30 per annum, (with an increase if the officer is approved of,) with board and lodging in the Hospital.—Immediate applications, with testimonials, to be sent to David Hartley, Resident Surgeon.

September 12th, 1854.

TO THE MEDICAL PROFESSION.

## A Vacancy for a Surgeon having

occurred in the Honorary Medical Staff of the Farringdon General Dispensary and Lying-in Charity, the Committee of Management will meet at the Institution, 17, Bartlett's-buildings, Holborn, on Tuesday, the 26th of September, at Seven o'clock in the Evening, to fill up such Vacancy. Gentlemen willing to become Candidates (must be Members of the Royal College of Surgeons of England, and not practise Midwifery or Pharmacy) are requested to forward their testimonials to the Secretary, on or before the 25th of September.

St. Sepulchre's Church Porch, Snowhill.

S. J. JONES, Hon. Sec.

## Leeds Public Dispensary.—

Mr. SIMPSON having resigned his Office of APOTHECARY to this Institution, the Medical Officers will elect his Successor on Monday, Oct. 9th. No one will be eligible for the appointment who is not a Licentiate of the Apothecaries' Company. Salary £120 per annum, with a furnished house, coals, and candles.

By direction of the Committee, a preference will be given to a married man whose wife would be willing to take the general management of the house; or to an unmarried man having an elderly relative who would undertake the same duties.

Candidates for the Situation are required to present themselves, with their testimonials, at the Dispensary, on Thursday, October 5th, at Twelve o'clock; and the Medical Officers will proceed to the Election on the Monday following.

Further information may be obtained on application to Mr. C. G. Wheelhouse, Surgeon, 16, East Parade, Leeds.

Leeds, September 28th, 1854.

TWO RESIDENT ASSISTANT APOTHECARIES are also wanted for this Institution, who will have permission to attend a limited number of Lectures at the Leeds School of Medicine.—Testimonials to be forwarded as above.

TO THE MEDICAL PROFESSION.

## Dorset County Lunatic Asylum,

Forston, near Dorchester.—A Vacancy having occurred in the office of RESIDENT MEDICAL OFFICER of the Dorset County Lunatic Asylum, in consequence of the death of Mr. Sandon, the late Medical Superintendent, Gentlemen desirous of becoming Candidates for the Appointment, must be Members of the Royal College of Surgeons, London, and also Licentiates of the Apothecaries' Company, or Members of the Royal College of Physicians, London or Edinburgh; must have had experience in the treatment of the Insane, and the management of a Lunatic Asylum, and must not be under thirty years of age. The Salary will be £200 per annum, with Board and Residence at the Asylum.

Candidates are requested to send their Testimonials (stating age) addressed to the Committee of Visitors of the Forston Lunatic Asylum, on or before the 15th September next, under cover to Mr. John Brown, Dorchester, Clerk to the Visitors, from whom further information may be obtained. Due notice of the day and hour of Election will afterwards be given to such of the Candidates as the Committee may select for choice, and they will be informed whether their personal attendance will then be required.

Dated the 29th August, 1854.

## Sp. Vin. Rect.—Reduction in Price!

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14th September, 1854.

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WOOD & WATSON, 16, Clement's-lane, City.

## Allsopp's Pale Ale.—Medical gentle-

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either case or bottle, by addressing their orders to NATHANIEL EASTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hoffmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTY, 132, Upper Thames-street, London.

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TO THE PROFESSION.

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## To Let, in an excellent situation, a

HOUSE and SHOP in the above line, now shut up.—Apply to Mr. Clant, 7, Studley-villas, Studley-road, Stockwell, where all particulars can be had.

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for a Chemist and Druggist, at the West-end, a double-fronted CORNER SHOP, plate-glass front, and fitted with every domestic convenience. Rent £50 for first year. Also, a semi-detached Villa Residence, with large garden, &c., pleasantly situated, and with commanding sea view, in Dorsetshire. Rent £32 per annum.—Apply to S. J. Cross, 11, Featherstone-street, Finsbury.

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Halifax, August 23rd, 1854.

TO MEDICAL MEN OF CAPITAL.

## The Inventor and Patentee of a

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# THE LANCET.

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LONDON, SATURDAY, SEPTEMBER 23, 1854.

PRICE SEVENPENCE.  
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## THE BRITISH MEDICAL DIRECTORY FOR 1855.

The Editors respectfully and gratefully acknowledge the receipt of a large number of "Returns" for this Directory.

The Editors have stated on previous occasions, that when the entries in the Directory for the current year (1854) are found to be correct, a mere intimation of that fact will be sufficient; but when *alterations* are required, they should be distinctly specified, and in all cases the Names should be written *clearly*, and at *full length*.

Lists of the Names of duly-qualified Practitioners resident in the several Cities, Towns, and Villages of the United Kingdom, will be thankfully received, as also information of the Death, Removal, or Appointment to a Public Office, of any duly-qualified Practitioner. In the Metropolis, and other Cities and large Towns, the *streets* and *numbers* of the Houses should be given.

Forms of Returns are again issued with every number of the current impression of THE LANCET.

Duly-qualified Practitioners who have already responded to these appeals would confer a favour on the Editors by inducing Professional friends and neighbours to make their "Returns" as quickly as possible, as delays might evidently cause some names to be omitted.

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cutors and bereaved Relatives of deceased Noblemen, Gentlemen, Tradesmen, and others, sending in the first instance to SHILLIBEER'S OFFICE, CITY ROAD, near Finsbury-square, or to 12 NORTH STREET, QUADRANT, BRIGHTON, instead of employing their Upholsterer, or the nearest Undertaker, who, not possessing the needful requirements, resort to the Funeral Furnishers, to hire them, and consequently inflict twofold profits. Shillibeer's Establishment combines under one charge, to any scale of pomp and humility desired.

Funerals of every class, and the most varied description of conveyances, old and new styles, and first-rate equipments, at charges so moderate as to defy competition. Catholic Fittings from Paris. No extra charge within ten miles. A Nobleman's Funeral, Thirty Guineas; Gentleman's, from Ten Guineas; Tradesman's, £8; Artisan's, £4 and upwards.

Originated in 1842.

**Patent Perambulators.**

C. BURTON, Inventor, Patentee, and Sole Manufacturer to Her Majesty by Appointment.



The distinguished patronage, the flattering encomiums, and the increasing demand, are sufficient proofs of the utility and excellence of these fashionable, safe, and elegant Carriages for adults, children, and invalids, propelled from behind by the slightest effort. Country and Shipping orders. Illustrated Circulars.

OFFICE, 467, NEW OXFORD-STREET.

Also, C. BURTON'S PATENT PERAMBULATOR FOR THE MILLION. Price Two Guineas.

CAUTION.—To avoid unprincipled and dangerous imitations, look for Burton's Label on each Carriage.

**Improved Invalid Cot Carriages—**

the greatest luxury and comfort ever introduced for removing invalids, being fitted up with the patent noiseless wheels. These carriages may be engaged, on moderate terms, for any journey, upon application to H. and J. BEADING, coachbuilders, 14, Biding House-lane, Cavendish-square.—N.B. A good assortment of new and second-hand carriages for sale or hire.

**Do you bruise your Oats yet?—New**

Oat-crushers, £2 15s., £4 6s.; Chaff-cutters, £1 7s., £3 7s.; Mangles, £2 10s.; Flour-mills, £4 10s.—WEDLAKE and Co., 118, Fenchurch-street.—One bushel when crushed makes two.

How to Keep a Horse for 9s. a Week; or a Book on Feeding, 1s. 4d.

**The 16s. Trousers reduced to 14s.—**

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

**To Professional Men and others.—**

The Oxford Mixed Dockskin Trousers, price 21s. The Stratus Cloth Vest, price 10s. 6d. Stock for choice, or to measure.

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Patterns of the material and Directions for Measuring sent free per post.

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importance of which requires no elucidation to convince the most sceptical how indispensably necessary it is to health, comfort, and appearance. R. T. PIGRAM, while wishing to avoid the present system of puffing, adopts this means of making known his SELF-ACTING INDICATOR of the HUMAN FIGURE. An invention can only be estimated by its results: a trial will not only give satisfaction, but will justify in favouring R. T. P. with their recommendation.

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receiving Medical Appointments in the Army, Navy, or H.R.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges at

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the oftentimes undervalued Naval and Military Outfitting. Warranted in the United Kingdom. Patronized by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, on application.

**Warming and Ventilating, by Hot**

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOLLESVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment—

Eardiston House Worcestershire, March 1st, 1854.

SIR,—I am much pleased in being able to give you a justifying account of your Calorifere. Since I burn nothing but coke in it, the change has been quite surprising. I must say, that now I have a very high opinion of your machine, and find it a great comfort in my house, the cost of warming it was one shilling per day.

To J. Bollesve, Esq.

WM. SMITH. (Sir, Baronet.)

**Purification of Linen—Prevention of**

DISEASE.—J. BOLLESVE, 55, King William-street, City, London, solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

69, Marylebone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one bushel per day.

I am, Sir, yours truly,

SAMUEL HUBERT,

To J. Bollesve, Esq.

Firm of JOHN WOOLLAWS and Co., Paper-stainers.

## Water Filter for the Pocket, with

DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.

J. SOLOMON, Wholesale Optician, and Photographic Dépôt, 22, Red Lion-square.

## Teeth.—Mr. Alfred Jones, of Gros-

venor-street, has recently completed a new and important improvement in the construction of ARTIFICIAL TEETH. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the first medical men, the nobility, and gentry, from whom he has received the most flattering acknowledgments of success. Supplied only by Mr. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.

TO THE MEDICAL PROFESSION.

## Fr. G. Ernst, Anatomical Machinist

and MANUFACTURER of SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Ridding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam ERNST (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

## Meinig's Electro-Generator,



FOR CHOLERA.

TO THE MEDICAL PROFESSION.

Having witnessed personally the greatest benefit, in the first stages of Cholera, derived from the application of weak, continuous currents of Electricity from the spine to the abdomen, by which the warmth and action of the digestive organs is maintained, and the urinary functions stimulated; and feeling confident that in an advanced stage of the disease strong, interrupted Electric Currents passed along the cramped and paralyzed limbs, and along the spinal column, will be found of paramount efficacy in restoring normal circulation, Mr. Meinig earnestly invites the Medical Profession to test and investigate the effects of Electricity in the now prevalent epidemic; and so confident does he feel of the all but marvellous success of his Apparatus in this dreadful disease, that any medical gentleman who desires it may receive Mr. Meinig's warrant, to the effect that he will retake and repay, within one month after the purchase, any Apparatus which, after trial, it might be wished to return.

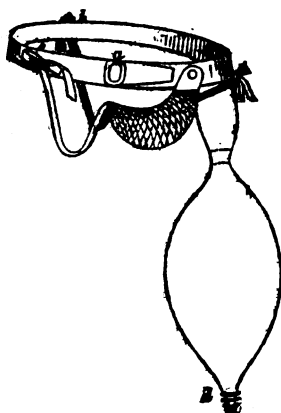
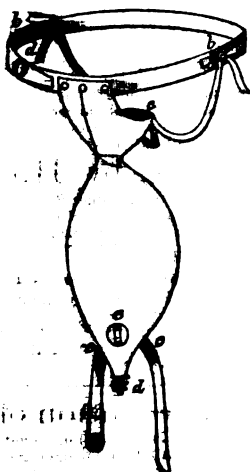
Prices of the Portable Generator: 5s., 10s., 6d., 15s., 20s., and 30s., according to power. Powerful Pocket Batteries, 23s. 103, LEADENHALL-STREET, and 213A, PICCADILLY.

## India-rubber Urinals for Male and

FEMALE RAILWAY TRAVELLERS AND INVALIDS.

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URINAL FOR BED USE.  
Price 15s., 10s., and 21s.

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The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their construction prevent the objectionable smell complained of in those of other Manufacturers.

Manufactured by W. S. SPARKS, 115, New Bond-street, London.  
A liberal discount allowed to the Medical Profession.

## Mineral Waters.—W. Best begs to

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seidlitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Ems-Cologne, Arquebuzard, and Foreign Mineral Water Depot, 22, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

## Poultices superseded by the use of

MARKWICK'S PATENT SPONGIO PILINE.

As a substitute for common poultices and fomentations, the superiority of this article is unquestionable. It is strongly recommended by the most eminent of the Faculty for its cleanliness, economy, lightness, and general efficacy, and is now used in several of the hospitals. Also Markwick's Patent Piline, for Cholera Belts, Rheumatism, Chest Protectors, Respirators, Cambrago, &c.

Sold, retail, by Chemists and Druggists, and wholesale only by  
GEORGE TRIMBEY, 41, Queen-street, Cheapside.

## Hare-Lip.—Extraordinary Applica-

tion and CURE.

Communication from Mr. BROADBENT, Surgeon, Ferry Hill, Durham.

MR. BENJAMIN NICKELS,

SIR,—I wish to state concerning your Plaster to the following effect. About ten days after an operation for Hare-lip, the boy fell against a stone step and ruptured the lip. The day previously I had received your Elastic Plaster, and on being summoned to the boy, (without much hope of success,) I applied three strips of the Plaster, extending from ear to ear, bringing the ruptured edges into apposition. Seven days after, the Plaster retained the cheeks in the position I had left them on the day of application. Fresh strips were then applied, and the edges ultimately united. In my opinion, no other plaster could have answered the intention, and I think it specially adapted to wounds on the face.

I remain yours obediently.

(Signed) G. W. BROADBENT.

NICKELS'S PATENT ELASTIC ADHESIVE PLASTER, and ELASTIC ADHESIVE BANDAGES, which are made on quite a new principle, rendering them a cheap, efficient, unvarying support as a spiral covering or stocking (without the trouble of lacing), for varicose veins, sprains, weak joints, and all rheumatic affections. These Bandages may also be cut and applied as ordinary strapping.

The Patentee has had the honour of receiving the highest testimonials in approbation of his ELASTIC PLASTERS from the following most eminent Members of the Profession, and many other Gentlemen, by whom they are patronised and used in their hospital and private practice:—J. C. W. LARSEN, M.D., Physician Accoucheur, Guy's Hospital. Mr. FARRAGUT, Surgeon to his Royal Highness Prince Albert, Prof. Surgeon, King's College, London; Surgeon King's College Hospital. Mr. HUXON, Surgeon, Guy's Hospital, Surgeon to the City of London Hospital for Diseases of the Chest.

THE PATENT ELASTIC OUNET PLASTERS are found most superior both in appearance and quality.

Sold by all principal Chemists in the United Kingdom, and by Mr. BENJAMIN NICKELS, Surgical Plaster Manufacturer, 9, Camberwell-green, London.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sore. It has received the sanction and commendation of many of the most eminent practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1853.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction."

60, Grosvenor-street, London.

"Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicatory, when carefully applied, and has not been productive of any degree of Strangury.

"ANDREW SMITH, M.D., Deputy Inspector-General of Hospitals.

"Mr. T. B. BROWN, Druggist, Handsworth, Birmingham."  
Prepared by Thomas B. Brown, Pharmaceutical Chemist, 42, Admiral-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignees, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

## Engineers' Masonic and Universal

MUTUAL LIFE ASSURANCE SOCIETY, 345, Strand, London.

During the prevalence of Cholera, Policies for three months (renewable, if required, at the expiration of that period) are granted by this Society, covering the risk, not only of Cholera, but of all other diseases. Rates may be obtained at the Office.

Annuitants admitted to a share in the Profits.

No charge for Policy Stamps.

Credit given for half the Premium.

Assignments and Transfers of Policies registered free of charge.

A liberal commission allowed to Solicitors and Agents on the introduction of business.

ANTHONY PECK, M.A., Actuary and Secretary.

## London Hospital Medical College.—

INAUGURATION FESTIVAL.—The DINNER will take place at the LONDON TAVERN, BISHOPSGATE-STREET, on Monday, October 2nd, at Half-past Five for Six o'clock, JAMES LUKE, Esq., Senior Surgeon to the Hospital, &c. &c., in the Chair.

The following Gentlemen have consented to act as Stewards:—

Adams, John, Esq.  
Alderson, Richard R., York Barracks.  
Ansell, Thomas, Esq., M.D.  
Arthur, Joseph, Esq.  
Ball, Alfred, Esq.  
Barker, Walter Goodyear, Esq., Worth-  
ing.  
Barrett, Henry John, Esq.  
Bolcombe, Henry Stephens, Esq., M.D.,  
York.

Bell, W. T., Esq., Great Grimsby.  
Bentley, Robert, Esq.  
Berry, Edward Unwin, Esq.  
Billing, Archibald, Esq., M.D., F.R.S.  
Bloomfield, Horatio, Esq., M.D.

Bowman, D., Esq.  
Brothurst, Bernard Edward, Esq.  
Brown, John, Esq., M.D.  
Brushfield, T. Nadin, Esq., Chester.

Buchanan, Andrew, Esq.  
Burch, Samuel Jesup, Esq.  
Bush, William, Esq., Bath.  
Butler, Charles, Esq., Hornechurch.

Bulker, Cornelius, Esq., Brentwood.  
Butler, Cornelius, Esq., Ingatestone.  
Butler, William, Esq., Ingatestone.  
Capes, Geo. Augustus Harrison, Esq.

Carpenter, Wm. B., Esq., M.D., F.R.S.  
Carter, William, Esq., Billericay.  
Cartwright, Samuel, Esq.  
Coely, Robert, Esq., Aylesbury.

Coely, J. Henry, Esq., Aylesbury.  
Christie, Thomas B., Esq.  
Clark, Andrew, Esq., M.D.  
Clark, Benjamin, Esq.

Clark, Henry, Esq., Bristol.  
Coe, Thomas, Esq., Bury St. Edmunds.  
Colles, Henry, Esq.  
Collambell, Charles, Esq.

Cooke, William, Esq., M.D.  
Cooper, George, Esq., Croydon.  
Craigie, John Livingston, Esq.  
Crichton, George, Esq.

Cumming, W., Esq.  
Curling, Henry, Esq., Ramsgate.  
Curling, Thomas B., Esq., F.R.S.  
Dale, George Thomas, Esq.

Dale, George Cornelius, Esq.  
Daldy, Thomas Mee, Esq.  
Davies, Herbert, Esq., M.D.  
Davies, Henry, Esq.

Davis, R. E., Esq., Colnbrook.  
Dawson, William, Esq., M.D., New-  
castle-on-Tyne.

Day, Edwin, Esq., Hambrook, near  
Bristol.  
Debenham, H. K., Esq., Pershore.

Duchess, Clarke, Esq.  
Edwards, E., Esq., Strood.  
Elliott, Robert, Esq., M.D.  
Ellis, Samuel, H. K., Esq.

Evans, William, Esq., Herne Bay.  
Everest, Henry, Esq., Chatham.  
Falconer, George Alexander, Esq.  
Fitch, Frederick, Esq., Kidderminster.

Frankum, Richard, Esq.  
Fraser, Patrick, Esq., M.D.  
Frost, Charles Maynard, Esq.  
Furniss, Martin, Esq., Mansfield.

Gardner, William Henry, Esq.  
Gibson, Septimus, Esq., M.D.  
Giles, Francis, Esq., Stourbridge.  
Gissing, John S., Esq., Woodbridge.

Gordon, James Alexander, Esq., M.D.,  
F.R.S., Boxhill.  
Gowland, Peter, Esq.  
Gray, Thomas, Esq.

Hammond, H. S., Esq., Edmonton.  
Harris, W., Esq.  
Herrapath, Wm. Bird, M.B., F.R.S.E.,  
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Harper, Thomas, Esq., Plymouth.  
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Hingston, Andrew, Liskeard.  
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Jackson, Alexander Russell, Esq.,  
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Jackson, John, Esq.  
Kenrick, George C., Esq., Melkham.

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Langmore, William, Esq., M.D.  
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Letheby, Henry, Esq., M.B.  
Lewis, Theophilus C., Esq.  
Liddle, John, Esq.  
Little, William John, Esq., M.D.

Llewellyn, T., Esq.  
McKenzie, Frederick, Esq., Tiverton.  
Macmeikan, John, Esq.  
Mantell, Francis R., Bittton, near Bath.

Mantell, Alfred Adams, Esq., Bath.  
Martin, Charles, Esq.  
Meeres, Thomas, Esq.  
Moore, Alfred William, Esq.

Nelson, Duckworth, Esq.  
Page, Wm. B., Esq., Carlisle.  
Paulson, W. H., Esq., Mansfield.  
Pavey, Henry, Esq., Nallsforth.

Perry, Henry, Esq., Stonehouse.  
Phillips, James, Esq.  
Pickford, Jas. H., Esq., M.D., Brighton.  
Ponder, William, Esq.

Pretty, G. Wilson, Esq., Fressingfield.  
Prince, Frederick, Esq., Sawston.  
Purnell, John James, Esq.  
Quekett, Professor.

Ramsbotham, Francis H., Esq., M.D.  
Randolph, John, Esq.  
Ray, Edward Rutley, Esq., Milton.  
Reed, Frederick George, Esq., M.D.

Robertson, Thomas S., Esq., M.D.  
Rumball, James Q., Esq., St. Albans.  
Salmon, W. G., Esq., Thornbury.  
Sancer, James, Esq., M.D.

Scott, John, Esq., M.D.  
Sharpe, John, Esq., Waltham Cross.  
Smart, James, Esq.  
Smith, Cornelius, Esq.

Southern, John, Ludlow.  
Spear, William, Esq., Totton.  
Spender, John Kent, Esq., Bath.  
Stirling, Thomas John, Esq., Higham

Ferrars.  
Stocker, Alonzo Henry, Esq.  
Story, John, Esq.  
Streetfield, John F., Esq.

Street, William, Esq., Norwood.  
Tippetts, Richard, Esq., Dartford.  
Tripe, John William, Esq., M.D.  
Vandenburgh, Algernon S., Esq.

Van Oven, Barnard, Esq., M.D.  
Vidal, William Foot, Esq., Ilfracombe.  
Ward, Nathaniel Bageshaw, Esq.  
Ward, Joseph, Esq., Epsom.

Ward, Stephen Henry, Esq., M.D.  
Ward, Nathaniel, Esq.  
Watson, William, Esq.  
Welch, Henry J. W., Esq.

Williams, W. H., Esq., Plaistow.  
Williams, Edward A., Esq., Bromley.  
Wilkinson, Charles, Esq., Southgate.  
Wilson, Robert, Esq.

Woolaston, Robert, Esq.  
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(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

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CAPITAL, £100,000.

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The progress of the Company, from its commencement to the end of the year 1853, is shown at a glance in the subjoined Table:—

	Number of Policies issued.	Sums Assured.	Annual Premiums.
1851	301	£ 98,500	£ 3,439 0 1
1852	677	278,855	10,808 12 2
1853	1025	413,785	15,836 3 6

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THE DIRECTORS ACKNOWLEDGE AND CONSULT ALL DULY-QUALIFIED MEDICAL PRACTITIONERS AS THE MEDICAL ADVISERS OF THE COMPANY, AND UNIFORMLY PAY A FEE OF TWO GUINEAS FOR EVERY MEDICAL REPORT, WHEN THE PROPOSAL FOR ASSURANCE IS FOR £200 AND UPWARDS, AND A PROPORTIONATE FEE FOR A SMALLER AMOUNT.

MEDICAL PRACTITIONERS ARE ALSO ENTITLED TO TEN PER CENT. COMMISSION ON FIRST-YEAR'S PREMIUMS, AND FIVE PER CENT. ON ALL SUBSEQUENT PAYMENTS, FOR ASSURANCES EFFECTED THROUGH THEIR INTRODUCTION.

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N.B.—Active and influential AGENTS wanted.

CAPITAL.—ONE MILLION STERLING.

THE WHOLE PAID UP AND INVESTED FOR HALF A CENTURY.

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The NEW TABLES adopted by the GLOBE include two Scales of Life Premiums, *Participating* and *Non-Participating*, combining, with moderate rates, those principles of solidity and security which have distinguished this Company from its formation.

Two-thirds of profits apportioned as Bonus.  
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Facilities afforded to Insurers.  
Insurances to the extent of TEN THOUSAND POUNDS on a single approved Life.

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WILLIAM NEWMARCH,  
Secretary.

## Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive and increasing sale amongst the public, is now very largely employed in DISPENSING; for which the cheapest and most convenient form is in the STONE JARS; half-gallon, 5s. 6d.; gallon, 9s. 6d.; specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers, DINNEFORD & CO., Chemists, 172, Bond-street, London; and all respectable Wholesale Druggists and Patent Medicine Houses.

## Cotyledon Umbilicus. — Epilepsy

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 25th, 1864.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.  
Impassioned Juice. Dose, half a drachm to a drachm; 16s. per lb.  
Solid Extract. Dose, five to fifteen grains; 20s. per lb.  
Taraxacum (Davenport's) Liqueur, or Fluid Extract, prepared by Spontaneous Impassation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.



MEDICAL SESSION, 1854-55.

(Concluded from page 240.)

Provincial Hospitals & Medical Schools.

QUEEN'S HOSPITAL, BIRMINGHAM.

*Honorary Physician*—Dr. Booth.

*Physicians*—Dr. Birt Davies, Dr. Heslop, and Dr. G. Fife.

*Honorary Surgeon*—Mr. Cox.

*Surgeons*—Mr. W. Sands Cox, Mr. Knowles, and Mr. Langston Parker.

*Lying-in Department*—Mr. S. Berry.

Medical and surgical practice of the hospital, for one year, £10 10s.; three years, £21.

The respective offices of physicians' clerks and surgeons' dressers are filled up by the medical officers from the students of the Queen's Hospital, after public examination, and the production of testimonials of good conduct, without any additional fee.

QUEEN'S COLLEGE, BIRMINGHAM.

*Principal*—Lord Lyttelton, F.R.S.

*Vice-Principal and Warden*—The Rev. Chancellor Law.

*Dean of the Medical Faculty*—W. Sands Cox, F.R.S.

WINTER SESSION.

*Surgical Anatomy*: Mr. W. Sands Cox.

*Anatomy and Physiology*: Dr. Heslop. Single course,

*Descriptive Anatomy*: Mr. Langston Parker. Aggregate fee for one course in these classes, £7 7s.

*Medicine*: Dr. Jas. Johnstone. Single course, £5 5s.

*Surgery*: Mr. W. Sands Cox. Single course, £3 3s.; perpetual, £5 5s.

*Practical Anatomy and Dissections*: Mr. D. Bolton and Mr. W. C. Freer. One course, £4 4s.

*Chemistry*: Mr. G. Shaw. One course, £4 4s.

*Practical Chemistry*, one course, £3 3s.

SUMMER SESSION.

*Materia Medica and Therapeutics*: Dr. G. Fife. Single course, £5 5s.

*Midwifery, &c.*: Mr. Berry. Single course, £4 4s.

*Forensic Medicine*: Dr. J. Birt Davies. Single course, £4 4s.

*Botany*: Mr. Knowles. Single course, £4 4s.

*Comparative Anatomy and Zoology*: Mr. R. C. R. Jordan, M.B. One course, £3 3s.

*Medical Tutor*: Mr. R. C. R. Jordan, M.B.

The three year's course of study required by the College of Surgeons of England, the Society of Apothecaries, and the Army and Navy Boards, may be attended on the payment of a composition fee of £62 10s.

College fees, commons, residence, &c., £50 for the year, to be made by three instalments,—£18 on October 1st, £18 on January 1st, and £12 on May 1st.

The medical tutor resides in College, to prepare the junior students, non-resident as well as resident, for the matriculation examination of the University of London, to devote daily a certain number of hours to the senior students, non-resident as well as resident, in the dissecting-room, and to examine them from time to time upon the subjects of the various lectures.

Four Warneford scholarships of £10 each, tenable for two years, are founded for students who have resided for twelve months in the College, and are approved by the council.

SYDENHAM COLLEGE, BIRMINGHAM.

*Principal*—Dr. Bell Fletcher.

*Treasurer*—Dr. James Russell.

*Honorary Secretaries*—Mr. Alfred Baker and Mr. Alfred Hill.

WINTER SESSION.

*Anatomy, Physiology, and Pathology*: Dr. J. W. Keyworth, at one. One session, £4 4s.; perpetual, £9 9s.

*Practical Anatomy and Demonstration*: Mr. G. Elkington, Mr. Frowd Jones, and Mr. J. Postgate, at eight A.M. One session, £4 4s.; perpetual, £7 7s.

*Medicine*: Dr. Bell Fletcher, at four. One session, £4 4s.; perpetual, £7 7s.

No. 1621.

*Surgery*: Mr. A. Baker, at five. One session, £4 4s.; perpetual, £7 7s.

*Chemistry*: Mr. A. Hill, at five. One session, £4 4s.; perpetual, £7 7s.

SUMMER SESSION.

*Midwifery, &c.*: Dr. Elkington and Mr. V. W. Blake, at eight A.M. One session, £3 3s.; perpetual, £4 4s.

*Forensic Medicine*: Mr. W. C. Orford, at one. One session, £3 3s.; perpetual, £4 4s.

*Botany*: Mr. F. Westcott, at three. One session, £3 3s.; perpetual, £4 4s.

*Materia Medica, &c.*: Mr. John Bassett, at four. One session, £4 4s.; perpetual, £7 7s.

*Practical Chemistry*: Mr. A. Hill. One session, £2 2s.

Composition fee for all the lectures required by the College and Hall, £42; matriculation fee, £1 1s.; reading-room and museum fee, (annually,) £1 1s.; porter's fee for each class, 2s. 6d.

THE GENERAL HOSPITAL, BIRMINGHAM.

*Physicians*—Dr. Johnstone, Dr. Eccles, Dr. Evans, and Dr. Fletcher.

*Surgeons*—Mr. Crompton, Mr. Amphlett, Mr. Alfred Baker, and Mr. Oliver Pemberton.

*House-Physician*—Dr. Wade.

*House-Surgeon*—Mr. David Johnson.

*Dispenser*—Mr. J. Smith.

*Secretary*—Mr. Wm. R. Hughes.

This hospital contains 220 beds.

Upwards of 2000 in-patients, and upwards of 15,000 out-patients, are admitted annually, of which nearly 5000 are accidents.

Resident pupils are received into the hospital, as also non-resident pupils and dressers.

MEDICAL PRACTICE.

Six months ...	£7	7	0
Twelve months ...	10	10	0
Eighteen months...	12	12	0
Three years ...	21	0	0

SURGICAL PRACTICE.

Six months ...	£8	8	0
Twelve months ...	10	10	0
Eighteen months...	15	15	0
Three years ...	21	0	0

For dresserships, in addition to the above fees:—Six months, £8 8s.; twelve months, £12 12s.; eighteen months, £15 15s.; three years, £26 5s.

BRISTOL MEDICAL SCHOOL.

WINTER SESSION, COMMENCING OCTOBER 1ST, 1854.

*Surgery*: Mr. Clark and Mr. Prichard, Monday, Wednesday, and Friday, at a quarter after eight A.M. Sessional course, £4 4s.; unlimited, £6 6s.

*Theory and Practice of Physic*: Dr. Budd and Dr. Stanton, Monday, Tuesday, Wednesday, and Friday, at a quarter after nine A.M. Sessional course, £4 4s.; unlimited, £6 6s.

*Chemistry*: Mr. Herapath, last four days of the week, at a quarter after nine A.M. Sessional course, £5 5s.; unlimited, £8 8s.

*General Anatomy and Physiology*: Dr. Brittan and Mr. Coe, daily, at a quarter after ten. Sessional course, £5 5s.; unlimited, £9 9s.

*Descriptive and Surgical Anatomy*: Dr. Brittan and Mr. C. Leonard, daily, at three. Sessional course, £5 5s.; unlimited, £9 9s.

SUMMER SESSION, COMMENCING MAY 1ST, 1855.

*Botany and Vegetable Physiology*: Mr. Robert Etheridge, daily, at six P.M. Sessional course, £3 3s.; unlimited, £5 5s.

*Materia Medica and Therapeutics*: Dr. Stanton, daily, at eight A.M. Sessional course, £4 4s.; unlimited, £6 6s.

*Midwifery*: Dr. J. G. Swayne, daily, at nine. Sessional course, £4 4s.; perpetual, £6 6s.

*Forensic Medicine*: Dr. Martyr, and Chemical Toxicology, Mr. Herapath, daily, at ten. Sessional course, £3 3s.; unlimited, £5 5s.

*Practical Chemistry*: Mr. Herapath. Sessional course, £3 3s.

Fee for the perpetual attendance on all the above courses, (excepting practical chemistry,) forty-five guineas.

The dissecting-rooms are under the superintendence of Mr. C. Leonard.

At the conclusion of the session, prizes for the students of the several years will be distributed in accordance with the regulations of the school.

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## BRISTOL ROYAL INFIRMARY.

## MEDICAL AND SURGICAL HOSPITAL PRACTICE.

*Physicians*—Dr. Wallis, Dr. Lyon, Dr. Bernard, Dr. Wm. Budd.

*Honorary and Consulting Physician*—Dr. Howell.

*Surgeons*—Mr. Harrison, Mr. Morgan, Mr. Clark, Mr. Green, Mr. Prichard.

*Honorary and Consulting Surgeon*—Mr. R. Smith.

*House-Surgeon*—Mr. H. A. Hore.

*Assistant House-Surgeon*—Mr. R. Crisp.

This hospital contains 242 beds; 114 being allotted to medical cases, and equally divided between males and females; and 128 to surgical cases, of which 72 are occupied by males, and 56 by females. In 1853, 2699 in-patients were admitted, and about 19,800 patients relieved.

The physicians and surgeons are in daily attendance, from half-past eleven A.M. till two P.M.

Clinical lectures are delivered weekly by the surgeons, and occasionally, upon cases of interest, by the physicians. Surgical casualties are attended to, in the accident ward, at all hours, by the resident dresser, under the immediate superintendence of the house-surgeon. By payment of a small fee, students may be instructed in practical pharmacy, in the laboratory and dispensary. Medical and surgical pupils may become, when qualified, clinical clerks in their respective departments. Pupils have access to the library by payment of £1.

## HOSPITAL ATTENDANCE FEES.

Surgeon's pupil, (non-assistant,) first year, £20; second year, £12 10s.; third year, £7 10s.; for three years, at one payment, £35.

Surgeon's pupil, (dresser,) first year, £35; second year, £30; third year, £25; for three years, at one payment, £80.

Physician's pupil, one year, £15; eighteen months, £20; and for unlimited attendance, £30.

Each dresser resides in the infirmary for a week, in rotation, to attend upon the casualties.

**SUPPLE SCHOLARSHIPS.**—Two scholarships, founded by the late R. Suple, Esq., of Clifton, will be awarded annually to the two most approved students attending the medical and surgical practice.

## ST. PETER'S HOSPITAL.

This hospital contains 228 beds, and, upon an average, 922 in-patients and 2230 out-patients are annually admitted. It has wards specially devoted to lying-in patients, and an asylum for pauper lunatics. The medical officers are in attendance daily, from twelve to two P.M. Opportunity for studying practical pharmacy may be had, upon the payment of a small fee. Physician's pupil's fee, £15 per annum.

Pupils are also admitted at the Bristol General Hospital, and at the Bristol Dispensary. The medical practice of the General Hospital is received by the Apothecaries' Company on the same terms as that of a dispensary. Fee for attendance on the physicians' practice for eighteen months, £15.

## HULL AND EAST RIDING SCHOOL OF MEDICINE AND ANATOMY.

## WINTER SESSION, COMMENCING OCTOBER 3RD, 1854.

Anatomy, Physiology, and Pathology: Mr. R. M. Craven, jun., daily, at eight. Sessional, £5 5s.; perpetual, £8 8s.

Anatomical Demonstrations: Dr. King, daily, at five. Sessional, £4 4s.; perpetual, £6 6s.

Principles and Practice of Medicine: Dr. Sandwith, daily, at three. Sessional, £5 5s.; perpetual, £7 7s.

Principles and Practice of Surgery: Mr. J. H. Gibson, Tuesday, Thursday, and Saturday, at four. Sessional, £3 3s.; perpetual, £5 5s.

Chemistry: Mr. Beckett, Tuesday, Wednesday, Thursday, and Friday, at eight. Sessional, £5 5s.

## SUMMER SESSION, COMMENCING MAY 1ST, 1855.

Midwifery, and Diseases of Women and Children: Mr. Hardey, daily, at seven A.M. Sessional, £4 4s.; perpetual, £6 6s.

Materia Medica and Therapeutics: Dr. Daly, daily, at eight A.M. Sessional, £5 5s.; perpetual, £7 7s.

Forensic Medicine: Mr. Munroe, Monday, Wednesday, Friday, and Saturday, at four. Sessional, £3 3s.

Botany: Mr. Reckitt, Monday, Wednesday, Friday, and Saturday, at three. Sessional, £3 3s.

Perpetual to all the lectures, (except chemistry,) £42.

Attendance at the above lectures and at the hospital will confer the same qualification as is obtained in the medical schools of London.

Application for tickets may be made to Mr. R. M. Craven, jun., 14, Albion-street, Hull.

## LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

## WINTER SESSION.

Introductory Lecture by Mr. F. D. Fletcher, on Monday, October 2nd, at two P.M.

Anatomy, Physiology, and Pathology: Mr. Long, daily, at eight A.M. One course, £5 5s.

Anatomical Demonstrations and Dissections: Mr. F. D. Fletcher, daily, (except Saturday,) at six. One course, £3 3s.

Chemistry and Pharmacy: Dr. R. H. Brett, Tuesday, Thursday, and Saturday, at three. One course, £5 5s.

Principles and Practice of Physic: Dr. Dickinson, daily, (except Saturday,) at five. One course, £5 5s.

Principles and Practice of Surgery: Mr. Cooper, Monday, Wednesday, Thursday, and Friday, at four. One course, £4 4s.

Clinical Medicine, with Instruction in Morbid Anatomy: Dr. Dickinson, Friday, at one.

Clinical Surgery, with Instruction in Morbid Anatomy: Mr. Cooper, Tuesday, at one.

## SUMMER SESSION.

Materia Medica and Therapeutics: Dr. Inman, daily, at three. One course, £4 4s.

Botany: Dr. Nevins, daily, at eight A.M. One course, £3 3s.

Midwifery, and Diseases of Women and Children: Mr. Betty, daily, at four. One course, £4 4s.

Medical Jurisprudence: Dr. Brett and Mr. Fletcher, four days weekly, at two. One course, £3 3s.

Practical Chemistry: Dr. Beett, three days weekly, at nine. One course, £3 3s.

Ophthalmic Medicine and Surgery: Dr. R. Hibbert Taylor, Tuesday and Friday, at two. One course, £1 1s.

Clinical Medicine, with Instructions in Morbid Anatomy: Dr. Dickinson, Friday, at one.

Clinical Surgery, with Instruction in Morbid Anatomy: Mr. Cooper, Tuesday, at one.

Fees to all the lectures required by the Hall and College, (including Practical Chemistry,) £45, payable in advance.

A gold medal, of the value of £10 10s., awarded annually to the student who distinguishes himself most in a general examination on all subjects taught at the school, provided that sufficient merit be evinced, together with six months' free residence, dressership, and clerkship, in the infirmary, and the title of Liverpool Royal Infirmary Medical Scholar. The committee give free residence every six months to two pupils, elected from amongst the students after examination by the lecturers.

**HOSPITAL PRACTICE.**—Students are admitted to the Medical and Surgical Practice of the Liverpool Infirmary, from ten to one daily. The infirmary contains 226 beds.

**FEES FOR ATTENDANCE.**—Medical and Surgical Practice: for six months, £10 10s.; for the first year, £18 18s.; for the second, £12 12s.; for the third, £10 10s.; for three years, £36 15s.

Six dressers and six clinical clerks will be elected quarterly by selection and examination from amongst the house and out-pupils of the infirmary, from the students attending the school in their second or third session, and from all medical pupils who have entered on their third year of professional education. The office will be tenable for two successive periods. Pupils of the infirmary are admitted to learn pharmacy in the shop for six months.

## LIVERPOOL NORTHERN HOSPITAL.

*Physicians*—Dr. Scott, Dr. Dundas, and Dr. Inman.

*Surgeons*—Mr. Bainbridge, Mr. Jones, and Mr. Chalmers.

*Junior Surgeon*—Mr. Millett Davis.

*House-Surgeon*—Mr. Wall.

*Junior House-Surgeon*—Mr. Waterhouse.

Terms for hospital attendance:—Six months, £9 9s.; one year, £12 12s.; unlimited, £31 10s.

The hospital contains 120 beds, and is chiefly devoted to the reception of acute diseases and severe accidents.

Clinical lectures are delivered by the physicians and surgeons.

### LIVERPOOL COLLEGE OF CHEMISTRY,

*Duke-street.—Established 1849.*

Courses of practical instruction under the direction of Dr. Sheridan Muspratt, F.R.S.E., and assistants.

Certificates of attendance are acknowledged by the University and Apothecaries' Hall of London, and the Apothecaries' Hall of Ireland, &c.

**FEES, PAYABLE IN ADVANCE.**—Students working every day in the week, £14 14s. per session; four days, £12 12s.; three days, £10 10s.; two days, £9 9s.; one day, £8 8s.; half a day, £5 5s.; fee for three years, 50 guineas.

Analyses and assays of all kinds are undertaken.

### LEEDS GENERAL INFIRMARY.

*Physicians*—Dr. Wilson, Dr. Chadwick, and Dr. Heaton.

*Surgeons*—Mr. Smith, Mr. T. P. Teale, and Mr. S. Hey.

Clinical lectures on Medical Cases in the Infirmary, by Dr. Chadwick and Dr. Heaton; on the Surgical Cases, by the surgeons.

### LEEDS SCHOOL OF MEDICINE.

#### WINTER SESSION.

Introductory Lecture, by Mr. Ikin, October 2nd, at twelve o'clock.

Anatomy, Physiology, and Pathology: Mr. Ikin, Mr. S. Hey, Mr. W. N. Price, and Mr. C. G. Wheelhouse, five days in the week, at twelve o'clock. First season, £6 6s.; second season and perpetual, £4 4s.

Anatomy, Descriptive: Mr. W. N. Price, and Mr. C. G. Wheelhouse, Monday, Tuesday, Thursday, and Friday, at ten A.M. First season, £4 4s.; second season and perpetual, £3 3s.

Principles and Practice of Surgery: Mr. Hey and Mr. Nunneley, Tuesday and Thursday, at a quarter before seven P.M., and Saturday, at ten A.M. First season, £3 3s.; second season and perpetual, £2 2s.

Chemistry: Mr. Morley and Mr. Scattergood, daily, (except Saturday.) First season, £4 4s.; second season and perpetual, £3 3s.

Principles and Practice of Physic: Dr. Chadwick and Dr. Heaton, daily, (except Saturday,) at five P.M. First season, £5 5s.; second season and perpetual, £3 3s.

#### SUMMER SESSION.

Materia Medica and Therapeutics: Mr. Bishop, daily, at twelve. First season, £5 5s.; second season and perpetual, £3 3s.

Midwifery and Diseases of Women and Children: Mr. Smith and Mr. Braithwaite, daily, at seven A.M. First season, £3 3s.; second season and perpetual, £2 2s.

Forensic Medicine: Dr. Pyemont Smith, Monday, Tuesday, Thursday, and Friday, at ten A.M. First season, £2 12s. 6d.; second season and perpetual, £1 11s. 6d.

Botany: Dr. Heaton, Monday, Tuesday, Thursday, and Friday, at five o'clock. First season, £2 12s. 6d.; second season and perpetual, £1 11s. 6d.

Practical Chemistry: Mr. Scattergood.

Fee to all the courses, (except Practical Chemistry,) £42.

Clinical lectures at the General Infirmary, on medical cases, by Dr. Chadwick and Dr. Heaton; on surgical cases, by Mr. Smith, Mr. T. P. Teale, and Mr. S. Hey; on ophthalmic and aural practice, at the Eye and Ear Infirmary, by Mr. Nunneley.

### MANCHESTER ROYAL SCHOOL OF MEDICINE AND SURGERY.

#### WINTER SESSION.

Anatomy and Physiology: Mr. Turner and Mr. W. Smith, daily, at twelve o'clock. One course, £4 4s.

Descriptive and Microscopic Anatomy: Mr. Wm. Smith, daily.

Practical Anatomy and Demonstrations: Mr. Lund, who

attends in the dissecting-room from ten to twelve, and from two to four.

Principles and Practice of Medicine: Dr. H. Browne, daily, (except Saturday,) at five. One course, £4 4s.

Principles, Practice, and Operations of Surgery: Mr. Orr, Monday, Wednesday, and Friday, at 4 P.M. One course, £4 4s.

Chemistry: Dr. Allan, Monday, Tuesday, and Friday, at ten. One course, £4 4s.

Hospital Practice: daily, from half-past nine to twelve.

Clinical Medicine and Surgery, at the Royal Infirmary, by the Physicians and Surgeons to the Hospital.

#### SUMMER SESSION.

Materia Medica, Medical Botany, and Therapeutics: Mr. Childs. One course, £4 4s.

Midwifery, and the Diseases of Women and Children: Mr. Heath. One course, £4 4s.

Forensic Medicine: Mr. Greaves. One course, £3 3s.

Botany: Mr. Grindon. One course, £3 3s.

Anatomy, Physiology, and Pathology of the Eye: Mr. Hunt and Mr. Lund. One course, £1 1s.

Practical Chemistry: Dr. Allan. One course, £3 3s.

General Pathology and Morbid Anatomy: Dr. Renaud. One course, £2 2s.

Perpetual fee to the whole of the lectures required to qualify for examination at the London University, the Royal College of Surgeons, and the Apothecaries' Company, £42.

The winter session commences on the 2nd of October, and terminates at the end of March. The summer session begins on the 1st of May, and terminates at the end of July.

**SCHOLARSHIPS.**—Three scholarships will be open for competition to the students of the school, of the value respectively of £20, tenable for two years; £15, tenable for one year; £10, tenable for one year.

Introductory address, by Mr. Childs, on October 2nd, at twelve o'clock.

### CHATHAM-STREET SCHOOL OF MEDICINE, MANCHESTER.

#### WINTER SESSION.

Anatomy, Descriptive, and Surgical: Mr. J. S. Fletcher and Mr. J. O. Fletcher, daily, (except Saturday,) at nine.

Anatomy, Practical, and Superintendence of Dissections: Mr. Murphy.

Anatomy, General, and Physiology: Mr. Dumville, daily, (except Saturday,) at half-past twelve.

Medicine: Dr. T. H. Watts, Monday, Wednesday, and Friday, at quarter to four.

Surgery: Mr. G. Southam, Monday, Wednesday, and Friday, at quarter to five.

Chemistry: Mr. D. Stone, Monday, Wednesday, and Thursday, at half-past eleven.

Clinical Medicine: Dr. M. A. Eason Wilkinson.

Psychological Medicine: Dr. Noble.

#### SUMMER SESSION.

Materia Medica and Therapeutics: Mr. Somers, daily, (except Saturday,) at half-past twelve.

Midwifery and Diseases of Women: Dr. Whitehead, daily, (except Saturday,) at nine.

Diseases of Infancy and Childhood: Dr. S. Merri.

Forensic Medicine: Dr. Aikenhead, Monday, Wednesday, Thursday, and Friday, at four.

Practical Chemistry: Mr. D. Stone, Monday and Thursday, from half-past eleven to half-past one.

Pathology: Dr. Watts, Monday, Wednesday, and Friday, at five.

Diseases of the Eye: Mr. Armstrong Todd.

Botany: Dr. Joseph Stone.

Histology: Dr. W. Jepson, Wednesday, at three.

Psychological Medicine: Mr. D. Noble.

Perpetual fee for attendance on all the lectures, £42 10s.

Hospital practice at the Royal Infirmary, where clinical lectures on medicine and surgery are regularly delivered by the physicians and surgeons of the Institution. Hospital attendance, daily, from ten to half-past eleven.

Three scholarships will be offered for competition at the termination of the session:—One of £20, for third year's students; one of £15, for second year's students; one of £10, for first year's students.

## NEWCASTLE-UPON-TYNE INFIRMARY.

*Consulting Physicians*—Dr. Thos. E. Headlam, Dr. Darnell Bulman, Dr. John Cargill, Dr. John M. Bates.  
*Physicians*—Dr. David B. White, Dr. Edward Charlton, Dr. Dennis Embleton, Dr. Thos. Humble.  
*Surgeons*—Mr. T. M. Greenhow, Mr. Henry Heath, Sir John Fife, Mr. H. G. Potter.  
*House-Surgeon and Secretary*—Mr. Charles John Gibb.

The Newcastle Infirmary contains 230 beds.  
 Clinical lectures are regularly delivered.  
 Medical and surgical practice, twelve months, £7 7s.; perpetual, £17 17s.

1678 in-patients, 3742 out-patients, and 4242 casual patients, were treated last year.

Introductory address by Dr. Whitehead, on Monday, Oct. 2nd, at four.

## NEWCASTLE-ON-TYNE COLLEGE OF PRACTICAL SCIENCE,

IN CONNEXION WITH THE UNIVERSITY OF LONDON.

## WINTER SESSION.

Introductory lecture by Mr. H. G. Potter, at eight o'clock.  
*Anatomy, General, Comparative, Microscopic, and Descriptive*: Mr. Furness, Mr. Newton, and Mr. Crafter.

*Regional Anatomy and Demonstrations*: Mr. M'Nay, Mr. J. B. Fife, and Mr. W. H. Preston, daily, (except Saturday,) at three. Fee, £3 3s.

*Principles and Practice of Physic*: Dr. George Robinson, daily, (except Saturday,) at four. Fee, £3 3s.

*Principles and Practice of Surgery*: Sir John Fife, Mr. H. G. Potter, and Mr. W. H. Fife, Monday, Wednesday and Friday, at five. Fee, £3 3s.

*Principles of Chemistry*: Mr. A. J. Gray, jun., Monday, Tuesday, Wednesday, and Thursday, at seven. Fee, £4 4s.

A course of instruction in the art of General and Anatomical Modelling, by Mr. Dinsdale. Fee, £4 4s.

The Rev. W. Spencer, M.A., will direct the studies of gentlemen in Mathematics, Natural Philosophy, and Medical Classics.

## SUMMER SESSION.

*Midwifery and Diseases of Women and Children*: Dr. W. Dawson, daily, at eight A.M. Fee, £3 3s.

*Botany, General, Microscopic, and Physiological*: Mr. R. B. Sanderson, jun., Monday, Wednesday, and Friday, at five. Fee, £3 3s.

*Medical Jurisprudence*: Dr. Dawson, Mr. S. W. Rayne, and Dr. George Robinson, Monday, Tuesday, Thursday and Friday, at five. Fee, £3 3s.

*Materia Medica and Therapeutics*: Mr. G. Gibson and Mr. Crafter, daily, at three. Fee, £3 3s.

*Practical Chemistry*: By the Professor of Chemistry.

*Operative Surgery*: Mr. Furness, Mr. S. W. Rayne, and Mr. J. B. Fife. Fee, £1 1s.

*Pathology and Morbid Anatomy*: Mr. J. Nicholson, Tuesday, at five. Fee, £1 1s.

Special lectures will be delivered on—

*Clinical Ophthalmic Surgery*: Mr. J. B. Fife, at the Newcastle Eye Infirmary, Tuesdays, at one.

*Chemistry and the Microscope applied to Practical Pathology*: Mr. J. Nicholson.

At the end of the summer session for 1855, an exhibition of £20 for the best examination in all the medical sciences will be awarded.

## NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE,

IN CONNEXION WITH THE UNIVERSITY OF DURHAM, AND ALSO WITH THE UNIVERSITY OF LONDON.

## WINTER SESSION.

*Anatomy and Physiology*: Dr. Embleton and Mr. C. J. Gibb, daily, at eight A.M. Fee, £4 4s.

*Surgical Anatomy and Demonstrations*: Mr. J. S. Pearse, daily, (except Saturday,) at four. Fee, £3 3s.

*Medicine*: Dr. Edward Charlton, daily, (except Saturday,) at five. Fee, £3 3s.

*Mental Diseases*: Dr. Donald Mackintosh.

*Surgery*: Mr. Henry Heath and Mr. G. Y. Heath, Monday, Wednesday, and Friday, at seven. Fee, £3 3s.

*Chemistry*: Dr. T. Richardson, Monday, Wednesday, Thursday, and Friday, at nine A.M. Fee, £4 4s.

## SUMMER SESSION.

*Midwifery and Diseases of Women and Children*: Mr. S. M. Frost and Dr. C. Gibson, daily, at eight A.M. Fee, £3 3s.

*Botany*: Messrs. J. Thornhill and D. Oliver, jun., Monday, Wednesday, Thursday, and Friday, at nine A.M. Fee, £3 3s.

*Medical Jurisprudence*: Mr. W. Robinson and Mr. W. Chater, Monday, Tuesday, Thursday, and Friday, at four. Fee, £3 3s.

*Materia Medica and Therapeutics*: Dr. Humble, daily, (except Saturday,) at three. Fee, £3 3s.

*Practical Chemistry*: Dr. T. Richardson.

*Operative Surgery*: Mr. G. Y. Heath.

*Pathological Anatomy*: Dr. S. Fenwick and Mr. C. J. Gibb, Wednesday, at four.

Perpetual ticket to all the lectures, qualifying for the diploma of the College of Surgeons, and the licence of the Apothecaries' Society, (exclusive of Practical Chemistry,) Forty Guineas.

The winter session will commence on Monday, Oct. 2nd. The introductory address will be delivered by Dr. Embleton.

## SHEFFIELD GENERAL INFIRMARY.

*Physicians*—Dr. Thomson, Dr. Branson, Dr. de Bartolomé.

*Surgeons*—Mr. Henry Jackson, Mr. Samuel Gregory, and Mr. Barber.

*House-Surgeon*—Mr. Tinsley.

Fee for medical practice, one year, £10 10s.; perpetual, £15 15s.

Fee for surgical practice, one year, £10 10s.; perpetual, £21.

Upwards of 4000 patients annually attend at this hospital.

## SHEFFIELD MEDICAL INSTITUTION.

WINTER SESSION, COMMENCING OCT. 3RD, 1854.

*General Anatomy and Physiology*: Mr. S. Gregory, Mr. Skinner, and Mr. Allanson, daily, at four. One course, £4 4s.

*Practical Anatomy and Demonstrations*: Mr. H. Walker and Mr. W. F. Favell, daily, at one. One course, £2 2s.

*Chemistry*: Dr. Bingley, daily, at one. One course, £6 6s.

*Medicine*: Dr. Bartolomé, daily, at five. One course, £4 4s.

*Clinical Medicine*: Dr. Bartolomé and Dr. Law.

*Surgery*: Mr. Barber, three days in the week, at seven. One course, £3 3s.

*Clinical Surgery*: By the surgeons of the Infirmary.

SUMMER SESSION, COMMENCING MAY 1ST, 1855.

*Midwifery and Diseases of Women and Children*: Mr. Jackson and Mr. Atkin, daily, at five. One course, £3 3s.

*Materia Medica and Therapeutics*: daily, at five. One course, £4 4s.

*Medical Jurisprudence*: Dr. Law, daily, at eight A.M. One course, £3 3s.

*Botany*: Mr. H. Walker, daily, at four. One course, £3 3s.

*Practical Chemistry*.

The fees for all the lectures required by the College of Surgeons and the Society of Apothecaries, (exclusive of the fee for Practical Chemistry,) will not exceed £42.

## YORK HOSPITAL AND DISPENSARY.

*Physicians of the Hospital*—Dr. Simpson, Dr. Shann.

*Surgeons of the Hospital*—Mr. Hey, Mr. Husband.

*Physicians of the Dispensary*—Dr. Simpson, Dr. Laycock, Dr. Shann.

*Surgeons of the Dispensary*—Mr. Dodsworth, Mr. W. Matterson, Mr. Moore, Mr. Keyworth.

## MEDICAL PRACTICE.

## SURGICAL PRACTICE.

Eighteen months ...	£12 12	One year ...	£12 12
Perpetual ...	15 15	Perpetual ...	15 15
Perpetual to medical and surgical practice, £26 5s.			

Pupils entering to the surgical practice will be allowed to dress the patients in their turn without additional fee.

Attendance of the physicians and surgeons at the hospital, Mondays and Thursdays, at eleven A.M.

Attendance of the physicians and surgeons at the Dispensary, Mondays, Wednesdays, Fridays, and Saturdays, at eleven A.M. Pupils entering to the surgical practice of the hospital, or attending the surgical lectures, will be allowed to attend the practice of the Ophthalmic Institution without additional fee.

Clinical instruction is given by the physicians and surgeons of the hospital in their visits, and also by Dr. Laycock, by means of lectures and examinations upon the cases at the dispensary. Payment included in the hospital fee.

Clinical lectures in medicine and surgery will be given by Dr. Simpson, Dr. Belcombe, and Mr. Hey, at the hospital, and by Mr. Moore and Mr. Keyworth, at the dispensary.

## YORK MEDICAL AND SURGICAL SCHOOL.

### WINTER SESSION.

Anatomy, Physiology, and Pathological Anatomy: Mr. E. Allen and Mr. Hornby, daily, at four. Entire course, £6 6s.; perpetual, £10 10s.

Anatomy, Demonstrations, and Dissections: Mr. Hornby and Mr. North, Monday, Wednesday, Friday, and Saturday, at half-past nine. Entire course, £4 4s.; perpetual, £7 7s.

Medicine: Dr. Laycock, daily, (except Saturday,) at three. Entire course, £5 5s.; perpetual, £8 8s.

Surgery: Mr. H. Keyworth, Monday, Wednesday, and Friday, at seven P.M. Entire course, £3 3s.; perpetual, £5 5s.

Chemistry: Mr. Procter, daily, (except Saturday,) at eight P.M. Entire course, £5 5s.; perpetual, £7 7s.

### SUMMER SESSION.

Materia Medica: Mr. C. Williams, daily, at half-past nine. Entire course, £5 5s.; perpetual, £7 7s.

Midwifery, &c.: Mr. J. Allen and Mr. Anderson, daily, at eight A.M. Entire course, £3 3s.; perpetual, £5 5s.

Medical Jurisprudence: Mr. Procter, four days a week, at ten. Entire course, £2 12s.; perpetual, £4 4s.

Botany: Mr. Moore, daily, at five. Entire course, £2 12s.; perpetual, £4 4s.

Perpetual fee to all the above courses, £42.

Student's subscription to the medical library, 10s. 6d. per annum.

Introductory lecture by Mr. Hornby, on the 2nd of October, at two.

## Scotch and Irish Universities, Colleges, and Medical Schools.

### UNIVERSITY OF EDINBURGH.

THE Session will be publicly opened on Tuesday, October 31st, at two o'clock P.M., when an address will be delivered by the Principal, Dr. John Lea.

#### FACULTY OF MEDICINE.

Dietetics, Materia Medica, and Pharmacy: Dr. Christison, at nine.

Chemistry: Dr. Gregory, at ten.

Surgery: Professor Miller, at ten.

Institutes of Medicine: Dr. Bennett, at eleven.

General Pathology: Dr. Henderson, at eleven.

Clinical Surgery, Monday and Thursday: Professor Syme, at twelve.

Clinical Medicine, Tuesday and Friday: Drs. Alison, Christison, and Bennett, at twelve.

Anatomy: Professor Goodsir, at one.

Natural History: Professor Edward Forbes, at two.

Midwifery and Diseases of Women and Children: Dr. Simpson, at two.

Practice of Physic: Dr. Alison, at three.

Royal Infirmary, at noon, daily.

Practical Anatomy, under the superintendence of Professor Goodsir.

Practical and Analytical Chemistry, under the superintendence of Dr. Gregory.

During the summer session, lectures will be given on the following branches of education:—Botany, by Dr. Balfour; Histology, by Dr. Bennett; Medical Jurisprudence, by Dr. Traill; Theory of Music, by Professor Donaldson; Military Surgery, by Sir George Ballingall; Clinical Medicine; Clinical

Surgery, by Professor Syme; Comparative Anatomy, by Professor Goodsir; Anatomical Demonstrations, by Professor Goodsir; Practical Chemistry and Pharmacy; Practical Anatomy; Natural History.

MATRICULATION.—Every student, in the Faculties of Arts, Law, and Medicine, before entering with any professor, must produce a matriculation ticket for the ensuing session.

#### STATUTES RELATIVE TO THE DEGREE OF M.D.

The candidate must have been engaged in medical study for four years, during at least six months of each, in the University of Edinburgh, or in some other university where the degree of M.D. is given; unless, in addition to three such sessions, he has attended, during six winter months, the medical and surgical practice of a general hospital, with at least eighty patients, and during the same period a course of practical anatomy.

He must give sufficient evidence—

That he has studied, under professors of medicine in this or in some other university, anatomy, chemistry, materia medica and pharmacy, institutes of medicine, practice of medicine, surgery, midwifery, and the diseases peculiar to women and children, general pathology, practical anatomy, (unless it has been attended in the year of extra-academical study allowed,) during courses of six months.

Clinical medicine—that is, the treatment of patients in a public hospital under a professor of medicine, by whom lectures on the cases are given, during courses of six months, or two courses of three months each.

Clinical surgery, medical jurisprudence, botany, and natural history, including zoology, during courses of at least three months each.

That besides the course of clinical medicine, he has attended, for six months of another year, the medical or surgical practice of a general hospital accommodating eighty patients.

That he has attended, for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs.

That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of an hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

That he has studied, for one year previous to his graduation, in the University of Edinburgh.

Every candidate for the degree of Medicine must deliver before the 31st of March of the year in which he proposes to graduate, to the dean of the Faculty of Medicine,—

First.—A declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation; and that he will not be then under articles of apprenticeship to any surgeon or other master.

Secondly.—A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

Thirdly.—A medical dissertation, composed by himself, in Latin or English.

Before a candidate be examined in Medicine, the Medical Faculty shall ascertain, by examination, that he possesses a competent knowledge of Latin.

They shall then proceed to examine him, either *visu voce* or in writing—1st, on Anatomy, Chemistry, Botany, Institutes of Medicine, and Natural History, bearing chiefly on Zoology; and, 2ndly, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence. Students may be admitted to an examination on the first division at the end of the third year of their studies.

If the candidate have satisfied the Medical Faculty, he will be summoned, on the 31st of July, to defend his thesis; and finally, if the senate think fit, he shall be admitted, on the first lawful day of August, to the degree of Doctor.

### ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

ABSTRACT OF THE REGULATIONS RELATING TO ADMISSION TO THE FELLOWSHIP, DATED AUGUST, 1852.

No one is admissible as a Fellow who has not obtained the degree of Doctor of Medicine. All petitions for the Fellowship are determined by ballot.

Graduates of foreign universities must previously submit to



an examination before the examiners of the College, which shall consist—

1. Of a dissertation in English, on some subject in the practice of physic selected by the examiners.
2. Of a *visd voce* examination in English, chiefly on Symptomatology, Pathology, and Therapeutics of Diseases; but in part, also, on Anatomy, Chemistry, Botany, and Physiology.
3. The examiners may institute such examination as they may consider advisable for satisfying themselves that the candidate has received a competent education.

The mode of election of a non-resident is the same as that of a resident Fellow.

The fees for a resident Fellowship amount to £105, and for a non-resident, £55, both inclusive of stamp-duty. Fee paid by a resident or non-resident Licentiate, £55, exclusive of any tax payable to government. Every resident Fellow pays an annual subscription of £1 ls. to defray the College expenses.

## ROYAL COLLEGE OF SURGEONS, EDINBURGH.

### REGULATIONS.—COURSE OF STUDY.

1. *Preliminary Instruction.*—Every candidate must have received regular instruction in the elements of mathematics, and must have acquired a knowledge of the elements of mechanical philosophy. He must also have been well instructed in the Latin language.

2. *Professional Instruction.*—The candidate must have been engaged, during a period of not less than twenty-seven months, including three winter sessions, in attending—

Anatomy, two courses of six months each. Practical Anatomy, twelve months. Chemistry, Materia Medica, and Pharmacy, Institutes of Medicine or Physiology, Practice of Medicine, and Clinical Medicine, of each one course of six months, or of the last, two courses of three months each, during the period of hospital attendance. Principles and Practice of Surgery, two courses, six months each; or Principles and Practice of Surgery, and Military Surgery,\* one course, six months each. Clinical Surgery, two courses, three months each, during the period of attendance at the hospital where they are delivered. Midwifery and Diseases of Women and Children, Medical Jurisprudence and Practical Chemistry, of each one course of three months; or, instead of the last, Analytical Chemistry, three months.

Also a course of instruction in Practical Pharmacy, at the laboratory of a surgeon or apothecary; or of a chemist and druggist recognised by the College; or of a public hospital or dispensary; and he must produce evidence that he has been engaged in compounding and dispensing medicines for six months, or a certificate of having been for two years a private pupil or apprentice of a regularly-licensed medical practitioner keeping a laboratory for dispensing medicines.

3. The six month's courses delivered in Edinburgh must consist of not fewer than 110 lectures, with the exception of clinical medicine, clinical surgery, and military surgery. The three month's courses must consist of not fewer than sixty lectures. Two London courses of three months each, on any of the above subjects, will be taken as equivalent to one six month's course.

4. The candidate must have also attended, for twenty-one months, a public general hospital containing on an average eighty patients.

All candidates for the diploma must be registered at the College, for which, annually, a fee of 5s. is paid.

Every candidate, on applying for examination will be required—1st. To produce satisfactory evidence of his having attained the age of twenty-one years; and 2ndly, to present a tabular statement exhibiting the full amount of his professional education. Unsuccessful candidates will be remitted to their studies for a period not, in any case, less than three months.

Every candidate will be required to translate into English some portion of a Latin author.

The sum payable for a diploma by ordinary candidates is £10, including all fees. Apprentices of those who were Fellows prior to 1851, pay £5 for a diploma.

*Note.*—The Licentiates of the Royal College of Surgeons in Scotland and in Ireland are exactly on the same footing in England, as to privilege in surgery, with the members of the Royal College of Surgeons of England.

\* The course of Military Surgery must be delivered by a professor of that branch in any university; or by a lecturer who, in addition to the other requisite qualifications, has served in the medical department of the army or navy, and it must consist of not less than sixty lectures.

## SURGEONS' HALL, EDINBURGH.

### WINTER SESSION.

The introductory address will be delivered by Mr. Spence, on Wednesday, November 1st, at two P.M.

Chemistry: Dr. George Wilson, at eleven.

Surgery: Mr. Mackenzie and Mr. Spence, at ten.

Natural Philosophy: Dr. George Lees, at twelve.

Clinical Medicine: Dr. W. Robertson, at the Royal Infirmary, Tuesday and Friday, at twelve.

Clinical Surgery: Mr. Mackenzie, at the Royal Infirmary, Tuesday and Friday, at twelve.

Anatomy: Dr. John Struthers, at one.

Materia Medica and Dietetics: Dr. Douglas MacLagan, at two.

Practice of Physic: Dr. Alex. Wood and Dr. W. T. Gairdner, at three.

Analytical and Practical Chemistry, (three months' course): Dr. Wilson and Dr. Macadam, nine till four.

Practical Anatomy: Dr. John Struthers and Dr. Greig, nine till four.

Anatomical Demonstrations: Dr. John Struthers, at four.

Pathology: Dr. Rutherford Haldane, Royal Infirmary, at noon, daily.

All the courses are for six months, if not otherwise specified.

### SUMMER SESSION, 1855.

Natural Philosophy: Dr. Lees.

Medical Jurisprudence: Dr. Rutherford Haldane.

Midwifery: Dr. Keiller and Dr. J. Matthews Duncan.

Clinical Surgery: Mr. Mackenzie.

Practical Anatomy, with Demonstrations: Dr. John Struthers and Dr. Greig.

Practical and Analytical Chemistry: Dr. Wilson and Dr. Macadam.

These courses are of three months each.

*FEES.*—For the first of each of the above courses, £3 5s.; for the second, £2 4s.; perpetual, £5 5s. To those who have already attended a first course in Edinburgh, the perpetual fee for that class is £2 4s. The fees for the following courses are—Natural Philosophy, Practical Chemistry, and Practical Anatomy, £3 3s.; Anatomical Demonstrations, £2 2s.; Practical Anatomy with Demonstrations, £4 4s.; Analytical Chemistry, £2 a month, or £10 for the winter session. Royal Infirmary, perpetual ticket, £12 17s.; annual, £5 7s. 6d.; half-yearly, £3 5s. 6d.; quarterly, £1 13s.; Edinburgh Maternity Hospital, six months, £1 3s.

The above courses of lectures qualify for examination at the Royal Colleges of Surgeons of Edinburgh, England, and Ireland; the Apothecaries' Hall, London; the Faculty of Physicians and Surgeons of Glasgow; the Boards of the Army, Navy, and East India Company; and also, so far as required, for the Universities of London, Oxford, Cambridge, St. Andrew's, Aberdeen, and the Queen's University, Ireland.

## UNIVERSITY OF GLASGOW.

*Principal*—Duncan Macfarlan, D.D.

*Clerk of Senate*—Thomas Anderson, M.D.

### FACULTY OF MEDICINE.

SESSION 1853-54, commencing Wednesday, Nov. 1st, 1853.

Surgery: Dr. Lawrie, at nine A.M.

Practice of Physic: Dr. John Macfarlane, at ten.

Chemistry, Practical Chemistry, and Analytical Chemistry:

Dr. T. Anderson, at ten, twelve, and from half-past nine, till half-past four.

Anatomy, Anatomical Demonstrations, and Practical Anatomy:

Dr. Allen Thomson and Dr. William Aitken, at one, eleven,

and from ten till four.

Botany: Dr. Walker Arnott, at seven P.M. (from May 7th.)

Medical Jurisprudence: Dr. Rainy, at one.

Materia Medica: Dr. John Couper, at four.

Midwifery: Dr. Pagan, at five.

Institutes of Medicine: Dr. Buchanan, at seven.

Eye, (Waltonian Lectures): Dr. Mackenzie, at six.

Royal Infirmary, visit at two.

Clinical Lectures, at three.

Fees for each class, £3 3s., with the following exceptions:—

Practical Anatomy, six months, (when taken along with Lectures on Anatomy.) Practical Chemistry, three months, and

Lectures on the Eye, each £2 2s.; Analytical Chemistry, £4 4s. for three months, including apparatus and re-agents.

ROYAL INFIRMARY.—Hour of visit by the physicians and

surgeons, two o'clock. Hour of the clinical lectures, three o'clock. Fee for two years and perpetual, £8 8s.; for one year, £5 5s. A deduction is made to those who have previously attended a hospital for eighteen months, and to those who hold a diploma.

**ENROLMENT.**—By the regulations of the Senate, every student must, at the beginning of the session, enrol his name at the library before entering into any class. Library fee for the winter session, 7s.; for the summer session, 3s. 6d.

**MATRICULATION.**—The matriculation of public students takes place on the 14th of November. Those only who are matriculated are members of comitia, or university meetings, and can vote at the election of Lord Rector, which takes place on the 15th of November.

**DEGREES IN MEDICINE AND SURGERY.**—The curriculum for the degree of Doctor of Medicine comprehends attendance during four winter sessions on the medical classes afterwards mentioned, at this or some other university, or at one of the schools of London or Dublin. One of these winter sessions must be at the University of Glasgow. The courses of instruction required are the following—viz.: Anatomy, Practical Anatomy, Chemistry, Institutes of Medicine, Materia Medica, Practice of Surgery, Practice of Medicine, Midwifery, each of six months' duration; Forensic Medicine, Botany, Practical Chemistry, each of three months' duration. Attendance on a general hospital, in which clinical instruction is given, two years.

The candidates, who must not be under twenty-one years of age, are required to lodge their certificates of age, character, and qualifications, and their Inaugural Essays, with the clerk of Senate on or before the 1st of March or the 10th of June for the two terms respectively.

The qualifications for the degree of Master in Surgery are the same as those for M.D.

The degrees are conferred at two periods of each year—viz., on the last Wednesday of April, and the first Wednesday of August. The examinations commence in the last week of March and June for the two terms respectively.

The fee for the degree of M.D. (including the government stamp of £10) is £25 3s. The fee for the degree of C.M. is £10 10s.

The Brisbane and Walton Bursaries may be held by students of Medicine attending the University of Glasgow; and the Hutchinson's, by a student in any Faculty.

#### ANDERSONIAN UNIVERSITY, GLASGOW.

The medical session commences on Tuesday, the 7th of November, 1854.

**Anatomy, Descriptive:** Dr. M. S. Buchanan and Dr. George Buchanan, at five.

**Anatomical Demonstrations:** Ditto, at one.

**Practical Anatomy:** Ditto, daily.

**Chemistry, and Practical Chemistry:** Dr. F. Penny, at ten and eleven. Laboratory Manipulation, daily.

**Surgery:** Dr. R. Hunter, at nine.

**Institutes of Medicine:** Dr. E. Watson, at ten.

**Midwifery:** Dr. Paterson, at eleven.

**Medicine:** Dr. Andrew Anderson, at twelve.

**Materia Medica:** Dr. Easton, at four.

**Medical Jurisprudence:** Dr. Crawford, at six.

**Natural Philosophy:** Dr. Taylor, at eleven A.M.

**Mathematics:** Mr. Laing, at two or six.

**Botany:** Dr. Bell, in summer.

**Royal Infirmary visit,** at two.

**Clinical Lectures,** at three.

All the classes (except Practical Chemistry and Botany) meet for six months. Fees for each class, £2 2s.; perpetual, £3 3s. Royal Infirmary, perpetual, with Clinical Lectures, £8 8s. Eye Infirmary, £2 2s. for six months. Lying-in Hospital, 10s. 6d. for six months. Dressers to the surgical wards of the infirmary are appointed from the students attending.

**SUMMER SESSION, during May, June, and July:—**

**Midwifery:** Dr. Paterson, at ten.

**Practical Chemistry:** Dr. Penny, at twelve.

**Anatomy, Demonstrative and Surgical:** Dr. M. S. Buchanan and Dr. George Buchanan, at one.

**Botany:** Dr. Joseph Bell, at eight A.M.

Fee for each class, £2 2s.; aggregate fee for all the classes and hospital practice required by the College and Hall, £40.

Certificates of attendance on the above courses are received by all the licensing bodies in England and Ireland, by the Universities of Aberdeen and St. Andrew's, by the Royal College of Surgeons, Edinburgh, and by the Faculty of Physicians and Surgeons of Glasgow.

#### FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

**PRELIMINARY INSTRUCTION.**—Every candidate for the diploma of this Faculty must produce evidence of his having attained the age of twenty-one years. He must, either previously to or during his medical education, have received regular instruction in Latin and Mathematics; and must have subsequently attended a course of Natural Philosophy of at least three months' duration.

**PROFESSIONAL INSTRUCTION.**—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each:—

Anatomy, Practical Anatomy, and Surgery, of each two courses of six months, (or Surgery and Military Surgery, one course of six months each;) Chemistry, one course of six months; Practical Chemistry, one course of three months; Institutes of Medicine, Practice of Medicine, Materia Medica, Midwifery and Diseases of Women and Children, and Medical Jurisprudence, one course of six months each; Clinical Medicine and Clinical Surgery, two courses of three months each; Botany, one course of three months; General Hospital, with at least eighty beds, twenty-one months; Practical Pharmacy, six months.

The Faculty recommend the following—viz.:—

Lectures on the Eye, and Hospital for Eye Diseases. (A three months' course of lectures on the Eye, with six months' attendance on an Eye Hospital containing at least twelve beds for operation-cases, will be considered equivalent to three months of a General Hospital.) Lying-in Hospital. Hospital for Syphilitic Diseases. Pathological Anatomy. Natural History and Comparative Anatomy. Greek, French, German, and Italian.

Each candidate shall be examined, partly orally, and partly by written question and answer, without the use of books. He shall translate Latin, write prescriptions, and be examined in preparations.

The Committee of Examiners being satisfied with these trials, the candidate shall be entitled to his diploma, on taking and subscribing the declaration authorized by law, in place of extra-judicial oaths.

The unsuccessful candidates shall be remitted to their studies for a period of not less than three months after a first rejection, and six months after a second, and their names shall be concealed. The whole of the deposited fee shall be returned to an unsuccessful candidate on his first rejection; but on every future similar occasion, whether the examination may have been before the Faculty, or any other licensing board, or when the candidate, prior to application for a surgical licence, may have been five years in practice, two guineas shall be retained.

The Faculty register is open during the month of November, for the signatures of those students who wish to obtain the diploma, and the classes attended by each during the current session.

An examination in Latin will be held on the second and following Saturdays in December.

The regulation examination days are the first and third Tuesdays in each month.

The fee for the diploma is £10.

#### ROYAL INFIRMARY, GLASGOW.

**Physicians**—Dr. Easton, Dr. Bell, Dr. M'Gregor, Dr. Weir.  
**Surgeons**—Dr. Hunter, Dr. Fleming, Mr. W. Lyon, Dr. Corbett.

The clinical lectures on the medical cases will be delivered by Dr. Easton and Dr. Bell.

The surgical clinical lectures will be delivered by Dr. Hunter and Dr. Fleming.

Perpetual fee for attendance on the medical and surgical practice, and on all the lectures, £8 8s.

## EYE INFIRMARY, GLASGOW.

*Surgeons*—Dr. Wm. Mackenzie, Dr. Andrew Anderson.  
*Assistant-Surgeon*—Dr. Wm. Brown.  
*Consulting Surgeon*—Dr. Harry Rainy.

Hour of visit and operation, one P.M.  
 Fee for six months, £2 2s.

## UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

*Chancellor*—The Earl of Aberdeen.  
*Lord Rector*—The Earl of Ellesmere.  
*Principal*—  
*Sub-Principal*—David Thomson, M.A.  
*Secretary*—George Ferguson, A.M.

REGULATIONS TO BE OBSERVED IN GRANTING DEGREES IN MEDICINE.—I. Candidates for the degree of M.D. must be of the age of twenty-one years complete, previous to examination.

II. Candidates must produce satisfactory certificates of moral character, and of having studied the classics and mathematics at an university, or at an academy of acknowledged reputation.

III. All candidates, with the exceptions mentioned below, must have been engaged in the study of Medicine for at least four years—one of which must be passed at King's College, Aberdeen—and must produce evidence of having attended, in some recognised school of medicine:—

Six Months' Courses: Anatomy, two courses; Chemistry, one course; Materia Medica, one course; Surgery, one course; Institutes of Medicine and Physiology, one course; Practice of Medicine, one course; Midwifery, one course.

Three Months' Courses: Dissections, two courses; Practical Chemistry, one course; Medical Jurisprudence, one course; Clinical Surgery, one course; Botany, one course; Clinical Medicine, two courses.

In addition to the above, every candidate must have attended for two years the wards of an hospital containing 100 beds; and during three months, a shop or dispensary for the compounding of medicines.

Previous to commencing the medical examination, candidates not having the degree of A.M. will be required to translate a passage from Celsus.

IV. The preceding regulations will be strictly enforced in the case of all students who commenced their medical studies at a period subsequent to the 1st of October, 1840. But practitioners who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to examination on producing their licence or diploma, along with satisfactory evidence of good moral character, and of having studied the classics at an university, or at an academy of acknowledged reputation.

V. Practitioners who commenced their medical studies before October, 1840, and who have not been in practice for five years, will be admitted to examination under the conditions prescribed in Section III. and in Section IV., with the exception of a year's residence at King's College. Fees, £26 5s. 6d.

N.B. "The University and King's College is the only institution in Aberdeen which has a legal power of granting degrees in Medicine. All medical diplomas purporting to be from the University of Aberdeen, and not signed by the principal and professors of King's College, are illegal and void."—*Extract from Official Prospectus of King's College.*

## WINTER SESSION.

Introductory Lecture on the first Monday of November, at two o'clock P.M.

Midwifery: Dr. Rainy, at eight. Fee, £3 3s.  
 Anatomical Demonstrations: Dr. Redfern, at nine. £2 2s.  
 Chemistry: Dr. Fyfe, at a quarter to eleven. £3 5s. 6d.  
 Materia Medica: Dr. Templeton, at twelve. £3 3s.  
 Practice of Medicine: Dr. Williamson, at one. £3 3s.  
 Anatomy and Physiology: Dr. Redfern, at two. £3 3s.  
 Surgery: Dr. Kerr, at three. £3 3s.  
 Institutes of Medicine, (Physiology:) Dr. Christie, at four. £3 3s.

## SUMMER SESSION.

Botany: Rev. J. C. Brown, at eight. £2 2s.  
 Practical Chemistry: Dr. Fyfe, at twelve. £3 5s. 6d.  
 Anatomical Demonstrations: Dr. Redfern, at two. £2 2s.

Medical Jurisprudence: Dr. Reid, at three. £2 2s.  
 Histology: Dr. Redfern.  
 Natural Philosophy: David Thomson, M.A. £2 2s.  
 Natural History: Rev. J. Longmuir.

The rooms for practical anatomy are personally superintended by Dr. Redfern.

Students are required to matriculate within the first month of the winter session, and within the first fortnight of the summer session, and no certificate of attendance will be given without such matriculation. The matriculation fee for all the classes is one sum of 5s.

THE ROYAL INFIRMARY contains upwards of 300 beds. Separate courses on Clinical Medicine and Clinical Surgery are delivered there three times a week.

*Physicians*—Dr. Dyce, Dr. Kilgour, Dr. W. Williamson, Dr. Nicol.

*Surgeons*—Mr. W. Keith, Mr. W. Pirrie, Mr. David Kerr, Mr. A. J. Lizars.

*Ophthalmic Surgeon*—Mr. John Cadenhead.

Lectures on Clinical Medicine and Surgery by Dr. Kilgour, and Mr. W. Keith.

Fee for the medical and surgical practice of the hospital, first year, £3 3s.; second year, making perpetual, £3 3s.; or one sum of £5 5s.

Clinical medicine, for each of the three first courses, £1 1s., making perpetual; or one payment of £2 2s., perpetual.

Clinical surgery, for each of the three first courses, £1 1s., making perpetual; or one payment of £2 2s., perpetual.

DISPENSARY.—The Aberdeen General Dispensary, Vaccine, and Lying-in Institution, is open to the student on application to the medical officers. There are annually about 5000 patients, either prescribed for at the institution or visited at their own houses.

LUNATIC ASYLUM.—The Asylum contains about 240 patients. A limited number of students are admitted to see the practice. Fee, for a course of three months, £1 1s.

*Consulting-Physician*—Dr. Macrobis.

*Resident Physician and Superintendent*—Dr. R. Jamieson.

## MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN.

*Chancellor*—The Duke of Richmond.

*Rector*—Col. W. Sykes.

*Dean of Faculty*—Alex. Thomson, Esq., of Banchory.

*Principal*—The Very Rev. D. Dewar.

## REGULATIONS FOR GRANTING MEDICAL DEGREES.

*Curriculum*.—Four years of attendance on medical classes, of which two years may be passed at a recognised medical school; but two in an university, and one at least in this University. The attendance in each year must embrace not fewer than two medical classes of six months each, or one of six months, with two of three months each. The attendance must include the following classes, each for a course of six months:—Anatomy, Practical Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Practice of Medicine, Surgery, Midwifery; and the following classes, each for a course of three months:—Botany, Practical Chemistry, Medical Jurisprudence.

Every candidate must produce a certificate that he has dissected all the parts of the human body.

Eighteen months of attendance on the medical and surgical practice of an hospital containing not fewer than eighty beds, along with attendance for six months on lectures on Clinical Medicine, and for three months on lectures on Clinical Surgery.

Six months of compounding and dispensing medicines in the laboratory of an hospital, or of a public dispensary, or of a licensed general practitioner, or of a regular dispensing druggist.

*Examinations*.—Examination terms in each year commence on the second Tuesday of April, and the third Tuesday of October.

Every candidate who is not a Master of Arts, nor possessed of a diploma or a licence in Medicine or in Surgery from any authority established by law within the United Kingdom, shall undergo a preliminary examination on the Latin language, (the book to be used being Celsus de Medicina;) on the Etymology of such Terms in the Medical Sciences as are derived from the Latin and the Greek; and on the Elements of Mental Science, (the book to be used being Abercrombie on the Intellectual Powers.)

Every candidate shall undergo two separate professional ex-

aminations. First examination: Anatomy, Physiology, Botany, Chemistry, Materia Medica. Second examination: Medical Jurisprudence, Midwifery, Surgery, Practice of Medicine.

Physiology will comprehend the Doctrines of Physic, illustrative of Animal Structure and Function.

No longer interval than two years will be allowed to intervene between the two examinations.

*Cases in which Medical Practitioners may be admitted, without residence, to Examination for Medical Degrees*—Practitioners may be admitted, without residence, to examination for the degree of M.B. who have held a diploma or a licence in Medicine or in Surgery, for at least five years, and who produce satisfactory evidence of good moral character, and of having been engaged in practice during that period.

Practitioners may be admitted, without residence, to examination for the degree of M.D., who have held a diploma or a licence in Medicine or in Surgery for at least ten years, &c.

Practitioners who have held, for at least three years, the degree of M.B., obtained without residence, may receive the degree of M.D. upon producing satisfactory evidence of good moral character, and of having been engaged in practice during their possession of the inferior degree.

*Conferring of Degrees.*—The degree of Bachelor of Medicine may be conferred on any candidate who has passed the prescribed examinations. Fee, £16 5s.

The degree of Doctor of Medicine may be conferred on any candidate, after passing the prescribed examinations, who is twenty-two years of age, or on any candidate who has been at least twelve months a Bachelor of Medicine of this University, after residing therein. Fee, £26 5s.

Graduates who have attended the several medical classes in this University will be charged no graduation fees.

#### FACULTY OF MEDICINE.

##### WINTER SESSION, COMMENCING NOVEMBER 6TH, 1864.

Anatomy: Professor A. J. Lizars, at twelve. Fee, £3 3s.  
 Practical Anatomy and Anatomical Demonstrations: Professor A. J. Lizars and Dr. Beveridge, at two. £2 2s.  
 Chemistry: Dr. Clark and Mr. Brazier, (assistant,) at three. £3 3s.  
 Practical Chemistry: Dr. Clark and Mr. Brazier, at eleven. £3 3s.  
 Materia Medica: Dr. Henderson, at nine. £3 3s.  
 Institutes of Medicine: Dr. Ogilvie, at four. £3 3s.  
 Practice of Medicine: Dr. Macrobain, at three. £3 3s.  
 Surgery: Professor Pirrie, at one. £3 3s.  
 Midwifery, and Diseases of Women and Children: Dr. Dyce, at four. £3 3s.  
 Natural History: Dr. Nicol, at eleven. £3 3s.

Janitor's fee for each of the above classes, 2s. 6d. No other fees are charged.

##### SUMMER SESSION.

Botany: —, at eight. £2 2s.  
 Practical Anatomy and Demonstrations: Professor A. J. Lizars and Dr. Beveridge, at twelve. £2 2s.  
 Medical Jurisprudence: Dr. Ogston, at nine. £2 2s.  
 Dietetics and Hygiene: Dr. Henderson, at one. £2 2s.  
 Hospital Practice and Clinical Lectures at Glasgow Royal Infirmary.

The various courses delivered in this University qualify for examination here, and at the Universities of London, Dublin, Oxford, Cambridge, Glasgow, and St. Andrew's; the Royal Colleges of Surgeons of England, Edinburgh, and Ireland; the Apothecaries' Hall, London; and the Medical Boards of the Army and Navy, and Hon. East India Company.

#### UNIVERSITY OF ST. ANDREW'S.

##### REGULATIONS FOR THE DEGREE OF DOCTOR OF MEDICINE.

I. Every candidate for a diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—

1. Of unexceptionable moral character.
2. Of having had a liberal and classical education.
3. Of having completed the twenty-first year of his age.

II. Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin; of the Royal College of Physicians of London; of the Faculty of Physicians and Surgeons of Glasgow; and of the London Apothecaries' Company, are eligible as candidates for the degree of Doctor of Medicine, on producing their diploma or licence.

III. Candidates not holding any of the qualifications

enumerated in the above clause must produce satisfactory proof that they have regularly attended lectures delivered by professors in some university, or by Fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches:—Anatomy, two courses of six months each; Practical Anatomy or Dissections, twelve months; Physiology, one course of six months; Chemistry, one course of six months; Practical Chemistry, one course of three months; Materia Medica and Pharmacy, one course of three months; Midwifery and Diseases of Women and Children, one course of three months; Surgery, one course of six months; Clinical Surgery, one course of six months; Practice of Medicine, one course of six months; Clinical Medicine, one course of six months;—and that they have diligently attended for at least two entire years the medical practice in some public hospital in Great Britain or Ireland, containing not less than one hundred beds, and having a regular establishment of physicians, as well as surgeons.

##### REGULATIONS RESPECTING THE EXAMINATIONS.

*Examiners for Degrees in Medicine*—Dr. George E. Day, Mr. Arthur Connell, and Dr. William Piper.  
*Assistant Examiner*—Dr. Andrew Anderson.

The examinations take place twice in the year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee, which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination extends over two days, and is conducted partly in writing and partly orally.

On the first day, candidates are required to give a written translation of a passage from a Latin medical author, and are examined in the Elements of Chemistry, in Materia Medica, and in Anatomy and Physiology.

On the second day, they are examined in Pathology and the Practice of Medicine, in the Principles of Surgery, and in Midwifery.

The degree is conferred on the following morning by the Rector, in the hall of the public library of the University, and the diplomas are signed by the Principals and Professors of the University.

Every candidate is required to present himself for registration to the Secretary on or before the day preceding the examination, and to communicate by letter with the Professor of Medicine, at least a fortnight previously, stating what diploma or certificates he intends to produce.

#### THE QUEEN'S UNIVERSITY IN IRELAND.

##### REGULATIONS TO TAKE EFFECT FROM THE 1ST OF OCTOBER, 1852.

Every candidate for the degree of M.D. shall produce a certificate from the Council of one of the Queen's Colleges that he has passed a full examination in the subjects of study prescribed in the course of matriculation for Arts, and has been admitted a matriculated student of the College in the Faculty of Medicine.

The curriculum shall extend over a period of at least four years, and shall be divided into two periods of at least two years each.

The first period shall comprise the following lectures:—Chemistry, Botany, and Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica and Pharmacy, six months each.

The second period shall comprise the following:—Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, six months each; Medical Jurisprudence, three months.

In addition to the above courses of lectures, candidates shall have attended during the first period of the above curriculum—Practical Chemistry, three months; Medico-Chirurgical Hospital, containing at least sixty beds, with Clinical Lectures, six months.

And during the second period—Practical Midwifery, six months; Practical Pharmacy, three months; Medico-Chirurgical Hospital, with Clinical Lectures, eighteen months.

Candidates, before being admitted to the degree of M.D., shall pass two examinations: the first examination comprising the subjects of the first period of the curriculum; the second comprehending subjects of the second period of study. It shall be competent for students to present themselves for their first examination at the termination of the first period of the curriculum, or at any after-period to be fixed by the Senate previous to their undergoing the second examination.

By the charter of the Queen's University, candidates are required to have attended at least one-third of the courses of medical lectures in some one of the Queen's Colleges. For the remainder of the courses of medical lectures, authenticated certificates will be received from the professors or lecturers in universities, colleges, or schools recognised by the Senate of the Queen's University in Ireland.

Candidates will also be required to have attended in some one of the Queen's Colleges, Lectures on one Modern Language for six months, and Lectures on Natural Philosophy for six months.\*

The examinations will be conducted principally by printed papers, to which written answers shall be given; but the examiners shall also be at liberty to add such *visd voce* examinations on the subject of the written paper, and to call for such demonstrations and experiments as they may deem necessary.

The above regulations will be binding on all students commencing their medical studies on or after the 1st of October, 1853; but students already engaged in their medical studies are at liberty either to complete their courses according to the ordinance of the 30th of June, 1850, or according to the present ordinance.

#### EXAMINERS FOR THE YEAR.

Chemistry: Dr. Edmund Ronalds.  
Anatomy and Physiology: Dr. Charles Croker King.  
Medicine: Dr. John Banks.  
Surgery: Dr. James S. Hughes.  
Materia Medica, Pharmacy, and Medical Jurisprudence: Dr. Aquila Smith.  
Midwifery, and Diseases of Women and Children: Dr. Henry L. Dwyer.  
Zoology and Botany: Dr. George Dickie.

#### QUEEN'S COLLEGE, CORK.

*President*—Sir Robert Kane, M.D., F.R.S., M.R.I.A.  
*Vice-President*—John Ryall, LL.D.

#### FACULTY OF MEDICINE.

*Dean of Faculty*—Alexander Fleming, M.D.

Anatomy and Physiology, and Practical Anatomy: Dr. Joseph Corbett.  
Practice of Medicine: Dr. D. C. O'Connor.  
Practice of Surgery: Dr. Dennis B. Bullen.  
Materia Medica: Dr. Alexander Fleming.  
Midwifery: Dr. J. R. Harvey.  
Natural Philosophy: Dr. Geo. Fred. Shaw.  
Chemistry and Practical Chemistry: Dr. J. Blyth.  
Natural History and Botany: Mr. Wyville Thompson.  
Modern Languages: Mr. R. De Vericour.

Clinical Medicine and Clinical Surgery, at the North and South Infirmarys, by the Physicians and Surgeons of these institutions. Clinical Midwifery, at the Lying-in Hospital.

**MATRICULATION.**—On Tuesday, the 17th of October, a matriculation, or entrance examination, will be held for students in Medicine. Candidates for entrance are required to send in their names to the registrar on or before Friday, the 14th of October.

The medical session will be opened on Tuesday, the 31st of October, at one o'clock, by an address from the Dean.

**FEES.**—The expenses of the College having been provided by public grants, in future the fee on matriculation and first year will be ten shillings; second, third, and fourth years, five shillings each year.

**CLASS FEES.**—Anatomy and Physiology, £3; each subsequent course, £2; Comparative Anatomy, £1 10s.; Practical Anatomy, £3; Practical Chemistry, £3; Natural Philosophy, £1 10s.; Botany, £1 10s. For all the other classes—first course, £2; each subsequent course, £1.

**SCHOLARSHIPS.**—The examinations for scholarships will commence on Tuesday, the 17th of October. In the session 1854-5, and in all subsequent years, eight scholarships will be awarded to students in Medicine, thus:—Six junior scholarships

of £20 each, to students commencing their first, second, and third years, (two to each year); and two senior scholarships, of £40 each, to students commencing their fourth year. The scholarships are tenable for one year only, but the scholars of each year are eligible at its expiration to the scholarships of the succeeding year. The scholar must attend, during the year of his appointment, the classes recommended for his year of study in the order of the curriculum. A scholarship of the same year in the same faculty cannot be held twice by the same student. The scholarships of the first year are open to all students who have passed the matriculation examination. Those of the second, third, and fourth years are open to all students who have passed the examinations and attended the lectures prescribed in the preceding part of the course. Two scholarships will be awarded to students of the first year: one for proficiency in literature; the other for proficiency in science.

#### QUEEN'S COLLEGE, BELFAST.

[The regulations, scholarships, &c., are precisely alike in each of the colleges.]

*President*—Rev. P. Shulldham Henry, D.D.

*Vice-President*—Dr. Thos. Andrews.

#### COURSES OF SIX MONTHS.

Anatomy and Physiology: Dr. Hugh Carlile.  
Practical Anatomy, under the superintendence of the Professor of Anatomy and Physiology, the Demonstrator of Anatomy, and Mr. H. Shaw, Anatomical Assistant.  
Anatomical Demonstrations: Dr. Henry Murney.  
Practice of Surgery: Dr. Alexander Gordon.  
Practice of Medicine: Dr. John C. Ferguson.  
Materia Medica: Dr. Horatio Stewart.  
Midwifery: Dr. William Burden.  
Chemistry and Practical Chemistry: Dr. Thomas Andrews.  
Botany: Dr. George Dickie.  
Medical Jurisprudence: Dr. John F. Hodges.

No student will be allowed to enter for any of the foregoing courses later than the 24th of November.

#### COURSE OF THREE MONTHS.

Practical Chemistry, under the superintendence of the Professor of Chemistry.

**LABORATORY PUPILS.**—The laboratory is open on five days in each week, during the College session, from ten till four, for practical instruction in chemical manipulation and analysis, under the direction of the professor of chemistry and his assistant. Fee for working six months, £10; one month, £3.

#### KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

*Visitors*—The Lord High Chancellor of Ireland, the Lord Chief Justice of the Queen's Bench, the Lord Chief Justice of the Common Pleas, the Chief Baron of the Exchequer.

*President*—Dr. Evory Kennedy.

*Vice-President*—Dr. Thomas Brady.

*Censors*—Drs. Thomas Brady, James Foulis Duncan, William Barker, — Lees.

*Treasurer*—Dr. John Mollan.

*Registrar*—Dr. W. E. Steele.

*Librarian*—Dr. G. A. Kennedy.

*Professor of Midwifery*—Dr. W. F. Montgomery.

*Professor of Medical Jurisprudence*—Dr. Thomas Brady.

*Examiners in Midwifery*—W. O'Brien Adams, Henry Law Dwyer, Fleetwood Churchill.

*Inspectors of Apothecaries' Shops*—The Censors.

(Officers elected October 19th, 1853.)

Physicians practising in Dublin, and within seven miles thereof, and those attached to county infirmaries and prisons in Ireland, are required by the charter and statutes to possess the licence of the College.

Candidates for the licence who have completed the following course of education are admissible to examination:—Anatomy, Chemistry, Practice of Medicine, Materia Medica, Institutes of Medicine and Midwifery, Demonstrations and Dissections, of each six months. Botany, Medical Jurisprudence, of each three months. Medico-Chirurgical Hospital, two years and a half; and Lying-in Hospital, six months.

Graduates in Medicine of any university in the United Kingdom, and surgeons of four years' standing or upwards, are admissible to examination on producing their diplomas.

\* Candidates will of course be examined in these subjects.



Surgeons under four years' standing are required to have attended Botany, Institutes of Medicine, and a Lying-in Hospital.

Candidates are required to undergo two days' examination on the above subjects, except medical graduates and surgeons of seven years' standing, who are examined in the subjects of the second day only—viz., Practice of Medicine, Institutes of Medicine, and Midwifery.

Surgeons who are A.R.'s, in addition to these subjects, are examined also in Botany and Materia Medica.

Members of any Apothecaries' Company are ineligible for admission to the licence.

Licentiates of three years' standing, who are graduates of the Universities of Oxford, Cambridge, or Dublin, are alone eligible for election to the Fellowship.

Fee for the licence, £30; stamp duty, £15.

Fee for the fellowship, £20; stamp duty, £25.

## ROYAL COLLEGE OF SURGEONS, IRELAND.

*President*—Charles Benson.

*Vice-President*—Sir Philip Crampton, Bart.

*The Council*—Alexander Read, Arthur Jacob, A. Ellis, R. C. Williams, R. Adams, J. Barker, W. Colles, J. H. Power, Edward Hutton, J. Macdonnell, H. Irvine, J. S. Hughes, Robert Pentland, Robert Mayne, Richard G. H. Butcher, Augustus E. Tabuteau, Samuel G. Wilmot.

*Honorary Secretary of the College*—Edward Hutton.

*Secretary of the Council*—Henry Maunsell.

*Court of Examiners*—T. Rumley, C. Fleming, O'Brien Bellingham, R. Tuohill, Thomas Byrne, Francis Battersby, M. H. Stapleton.

*Examiners in Midwifery*—W. Jameson, Alfred M'Cintock, Samuel L. Hardy.

### PROFESSORS.

Anatomy and Physiology: Dr. Arthur Jacob.

Descriptive Anatomy: Dr. J. H. Power and Dr. Bevan.

Surgery: Mr. H. Porter and Mr. W. Hargrave.

Medicine: Dr. C. Benson.

Chemistry: Dr. W. Barker.

Materia Medica: Dr. R. C. Williams.

Midwifery: Dr. T. Beatty.

Medical Jurisprudence: Dr. T. P. Geoghegan.

Botany: Dr. A. Mitchell.

Practical Chemistry: Dr. Barker.

Comparative Anatomy: Dr. Jacob.

Logical Science: Dr. John Murray.

Dissections under the direction of the professors of Anatomy, assisted by the demonstrators, Messrs. Hargrave, Malcolmson, Morgan, and Mapother.

The fee for each of the above courses is £2 2s.

Fellows of the College are members of the Corporation, and are admitted by examination; letters testimonials are granted to Licentiates, and a diploma in midwifery to Fellows and Licentiates educated and examined in that branch of surgery.

*Candidates for the Fellowship* must be twenty-five years of age, and must give proof of liberal preliminary education, and good conduct during professional education. They are required to produce certificates of surgical studies for six years, (three of which must be for exercises in Dublin,) and also of practice as house-surgeon or dresser in an hospital; as well as certificates of attendance on hospitals, lectures, and dissections, as required from Licentiates; with the addition of Botany, Comparative Anatomy, and Natural Philosophy. Fee, £26 5s.; if the candidate be a Licentiate, £10 10s.

*Candidates for Letters Testimonial* are required to produce certificates of preliminary classical education, of four years' professional study, (three of them in metropolitan schools,) also three years' attendance on hospital lectures and dissections. Fee, £21.

*Candidates for the Midwifery Diploma* must be Fellows or Licentiates of the College, are required to produce certificates of attendance on midwifery lectures and practice, with proof of having attended thirty cases of parturition.

*Candidates for the Fellowship and Letters Testimonial* are publicly examined on two separate days, in Anatomy, Physiology, Surgery, Practice of Medicine, and Pharmacy. The examiners are elected by a sworn jury of the Council appointed by lot, teachers being ineligible. Fellows and Licentiates of the College are qualified to practise as surgeons in any part of the British dominions, and to be appointed medical officers to the army and navy, public hospitals, infirmaries, dispensaries, and workhouses.

## CITY OF DUBLIN HOSPITAL.

The course of practical, medical, and surgical instruction in this hospital will commence on the 2nd of October, 1854.

The Clinical Lectures will be delivered on three days in each week, during the session, by Dr. Jacob, Dr. Benson, Mr. Hargrave, Mr. Williams, Dr. Geoghegan, and Mr. Tufnell; and on Diseases peculiar to Women and Children by Dr. Beatty.

Dr. Jacob's Clinical Lectures on Diseases of the Eye, illustrated by the cases in the hospital, are open to the pupils in attendance.

*Consulting Surgeons*—Sir Henry Marsh, Sir Philip Crampton, Mr. Cusack, and Dr. Apjohn.

*DISEASES OF THE EYE*—Dr. Jacob will deliver a full course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing session, in the College of Surgeons; and also a separate course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

## APOTHECARIES' HALL OF IRELAND.

### LAWS REGARDING THE EDUCATION OF APOTHECARIES.

Every candidate must undergo two separate examinations, one for the certificate of apprenticeship, the other for the licence to practise.

Every candidate for the certificate of apprentice will be examined in the following books:—In Latin: the *Catiline War* of Sallust, and the first three books of the *Æneid* of Virgil. In Greek: the Gospel of St. John, and the first twenty Dialogues of Lucian, or the first two books of Homer's *Iliad*. In French: *Telemachus*, or the *History* of Charles XII. In Science: the first two books of Euclid, and Algebra to the end of simple equations.

Every candidate for the licence to practise as an apothecary must lay before the court,—the certificate of apprentice; the indenture of apprenticeship, enrolled according to the Act of Parliament, and bearing the certificate of the licentiate apothecary to whom he has been indentured, of a good moral character, and of having fulfilled the period of his apprenticeship; certificates, duly signed, that he has diligently attended at least one course of lectures on each of the following subjects delivered at the School of Apothecaries' Hall, or at some other school of medicine recognised by the Court:—Chemistry, Anatomy and Physiology, six months; Practical Chemistry,\* Botany and Natural History, three months; *Materia Medica*,† Demonstrations and Dissections, Theory and Practice of Physic, Surgery, Midwifery, and the Diseases of Women and Children, six months; Medical Jurisprudence, three months.

The order of study here laid down is recommended for the guidance of students.

Attendance for the entire period of eighteen months on the medical and surgical practice in an hospital or hospitals recognised by the Court.

Also, a certificate of having assisted in at least thirty cases of midwifery practice, twenty of which must be attended in a recognised hospital.

The examination for the licence to practise as an apothecary will be as follows:—In Chemistry and General Physics; Pharmacy, Theoretical and Practical; *Materia Medica* and Therapeutics; Natural History and Medical Botany; Anatomy and Physiology; the Theory and Practice of Medicine; Midwifery; Medical Jurisprudence.

Gentlemen who are graduates in Medicine of any of the British or Irish Universities, or who possess letters testimonials from any of the Royal Colleges of Surgeons in Great Britain or Ireland, will be admitted to examination for the licence of the Hall on producing proof of three years' legal apprenticeship to a qualified apothecary practising with open shop in Ireland, and of a professional education equal to the curriculum prescribed by the Council.

The Court of Examiners sits every Friday, at two o'clock. Candidates are required to lodge their testimonials a clear week before the day of examination.

A rejected candidate cannot be re-admitted to examination until the expiration of six months.

An examination of apothecaries' apprentices takes place at the Hall, on the first week in May, annually, upon some subject in Pharmaceutical or Pathological Analysis.

\* The Practical Chemistry must be attended in a laboratory, and no certificate will be received by the Court that does not testify that the candidate has prepared the several pharmacopœial preparations which are usually made in the laboratory.

† The *Materia Medica*, if attended in summer, must consist of two courses of three months' duration each.

## DUBLIN SCHOOL OF MEDICINE, PETER-STREET.

## WINTER SESSION.

Anatomy and Physiology : Dr. J. H. Sawyer and Dr. Edward Hamilton, daily, at one.  
 Practical Anatomy and Dissections : Dr. E. Hamilton and Dr. G. H. Kidd, daily, at eleven.  
 Theory and Practice of Surgery and Operative Surgery : Mr. Andrew Ellis, late President of the Royal College of Surgeons of Ireland, Tuesday, Thursday, and Saturday, at three.  
 Theory and Practice of Medicine : Dr. J. Moore Neligan, Monday, Wednesday and Friday, at twelve.  
 Midwifery and Diseases of Women and Children : Dr. John Ringland, Tuesday, Thursday, and Saturday, at twelve.  
 Chemistry : Dr. John Barker, Tuesday, Thursday, and Saturday, at two.

## SUMMER SESSION.

Materia Medica : Dr. Humphrey Minchin.  
 Botany : Dr. Christopher Asken.  
 Practical Chemistry : Dr. J. Barker.

The dissecting rooms, lighted with gas, for the accommodation of those who cannot attend during the day, are open from seven in the morning till ten at night, under the constant superintendence of the Lecturers on Anatomy and the Demonstrators. Dissections commence on the 1st of October.

## A CASE IN WHICH LOCAL ANÆSTHESIA WAS EMPLOYED IN AN OPERATION ON THE EYE.

By GEORGE CRITCHETT, Esq., F.R.C.S.,

SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL; SENIOR ASSISTANT-SURGEON TO THE LONDON HOSPITAL, ETC.

As the following case is, I believe, the first example of the employment of Dr. Arnott's ingenious suggestion in operations upon the eye, and as it presents some other points of interest, I am anxious to bring it before the notice of the profession.

I was requested by my friend, Mr. Hovell, of Clapton, to meet him in consultation, together with my friend and colleague, Mr. Dixon, in the case of a gentleman, somewhat past the middle period of life, who had recently come up from the country to place himself under Mr. Hovell's care, on account of severe, painful, and protracted disease of the right globe. It appeared, from the history of the case, that the disease had commenced very insidiously about two years ago, attacking first the inner surface of the cornea, spreading to the iris, and then by degrees involving the choroid, retina, and humours, producing secondary cataract, and entirely destroying vision. All these serious results took place without any acute symptoms, and with very slight pain, and in spite of mercury and other active measures. Things remained in this condition for several months, without any obvious change, when suddenly, about six weeks previous to our seeing him, he was attacked with symptoms of acute inflammation of the globe, attended with intense pain of a paroxysmal and intermittent character, and radiating from its source along the branches of the fifth pair of nerves. Our patient described this pain as being almost unbearable when at its *acmé*, as resisting all ordinary means of relief, and as subsiding only to renew itself with increased force. On examining the globe, the vessels were found to be in a state of extreme congestion, the pupil was widely dilated, and a hard cataract could be seen thrust forward, pressing upon the iris, and nearly in contact with the cornea; the globe felt very hard, and was extremely tender to the touch. It was quite evident that these symptoms were due to tension of the globe, caused by abnormal accumulation of fluid within its dense, unyielding, fibrous case, pressing the hard lens against the nerves of the iris, and thus involving the entire fifth pair of nerves. It was one of those cases which, if unrelieved, must either exhaust the powers of the patient, or find vent in the giving way of the cornea and sclerotic, and the occurrence of staphyloma. Seeing, then, that the eye was lost, that the lens was acting as a foreign body, that the globe was suffering from tension, and that no relief could be expected while this state of things lasted, the obvious suggestion that occurred to us was to make a section of the cornea, allow the lens and some of the vitreous humour to escape, and thus get rid of the cause of the suffering. There were, however, some serious and well-grounded objections to this proceeding; the highly inflamed state of the globe would render such an operation intensely

and almost unbearably painful, and the lengthened period during which the eye had been diseased, the enlarged state of the bloodvessels, and the extreme spasm of the muscles, would almost inevitably cause the humours to be suddenly forced out, and the vessels to give way, distending the globe with blood, occasioning hæmorrhage to a serious extent, and probably rousing up the old pain with increased severity. It is true that some of these objections might have been obviated by the use of chloroform, but it was deemed quite inexpedient to have recourse to general anæsthesia, because our patient had recently suffered from hemiplegia. It was suggested that it would be more desirable to wait until the eye subsided into a quiet state; but as this would have necessitated inconvenient delay, and as there was a liability at any moment to a severe relapse, our patient, when the "pros" and "cons" were fairly laid before him, determined to have the operation performed without loss of time. It then occurred to me that it would be a favourable case for the employment of local anæsthesia, with the threefold object of destroying the sensibility of the part, constricting the vessels to prevent hæmorrhage, and diminishing the liability to subsequent inflammation. With this view some pounded ice was put into a bladder, mixed with salt, and placed over the right eye, temple, cheek, and brow, and kept there for about twenty minutes. At the end of that time, all sensation being lost, I made a rapid section of the cornea, which was immediately followed by the cataract and some portion of vitreous humour. Some slight hæmorrhage occurred, but slowly, and not to an extent beyond half an ounce. As sensation returned, our patient complained of extreme soreness and discomfort about the eye, and some of the old pains, taking the course of the fifth pair of nerves, came on. All this, however, speedily subsided, and we had the satisfaction of seeing him in a few days quite free from pain, the section of the cornea gradually approximating, and with every prospect of a speedy and complete recovery, without fear of relapse, now that the cause of all the suffering was removed.

It seems to me that the application of cold fulfilled, in this case, all the indications that were desired, and from the slight hæmorrhage that occurred, and from my previous experience of somewhat similar cases, I am of opinion that if the operation had been performed without local anæsthesia, there would have been very severe pain at the time, extensive bleeding, consequent painful distention of the globe, and a tedious recovery.

Finsbury-square, Sept. 1854.

## ON THE NATURE, CAUSE, AND TREATMENT OF CHOLERA.

By DAVID LEWIS, M.D.,

LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; PHYSICIAN TO THE ROYAL GENERAL DISPENSARY, ALDERGATE-STREET.

In the midst of so many specifics for the cure of cholera, and such numerous theories to explain its cause, I venture to submit the following observations to notice with considerable diffidence. But I am emboldened to speak plainly, because, to the best of my belief, I speak the truth—a belief founded upon impartial observation, and confirmed by a lengthened experience. I have treated many hundreds of cases of diarrhoea according to most of the methods generally reported to succeed, and the result of my experience is, that two only of the various plans avail to cure—viz., the employment of alkalies, or the stronger acids. Both these plans appear to fail so seldom that I now invariably prescribe them with perfect confidence. But how can remedies, so opposed in all their characters, produce, when administered, similar effects? What is their action?

I believe the almost universal cause of diarrhoea to be an excess of acidity in the stomach and intestines, and I believe that alkalies act by neutralizing, and the mineral acids by destroying, this morbid condition. That diarrhoea is so generally caused by the presence of a morbid material, of an acid character, I think is proved by the following facts:—A gentleman of high standing in society partook heartily of some cherry-pie for supper; he was attacked with diarrhoea in the night, and died of cholera next day. Another gentleman being in delicate health, drank two glasses of champagne at dinner; he was attacked with diarrhoea in the night, and died of cholera in nine hours. Another man drank a quart of sour beer, was soon attacked with diarrhoea, and died of cholera in twelve hours.

# THE BRITISH MEDICAL DIRECTORY for 1855.

THE Editors of THE BRITISH MEDICAL DIRECTORY would feel grateful to the duly-qualified Practitioner who receives this Paper if he would kindly oblige them by filling up, or inducing others to fill up, the following Tabular Forms, and returning the same to them for insertion in the forthcoming DIRECTORY, at his earliest convenience.

The Editors solicit information as to the names of duly-qualified Medical Practitioners in the Towns, &c., (or, if in London, or other large places, in the street, &c.) in which they reside.

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[The words in italics should receive particular attention.]

4. Titles in any scientific or learned Societies. {

5. Medical or Surgical offices held by me. {

6. Honorary Appointments held by me, Medical or otherwise. {

7. Medical Works of which I am the author; their titles, and when and where published. {

8. Papers in the Medical or other scientific Journals written by me; the titles of such Papers, and when and where published. {

[PLEASE TURN OVER.]

*To the Editors of*

THE BRITISH MEDICAL DIRECTORY,

OFFICE, 423, Strand,

LONDON.

Official Medical "Return."

#### POSTSCRIPT.

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Any information which you may transmit, with respect to the death, change of residence, or the appointment to any public office, of any duly-qualified practitioner, would be gladly received.

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The BRITISH MEDICAL DIRECTORY for England, Wales, and Scotland, to be published on the 1st of January next, may be obtained of all Booksellers and Newsmen. Price *Six Shillings*, (including 1s. postage.)

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me; the titles of such Papers, {  
and when and where published. }

[PLEASE TURN OVER.]



This yielded to four grains of the chloride of mercury in divided doses, and the appetite and digestive powers recovered, by the use of soda, hydrocyanic acid, and tincture of cinchona, in three or four days. Had he not been a strong healthy child, I am sure he would have sunk. I am not aware of the strength of Mr. Crew's fluid, but I should imagine it to be a concentrated solution from its great weight.

Harrow-road, 1854.

### Reviews and Notices of Books.

*Three Lectures on the Correlation of Psychology and Physiology.* Delivered in the Chatham-street School of Medicine. By DANIEL NOBLE, M.D., &c. London. 1854. pp. 45.

THE first of Dr. Noble's Lectures is taken up with general remarks on the "Physiology of the Brain and Nervous System;" the second considers "Emotional Sensibility, and its Reactions;" and the third treats of "Ideas, and their Dynamic Influence." As these Lectures have already appeared in print, we need not dwell upon them further than to intimate their publication in a separate form, and to recommend their perusal by all engaged in the investigation of the relations of specific portions of the nervous centres to particular intellectual or emotional manifestations.

*A Lecture on Respiration.* Being the sixth of a series of plain and simple Lectures on the Education of Man. By THOMAS HOPLBY. London. 1854. pp. 86.

THIS seems generally well adapted to its purpose, though exception might be taken to particular and paradoxical views in it—e. g.: "It has yet to be solved whether towns may not be rendered even more salubrious than the country."—p. 63. We should like to see the solution in the affirmative, as it does not often fall to our own lot to be able to exclaim—

"To-morrow to fresh fields and pastures new."

*Dissertatio Medica Inauguralis de Febre Flavâ a Contagione Vindicans, &c. &c., eruditorum examini subicit* GULIELMUS MCGEE. Edinburgi. 1828.

THOUGH bearing the date of 1828, we have but lately received Dr. McGee's thesis, through the medium of the Secretary of the Royal Geographical Society of London. We presume it is wished to place on record at the present moment, when so much argument is being carried on respecting the contagiousness of yellow fever—the early denial of its contagion by Dr. McGee, and also to point out where material will be found available to those who would support our author's view of the question. Knowing that useful information of an historic kind contained in inaugural dissertations is generally overlooked or forgotten, we will here place on record the author's opinion:—

"Ineunte jam anno 1820 ad Indiam occidentalem usque profectus sum: atque nullius theoriæ addictus observatione et experientia solis duci decreveram. Atque nunc post longam nec interruptam medicinæ inter tropicos exercitationem, palim profiteri nihil hæsit, nullam mihi unquam apparuisse causam cur febrim flavam contagiosam existimarem, nec eam sub quâlibet conditione contagiosam devenisse credo."—p. 16.

### Contemporary Medical Literature.

#### FOREIGN BODY IN THE OESOPHAGUS; OPERATION; RECOVERY.

SINGHO NAIDE, a native of Colombo, aged forty, a fisherman by occupation, was taken into the pettah Hospital on the evening of the 12th of August, 1853, a fish, which he held between his teeth while baiting a hook, having slipped back into, and remained impacted in, the oesophagus. On examining the neck, it appeared swollen, with a feeling as if there were fluid in the cellular tissue about the muscles of the neck. In the fauces the tail of the fish was felt, and could be seen distinctly on depressing the tongue. The tail was inclined towards the left side of the throat, showing the direction the

fish had taken in its course down the oesophagus. Careful examination externally failed in discovering the situation of the fish, and it was found impracticable to withdraw it from the throat for reasons which will appear obvious when the fish is described. An incision was made between the anterior edge of the sterno-mastoid muscle and the trachea, commencing at the lower edge of the os hyoides, and extending down to the sternum. After a most diligent search, both by myself and my friends, nothing was discovered to indicate the spot where the gullet should be divided. The next step of the operation was conducted with great care. The passing of a male catheter was entrusted to Dr. Elliott, who, with no little difficulty, introduced it into the gullet, directed by his fingers, and turned the convex side of it towards the wound. This enabled the part to be seized with a pair of forceps, and a small opening to be made into the oesophagus. The finger introduced into this opening gave the feeling of something cartilaginous being lodged, which was soon found to be the edge of the fish. A polypus forceps was introduced, and attempts were made to extract it, but to no purpose, as the head of the fish was too smooth to be grasped by a polished instrument. A little manoeuvre with the index-finger, however, soon dislodged the fish, which made its exit through the wound, head foremost. The fish was four inches and a half long from head to tail, and one inch and a half broad. It is named by Mr. Gray, in his "Illustrations of Indian Zoology," "Anabas Spinosus," and has long and sharp fins, both on the back and near the gills. About a week after the operation, a little nourishment was given through the mouth, but as some of it flowed out through the wound, it was deemed prudent not to repeat the attempt, but to continue nutriment through the rectum. In three or four days more the man was able to take nourishment by the mouth, from which time he began to gain flesh and strength. The wound healed gradually, and he was discharged quite cured on the 23rd of September, with merely a line of cicatrix on the side of the neck. The performance of the operation occupied more than an hour, and by lamplight.—Mr. P. D. ANTHONIESZ in *Ceylon Miscellany*, vol. i, No. 2.

#### POISON OF THE RATTLE-SNAKE.

There is good reason for the belief that its action is the same upon all living things, vegetables as well as animals. It is even just as fatal to the snake itself as to other animals, for Dr. Dearing informed me that one of his specimens, after being irritated and annoyed in its cage, in moving suddenly accidentally struck one of its fangs into its own body: it soon rolled over, and died as any other animal. Here then we have the remarkable, and perhaps unique fact, of a liquid secreted directly from the blood which proves deadly when introduced into the very source (the blood) from which it was derived.—Dr. BURKETT in *Pharmaceutical Journal*.

### THE MEDICAL EXAMINERS OF THE EAST INDIA COMPANY.

To the Editor of THE LANCET.

SIR,—Having so ably and warmly advocated, as you have lately done, the cause of the Indian Medical Service at large, myself and all others, who either belong or have belonged to that service, are truly obliged for the independence and generosity of your conduct in this matter, as the class to which I and others here belong feel ourselves completely without a voice in the public press of this country, and altogether without sympathy for our cause, or a just appreciation of long and laborious services by those who compose the councils of the nation. It is time, I think, that we should bestir ourselves, in order to obtain a better and more just recognition by English authorities of our past laborious and zealous professional services in a most unhealthy country and overpowering climate. The valuable Medical and Topographical Reports of the Diseases and Stations of the Madras Army, published under the superintendence of the Medical Board of that Presidency; the no less valuable Transactions of the Medical Societies of Calcutta and Bombay; the elaborate Medical Reports of Cholera at the several Presidencies; and those, also, of the Systems of Medical Education carried out in the various Indian Colleges, are all evidences of the highest order of talent and zeal to be met with in the Indian Medical Service, but which are altogether lost sight of in distributing rewards for merit in this country. Sir Charles Wood's late appointments virtually deny any such title of Indian medical officers to reward.

Cheltenham, September, 1854.

A RETIRED INDIAN SURGEON.

# THE LANCET.

LONDON: SATURDAY, SEPTEMBER 23, 1854.

ONCE more we would remind the profession that the President of the Board of Health has issued printed forms for the concise registration of cases of Cholera. Ere the present LANCET issues from the press those forms will most probably be in the hands of all the members of the medical profession in the kingdom. In the letter to medical practitioners which accompanies the papers, Sir BENJAMIN HALL announces, that in fulfilling the duties of his weighty and responsible office he is strongly impressed with—

“A sense of the great want that is now felt of some systematic record of cases of Choleraic disease, their treatment and results, with a view to determine, in so far as may be possible, the best mode of meeting this formidable epidemic.

“The deaths from Cholera, as well as from all other causes, are registered in England; but it is evidently desirable that in this as in other countries the cases of recovery, as well as those of death, should be systematically observed and recorded. But this can only be accomplished by the cordial co-operation of all the medical men in practice, which the Board hopes, in this important matter, to obtain, by acting on the advice of a Council in which all branches of the medical profession are represented.

“By means of a return, in the accompanying forms, the observations of all qualified practitioners on the cases that come under their care may be collected, and made available for determining the laws which regulate Choleraic disease, and the effects of the different systems of treatment now in use.”

Several sheets, adapted for the brief record of twenty cases each, accompany this letter, and specimens are also given showing the mode of filling up the returns, whether relative to cases of confirmed cholera, or of the diarrhoea which constitutes its premonitory stage.

“It is recommended that the forms should be filled up from day to day, and returned to the Board on or before the 15th of November next, addressed to the Secretary of the General Board of Health, and the postage of the letter enclosing the return need not be prepaid.”

We need scarcely at this time, while disease and death are rife around us, urge upon our medical brethren how much our knowledge of the best and most successful methods of combating cholera might be advanced, and how much benefit medical practitioners might confer upon the community, by promptly responding to the appeal of the President of the General Board of Health. The numerical method, and the statistical machinery of the Board, will be now brought into operation for determining “the effects of the different systems of treatment now in use.” By means of the forms now issued, and which will again be collected from every district throughout the length and breadth of the land, it will be ascertained, by a comparison of the cases on the largest scale, whether the treatment by sulphuric acid, soda, or astringents, is the most efficient in checking diarrhoea; whether calomel in small and repeated doses, sulphuric acid, stimulants, the enveloping the whole body in blankets carrying hot water and turpentine, or any other method that has been employed, is the best treatment for the terrific malady when it has reached the stage of collapse; and what means are to be preferred in the endeavour to remove the consecutive fever when the patient lies prostrate from the shock the system has received. The

returns, if carefully made, will also prove the average duration of the attacks, their termination in proportionate numbers, and in what the present invasion of the epidemic materially differs from those which have preceded it—all which statistical results ought to have an important effect in guiding medical practitioners as to the mode of defending human life against the inexorable pestilence—~~whenever~~—as there is too much reason to apprehend—it shall again visit these shores. No doubt the registration of cases will demand some share of time and attention on the part of each practitioner or his assistant, but appeals to the philanthropy of the medical profession are seldom made in vain; and we confidently trust that, considering the great importance of the object to be effected, medical practitioners will vie with each other as to who shall best contribute to aid the laudable designs of the General Board of Health, and thus aid in protecting human life against one of the deadliest foes of mankind.

In accordance with the scheme of our “Mirror of the London Practice of Medicine and Surgery,” we have lately gathered together the reports of the methods of treating Cholera pursued at all the hospitals and dispensaries in the metropolis. By this means we hope to aid the profession in arriving at some definite and successful course of practice. We are bound to acknowledge that the first and the most obvious lesson taught by the survey we have taken is, the melancholy one of our actual ignorance of the pathology of this dire disease, and the consequent fact, that all our methods of treatment, howsoever loudly some of them may be vaunted as rational, are, in truth, empirical, experimental, and tentative. Rash men, warm in imagination, deficient in judgment, here and there rush into a theory, fungoid, ærial, telluric, electrical, toxicological, monadic, according to accidents of observation and accidents of hobbyism, all having one common characteristic, that of being all equally arbitrary and incapable of demonstration. Prudent men, pursuing their calling in the spirit of humility befitting our ignorance, but zealously as becomes those who are intrusted with the tremendous charge of guarding, as far as in them lies, the public health, abstain from the inanities of theorizing, from epistolary quackery, from dogmatic recognitions of particular remedies as Cholera specifics. The medical practitioner has, at this moment, to stem a perfect torrent of nostrums; some the offspring of the silliest charlatanry and self-sufficiency; some of value attested not by reason, not by experience that will bear sifting, but upon oath or affirmation; some that have the testimony of careful and competent observers to recommend them: these last are few. Who shall give light out of the dense darkness? Alas, the efforts of those who are most competent to the task are almost overpowered by the ever-thickening cloud! Each new enthusiast shouting “Eureka!” thinks it was reserved for him to disperse the gloom: yet he has but contributed a fresh volume of smoke! One of the last little puffs of mystification thus raised is the poison-expelling castor oil hypothesis of Dr. GEORGE JOHNSON. According to this physician the pathological problem is solved; the therapeutical indication clear and certain. The profession is reproved for “blindly adhering to chalk, opium, and brandy;” and we are bidden to put a bandage over our eyes, and our trust in purgation and castor oil. This is the pathological discovery which the profession

called upon to hail as the last expression of science—the unerring guide to successful treatment:

“Some mysterious (no mystery to some who know all about it) poison enters the blood, which, while it exerts a powerful, depressing, and narcotic influence on the entire nervous system, in most cases excites a copious secretion into the stomach and intestines, whereby the poison is separated (?) from the blood and ejected from the body.” (Assume all this, take it for granted, and)—“what procedure so full of promise as that which has for its object to favour and assist the elimination of the poison?”

You have assumed your pathology; you cannot resist the therapeutical corollary. Therefore, half an ounce of castor oil every half-hour is the remedy for Cholera. Sincerely do we wish that experience would bear out the theory. But then, we are told that experience does bear out the theory. Fifteen cases of Cholera in the stage of collapse have been treated with castor oil, and twelve, it is said, have recovered. That is equal to a proportion of four-fifths, a greater than that known under any other mode of treatment. Shall we contumaciously resist evidence so conclusive, so unambiguous? Is not the experience, resting as it does upon the broad basis of fifteen cases, as solid and as unanswerable as the pathological assumption and the therapeutical corollary? We feel it our duty to caution the public—the profession knows too well the value of these *posts* and *propters*—against the delusion that castor oil is the remedy for Cholera. It may sound very well to say that there is a poison in the blood which castor oil will expel. But may we not conjecture that, assuming the presence of the poison, the flux from the bowels that sets in spontaneously is rapid enough to carry it off without the aid of purgatives? Shall we “bliadly” forget that this flux is rapidly draining the system of something else besides the hypothetical mysterious poison? That the life-blood is fast ebbing away, and if not arrested, the flux will leave so little blood, and that so inspissated from the loss of its watery element, that the circulation must stop? We submit that those practitioners who give opium with the view of arresting the flux of Cholera, in the stage of diarrhoea, act not thus “ignorantly.” We have no hesitation in saying that this practice is quite as scientific as the treatment by purgation with castor oil. In the first place, we are also entitled to doubt whether the cases treated in this hospital were really severe. Every practitioner of experience knows that the danger attending attacks of Cholera is by no means uniform. Many cases are hopeless from the first. Many recover. The difference lies often, perhaps for the most part, not in the treatment but in the disease itself. The first cases that occurred in the terrible outbreak in St. James’s were almost all fatal; no skill, no treatment availed. The latter cases were remarkably easy to manage; treatment—not by castor oil—was eminently successful.

The condemnation of castor oil and the system of purging, by the profession, is almost universal. Out of King’s College Hospital it has invariably failed. In the London and St. Thomas’s Hospitals it has been tried with the most fatal results. Mr. SUTHERLAND has fairly tried the plan in eight cases in the Cholera Hospital at Aberdeen, and seven patients died. He says: “In spite of the oil, ‘the very extremity of ‘collapse’ became deeper and deeper, until death snatched the ‘patient from a ruthless disease, and, I am afraid, an equally ‘ruthless and unscientific practice.’ ..... ‘The only effects ‘produced by the oil were increase of the vomiting and spasms.’” Dr. CHALLIS, of Bermondsey, a most experienced practitioner,

has also stated to the Registrar-General, as the result of observation, his conviction that the use of castor oil has been fatal in many cases. This is the experience of others. It is surely entitled to weigh against the fifteen cases of Dr. JOHNSON. In all the hospitals the castor oil treatment has failed.

But Dr. JOHNSON does not rest his theory upon the induction drawn from the stupendous experience of fifteen cases. He appeals to analogy also. He has observed—that is, he has assumed—that the other modes of treatment which are reported as most successful are, like his own, of an “*eliminative*” character. This is the character he assigns to Dr. AYRE’s system of treatment by frequently-repeated small doses of calomel; and to Dr. STEVENS’s treatment by salina. Unfortunately, Dr. AYRE emphatically repudiates the poison-eliminating crotchet. In an admirable letter to *The Times*, worthy of general perusal, Dr. AYRE says that he gives calomel, not because it is purgative, but for the opposite reason, that it tends to arrest the exhaustive intestinal discharges. Nor need we add, that the principle of the saline treatment gives no countenance to the “*eliminative*” conceit. Dr. JOHNSON’s analogical argument is as baseless as is his pathological assumption.

But what of the ultimate reason—experience? Twelve recoveries out of fifteen cases! What a mass of experience! How conclusive the demonstration! How can we resist such facts? By opposing facts. We will say nothing of the testimony in favour of other modes of treatment—testimony of a somewhat more solid character than that which supports the castor oil theory—we will content ourselves with inquiring whether any other practitioner, whose powers of observation are entitled to the respect of his brethren, has found castor oil as useful in Cholera as it is represented to have been in King’s College Hospital?

We have penned these remarks very unwillingly. Dr. GEORGE JOHNSON’s practice has derived some degree of extrinsic weight, and has done corresponding mischief, from the circumstance of his position as Assistant-Physician to King’s College Hospital. It is the more important to assure the profession in the country that the fanciful hypotheses and irrational treatment adopted at King’s College Hospital do not represent the science or the practice of the metropolis. We are sorry that Dr. G. JOHNSON should have been tempted to forsake the dictates of discretion and of cautious induction, as he has done on this question. There is nothing more pernicious or dangerous than reliance upon erroneous theories and empirical remedies. We think it right to inform the public that however satisfied some people may be upon the matter, the true pathology of Cholera has not yet been discovered. We warn them, at the same time, that one thing at least is certain—namely, that purging is a symptom of imminent danger, and that castor oil may really prove to be a more dangerous poison in Cholera than that “*mysterious poison*” which is supposed to circulate in the blood.

AN Examining Medical Board, entrusted with the important and responsible office of selecting the best qualified medical candidates for nomination to commissions in the Indian army, ought, in justice to our various medical schools throughout the kingdom, to consist of men of independent means and position in the profession; of high character for both theoretical

and practical skill in everything relative, not to Medicine and Surgery only, but to the diseases of military life; and if no such men were to be found to compose such a Board from amongst the ranks of the Medical Service of India, then, certainly, Sir CHARLES WOOD would have been justified in altogether ignoring the claims and services of Indian physicians and surgeons, and in selecting a Board, as he has done, from the younger members of our profession in this country, without any admixture of retired Indian servants. But the very reverse of this is the case. A contemporary, in his issue of the week before last, by an elaborate article "On the rising Practical and Professional Merits of Dr. PARKES, Messrs. PAGET, BUSK, and "HOOKER," has endeavoured to show their perfect fitness and qualification for testing those of medical candidates from the schools of this Metropolis, Edinburgh, and Dublin, who may present themselves for examination next January. We have already called in question the soundness of this opinion; and without any hostility to the gentlemen who have been nominated to the Board, or wish to depreciate their general scientific and professional knowledge of subjects on which they are Examiners, we are still prepared to repudiate the idea that, admitting their perfect knowledge of principles in each branch of the profession, they are yet the most fit men who might have been selected for the task assigned them, or with a view of obtaining perfect impartiality of nomination of the candidates for a special and peculiar service. The general objects to be secured in selecting the best men, tested by such examination, should be superior knowledge of all the most recent and approved principles and practice of Medicine, Surgery, Anatomy, and their relative sub-divisions, with like superiority of theoretical clinical skill to apply such principles in the prevention and cure of diseases generated under the peculiar localities, climates, and other contingencies which affect military and naval life. Will our contemporary have the hardihood to assert that the gentlemen selected have knowledge and experience best fitted for this task? Their appointment, without any admixture of Indian medical servants, instigated by the counsel of those little capable of advising Sir CHARLES WOOD impartially or honestly in such matters, must be considered as a gross act of injustice to the well-known scientific medical labours of those Indian medical officers who have added greatly to the general knowledge of disease by their important professional printed reports, and by conveying such knowledge to the native youths who have been taught in the medical colleges of India. To exclude such men from participating in the selection of medical candidates for their own service, with the requisites for which they must necessarily be best acquainted, is an act at once impolitic and unjust, and which will, we doubt not, be arraigned by some independent Member of the House of Commons when Parliament again meets. It is, indeed, to act over again that disgraceful drama of military medical life, when Messrs. PERRIS and Co., the Army Medical Board of this country, without any knowledge of requisites for the service over which they presided, and for which they were to nominate medical officials, were enabled to ignore the energetic and distinguished services of the judicious and eminent Dr. JACKSON, by pandering to the prejudices and interests of men in place and in power. Our contemporary has fixed on us a charge of being instigated by clique views in this matter; but with an obliquity of vision characteristic of the cause he has undertaken to defend, and with a subserviency and sophism

peculiarly his own, has lost sight of the question in its bearing on the character and interests of a large, intelligent, and most meritorious class of army medical officers, who will not be disposed, we trust, to let it rest with the decision of Sir CHARLES WOOD and his advisers, but will demand justice being done them, by petitioning Parliament against such impolitic proceedings. We know that the voice of the Court of Directors for India, and that of the independent part of both the professional and lay public, will ratify the justice and propriety of our views on this subject. It is not a question of ephemeral notoriety for which we are now contending; it is one intimately connected with the efficient working of the new India Act, and which deeply concerns the practical efficiency of men selected for India, on whose knowledge of the practical bearing of the professional principles taught them must hang the fate, for good or evil, of thousands of our European and Native soldiery, with their wives and children, in India. It may serve the views of certain medical institutions of this Metropolis to have their interests represented by members of the new Board connected with them; while the wider and more liberal representation of medical interests in the Universities of Edinburgh, Dublin, Glasgow, Aberdeen, and St. Andrew's, has been altogether withheld. It may also suit the purposes of some medical practitioners in this country, to get rid of the troublesome competition of Indian talent and experience in the arena of public medical life. But on this subject, as on every other of professional interest advocated by us for years past, we shall never relax our efforts to denounce and get rid of every vicious system of monopoly and self-interest by which the general welfare of the profession, and of medical institutions generally, would be sacrificed for the benefit of the strong against the weak. Was it for the very reverse of this object that our contemporary, with virtuous self-sacrifice and new-born zeal for the unity and good of the profession, was recently induced to league with other enemies against us, that having got rid of us and our opposition he might make things pleasant to his courtly patrons and friends? The spirit of the age and the free-born hearts of Englishmen revolt at the idea of so meanly sacrificing questions of public principle for the chimerical realization of an unity of opinion that is impossible so long as medical nature continues to be human nature. We shall not cease, therefore, from advocating the cause of the Indian Medical Service till full redress has been obtained for the injustice that has been done it by the present constitution of the Indian Medical Board of Examination. Surely men without knowledge of the country and institutions of India, and with little or no experience in the treatment of Indian diseases, are not the most fit advisers of Sir CHARLES WOOD as to what further system of medical examination may be necessary after next January. We have demolished, we believe, our contemporary's flimsy plea of supporting professional interests and unity and the cause he advocates, and prefer doing justice to a most intelligent and meritorious Medical Service, combined with the impartial administration of the public interests.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, SEPTEMBER 16.**—In the week extending from the 3rd to the 9th of September, the deaths of 3413 persons were recorded, and 2050 of the number were caused by cholera; which had, in partial eruptions all over London, destroyed in nine weeks, 5, 26, 133, 399, 644, 729, 847, 1287, 2050, or, in the aggregate, 6120 lives. The outbreak began later than the corresponding outbreak of 1849, which by the same date had, in sixteen weeks, been fatal to 10,143 persons.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

## ANNIVERSARY MEETING AT MANCHESTER.

THE twenty-second anniversary of this association was held last week in this city, and was attended by between 250 and 300 members. On Tuesday evening, the council assembled in the lecture theatre of the Royal Institution, Moseley-street. The first general meeting of the members was held in the same place on Wednesday, at ten o'clock in the forenoon.

SIR CHARLES HASTINGS explained that the president for the past year (Dr. Bird, of Swansea,) was unable to be present; but had desired him (Sir Charles) to express his continued feeling of interest in the association, and his gratitude for the honourable position in which he had been placed by the members.

MR. W. J. WILSON, (senior surgeon of the Manchester Royal Infirmary,) the president elect, then took the chair.

DR. WILLIAMS, the secretary, read the annual report, of which the following is an abstract:—Whilst gratified by the flourishing condition of the district branches generally, and with an increase, since the last annual meeting, of 348 members, the total number at present being 2227, the council deeply regretted the death of Mr. James Pook Sheppard, who had discharged the responsible duties of general secretary with strict fidelity. They had appointed Dr. Williams as his successor until the present anniversary, and his appointment was submitted to that meeting for confirmation. The association's *Journal* had been published weekly, under the management of Dr. Cormack, but at an expense so large that, in the present state of the finances of the association, it became a question for very careful consideration whether the resources would be adequate for its maintenance in the present form, and also for the publication of the "Transactions," the 20th volume of which ought shortly to be in the possession of the members. The account of the treasurer, for the year ending July 31st, showed a balance in hand of £24 18s. 11d. The subscriptions received amounted to £1812 11s. 3d., which, with a balance of £8 12s. 9d. from last year, made the total amount of income £1821 4s. The items of expenditure were—miscellaneous expenses in connection with the society's *Journal*, £1291 6s. 6d.; editor of the *Journal*, £250; plates for the last volume of "Transactions" and general account, £44 19s.; anniversary expenses, £24; secretary, £111 1s.; district branches, £39 17s.; sundries, £35 1s. 7d. A statement of *Journal* accounts for the half-year ending June 30th, 1854, showed that the revenue from it amounted to £516 5s., whilst the expenditure had been—editorial department, £192 6s. 6d.; commercial department, £1050 6s. 9d.; miscellaneous expenses, £122 8s. 9d.; making a total of £1365 2s. Its assets amounted to £670 9s. 5d.; and its liabilities £1171 3s. 11d. The subscriptions due to the association amounted to £1304 2s. The funds already voted to the medical reform committee being nearly exhausted, the council recommended that a further sum of £50 should be placed at their disposal. One of the rules of the association is "That all members of the Provincial Association be admissible to the district branch on signifying to one of the secretaries their desire to have their names enrolled." The Metropolitan Counties Branch had applied to the central council to confirm the addition of the following words:—"Provided the majority of the members present at a general meeting concur in their admission." It was the unanimous opinion of the council that the change proposed was contrary to the fundamental laws of the association, and they had therefore allowed the point to remain in abeyance until the meeting of the general council at the present anniversary.

On the motion of Dr. THEOPHILUS THOMSON, seconded by Dr. ADAMS, the reception of the report was agreed to.

MR. MICHAEL moved the reading of the report of the *Journal* committee.

DR. COWAN then read that report, of which the following is an abstract:—The leading features of the new system of publication, which had been in operation three months, were—1st, the appointment of Dr. Cormack, at £250 a year, (the same salary as was paid when the journal was brought out only fortnightly); 2nd, the confiding the monetary management to Dr. Cormack, without a salary; 3rd, the authorising the editor to expend upon literary assistance, &c., a sum not exceeding £50 per quarter; 4th, the keeping of expenditure within the income—the income consisting of the sum produced by the sale of copies of the *Journal*, charges for advertisements, and the subscriptions of members, deducting £300 as an allow-

ance for defaulters. After entering into a variety of financial details, the committee suggested,—1st, that as the business department involves the exercise of talent and responsibility, it ought no longer to be managed gratuitously, and that the manager give security for at least £500; 2ndly, that the business department be conducted, under the direction of the present editor, by a salaried commercial assistant, whose time would be devoted to the business of the *Journal*; 3dly, that Dr. Cormack be requested to regulate, with the assistance of a clerk, the business department. Although the funds of the association did not, perhaps, warrant an increase in Dr. Cormack's salary, the committee suggested that, on his accepting the enlarged duties, he should be required to furnish the security named, and should receive an increase in salary of £100 per annum for the current year, with the understanding that his salary would be further augmented if increase of the funds should justify it.

The reception of this report having been agreed to, the adoption of the council's report was moved and seconded.

As an amendment, Dr. COWAN moved, and Mr. P. MARTIN seconded,—That, in consequence of the transference of the publication of the *Journal* from Worcester to London, a paid secretary at Worcester is no longer desirable, and that the duties of the office be in future discharged by the editor of the *Journal*, in conjunction with a salaried commercial assistant, who shall keep the association's accounts, collect subscriptions, and assist in the commercial department of the *Journal*.

After a long discussion, in which Dr. Tunstall, Dr. Noble, Mr. Nunneley, Mr. Michael, Sir Charles Hastings, Dr. Cormack, Dr. Lankester, Mr. Edwards, Dr. Simpson, and others, took part, the amendment was carried by a large majority.

The meeting then, about a quarter to two o'clock, adjourned.

On the re-assembling of the members, shortly after half-past two, the address in Medicine was delivered by Dr. CONOLLY, who traced the outline of the modern, or non-restraint, system of lunatic treatment, as adopted at the Hanwell and other asylums.

SIR CHARLES HASTINGS then announced that, in consequence of a difference of opinion existing between himself and a majority of the association, as to the mode in which the affairs of the association ought to be carried on, he wished to resign the offices which he held of vice-president and treasurer.

This announcement produced a very manifest sensation amongst the assembly, and in the conversation that followed, the very strongest desire was expressed that Sir Charles should continue in office; in fact, the members of the association declined to accept his resignation, and he withdrew it.

SIR JOHN FORBES then presented the report of the Benevolent Fund:—During the past year sixty-seven cases have been relieved, at a cost of £556 12s. The number of annuitants are now ten, at a cost of £147 per annum. The trustees have invested an additional sum of £624, which, with the sum of £3359 14s. 6d. previously invested, gives a total of £3983 14s. 6d., the income from which is available for annuities. The cash account for the year ending June 30th, 1854, showed that the following balances were in the Treasurer's hands—Donation fund, £99 8s. 10d.; subscription fund, £39 7s. 10d. The subscriptions for the year had amounted to £718 6s. The number of persons benefited is 302.

MR. PROPERT moved the reception and adoption of the report, and a vote of thanks to Mr. Newnham. The motion was seconded by Mr. JOSEPH HODGSON, carried with acclamation, and responded to by Dr. CONOLLY, on behalf of Mr. Newnham.

MR. G. W. HASTINGS then read the report of the reform committee, of which the following is an abstract:—"Three bills, each having for their object the improvement of the position of medical practitioners, had been introduced during the last session of Parliament; one, for extending to medical graduates of the London University the privileges enjoyed by the Universities of Cambridge and Oxford, had received the royal assent. Later, the Secretary for the Home Department had stated, in reply to a question, his intention to move for the appointment of a royal commission, or a special committee, to inquire into the present state of the profession and the laws relating thereto. Mr. Brady introduced a measure which they felt to be so unsatisfactory that they opposed it with the utmost vigor. The opposition was successful. The introduction of Mr. Craufurd's bill was opposed by Lord Palmerston, on the ground that it was better to wait until the medical profession put forward some scheme of their own. The committee were surprised that Lord Palmerston should have



forgotten the fact of their having placed in his hands a measure which had been approved of by the association at large. However, they felt that some scheme should be put forward at the present meeting; and, as Mr. Craufurd's bill carried out the principle of the association, and embodied several of the alterations recommended to be made in their own draft bill, they had printed it, with a few alterations, in their own *Journal*, to take the opinion of the association upon it at that meeting. They concluded by recommending that a committee should be appointed to watch over the course of medical legislation, that committee to be charged with the duty of bringing forward the views of the association before a commission or committee of the House of Commons, and also the adoption of a memorial."

Dr. CONOLLY moved the adoption of the report; the re-appointment of the committee, with certain additions; that a memorial should be signed by the chairman, and transmitted to the Home Secretary; and that the committee should be empowered to forward a petition, in the name of the association, to each House of Parliament, praying for immediate legislation.

The motion was seconded, and, after some explanations, adopted.

The meeting was then (at half-past five o'clock) adjourned.

In the evening there was a conversazione in the Picture Gallery of the Royal Institution, which was placed at the disposal of the association by the council of the Royal Institution. In the course of the evening the claims of the Medical Benevolent College were brought before the members by Mr. PROPERT, who said that his anxious desire to recommend it to the approval and support of every member of the profession was his excuse for the obtrusion. In the course of his address, Mr. PROPERT stated that that portion of the College commenced was already roofed in, and would be ready for occupation on the 25th of June, 1855, which would be the fourth anniversary of his first movement in this "glorious cause." (Applause.) As his Royal Highness Prince Albert graciously laid the first stone, he had every reason to hope that the Queen would honour this national undertaking at the opening. In consequence of the high price of materials, the council had been reluctantly compelled to limit the extent of the original contract; but the number of applicants for admission having very far exceeded what they could possibly accommodate, the council, at its last meeting, decided on immediately erecting eight more residences, so that they might be enabled to receive at least a fair proportion of the most urgent cases. He concluded by appealing for support commensurate with the profession and with the distress which existed in its ranks, stating that 10s. annually from each medical practitioner would amply endow the institution, meet every case of want, and remove any misapprehension that might be entertained as to the benefits of the institution being confined to the immediate friends of the London council. It was intended to form local councils, to be composed of life governors, in each county, in order to represent the claims of every applicant.

On Thursday the proceedings commenced at eleven o'clock in the forenoon.

Dr. RADFORD read a paper on the Cæsarian operation.

Dr. CORMACK then, in answer to Dr. Noble, stated that, after careful consideration, he had accepted the offer made to him in the resolution passed on the preceding day. He moved a vote of thanks to Dr. Williams, for the manner in which he had performed the duties of secretary since the demise of Mr. Sheppard.

Sir C. HASTINGS acknowledged the vote in the absence of Dr. Williams.

It was then resolved that the anniversary meeting of 1855 should be held at York; that Dr. Simpson (of York) should be appointed president-elect; and that Mr. Richard Hey, of York (whose name was said to have been associated with surgical literature for some years,) should be requested to deliver the address on surgery, and Dr. Bell Salter, of Rye, the address on medicine.

Resolutions were then passed, constituting the members of the association resident within twenty miles of Worcester, an executive council, to whom the editor of the *Journal* and the secretary should be responsible; requesting the *Journal* committee to continue their services; reappointing the medico-ethical committee, &c.

A motion, of which notice had been given, by Mr. PETER MARTIN, to alter Rule 1, by styling the association the "British Medical and Surgical Association," provoked considerable discussion, and resulted in the withdrawal of the motion, on

the understanding that the subject should be referred to a committee.

A resolution was moved by Dr. JOHN BARCLAY, and seconded by Dr. BURNETT—"That, in the opinion of this meeting, the representative system ought to be fully adopted, in the constitution and government of the association, and that a committee be appointed, consisting of the president, the president-elect, the president of the council, the secretary, the literary secretary, (Dr. P. Williams,) the secretaries of the branches, and the editor of the *Journal*, to examine, revise, alter, and amend the laws of the association, and especially those relating to the election of members of the council, and the constitution of the branches, and to have the power of conducting the proceedings by letter; that it be an instruction to this committee to ascertain the opinion of each member of the association upon the whole of their recommended changes, and to give necessary notices for any change in the laws; that the report be submitted to the next annual meeting, having been put into the hands of the members at least four weeks previously; and that the funds necessary for satisfactorily conducting the inquiry be supplied by the secretary of the association." This was unanimously adopted.

Dr. R. HALL, Torquay, read a paper, illustrated by drawings, "On fatty degeneration of the epithelial cells as the precursor of tubercular deposit in the lungs in chronic phthisis;" and Dr. G. DAVEY, Bristol, one "On the law of lunacy."

The proceedings terminated by the reading of a paper by Mr. J. WINDSOR, Manchester, "On a case of empyema successfully treated by thoracentesis—third tapping."

In the evening a number of the members dined together at the Albion Hotel.

## Correspondence.

"Audi alteram partem."

## ABSENCE OF PREMONITORY SYMPTOMS OF CHOLERA.

To the Editor of THE LANCET.

SIR,—In the *Spectator* of the 9th instant it is stated that, "Dr. R. Austin Allen has written to the *Morning Post* to call in question recent statements in the Registrar-General's reports and in THE LANCET, of fatal cholera cases without premonitory symptoms or predisposing causes. Most of the cases were those of young children, where it is difficult to arrive at the exact truth. Dr. Allen investigated five cases."

These cases are stated, but in such a way that they cannot be identified. Of the cases in the Registrar-General's reports I shall say nothing; but out of the six cases quoted in THE LANCET for the 2nd inst., I reported two to the Registrar-General, and I am prepared to answer for the accuracy of these, so far as the evidence of the friends of the patients (the only source of such information to be obtained) will enable me; and I have ascertained that no inquiries have been made by any one, concerning these two cases, of the friends. Permit me to say that your remarks on the existence and duration of the premonitory diarrhoea are exactly those I communicated to Dr. MacLoughlan last autumn, when he called on me concerning a case in which the premonitory diarrhoea was only of two hours' duration, and in which nearly six pints of rice-water fluid passed in two evacuations at the interval of an hour, collapse being complete two hours after the first evacuation. In this case the patient affirmed to me that the bowels had been relieved but once on the previous day, and that the motion was perfectly natural. Of what avail practically is such a premonitory diarrhoea as occurred in this case, and in two of those quoted in your recent article? Is it possible that any treatment could arrest so sudden and rapid a flow of fluid from the gastro-intestinal mucous membrane? Dr. MacLoughlan did not quote this case in his list of errata of the medical reports last autumn, or I should have replied to him.

Before I close this note, I am desirous of calling the attention of the profession to the rapid increase of indirect advertisements by medical practitioners in the shape of letters to the public papers, on subjects for which medical journals alone are the fitting arena; and the mischievous effects of those in particular that broadly recommend certain infallible receipts of their authors,—such, for example, as ammonia and ether, or carbonate of soda and mint-tea, thereby inducing the public to lose much valuable time in the use of these medicines until the unfortunate patient shows such desperate symptoms that the

friends are compelled to call in professional assistance, often when too late for beneficial action. Such a course of conduct I believe to be deserving of the strongest reprobation.

I am, Sir, your obedient servant,  
Wandsworth-road, Sept. 1854. P. B. AYRES, M.D. Lond.

## TREATMENT OF DIARRHŒA.

To the Editor of THE LANCET.

SIR,—I shall be much obliged if you will insert in your next number the following treatment for diarrhœa in all its forms; I have given it for the last fifteen years with the greatest success, and I consider it a specific for the disease:—Diacetate of lead, twelve grains; tincture of opium, one drachm, or acetate of morphia, one grain; dilute acetic acid, three drachms; water, six ounces; make a mixture: a sixth part to be taken every two, three, or four hours. If there is severe sickness or violent cramps, I give half a grain of hydrochloride of morphia in an ounce of camphor mixture, and a tablespoonful of the lead mixture every hour; the sickness, cramp, and diarrhœa are soon relieved. It never produces colic. I have given it in hæmoptysis to the extent of causing blueness of the gums, without leaving the least ill effect on the constitution.

I am, Sir, your obedient servant,  
Graysend, Sept. 1854. WM. SANDERS, M.D.

## TREATMENT OF CHOLERA BY INJECTIONS INTO VEINS.

To the Editor of THE LANCET.

SIR,—I observe, in the last number of THE LANCET, that, at St. Bartholomew's Hospital, Mr. Wood has been trying in cholera the effect of injecting saline solutions into the venous system. It is stated that the proportions have been so regulated as to imitate the saline constituents of the serum of the blood. Borrowing the notion from this observation, I beg to suggest the injection into the veins of whey—the serum of milk. It is said by chemists to possess all the necessary saline, as well as some other properties for the formation of the body. If the whey is obtained from fresh and pure milk, by the means of rennet, I cannot see any danger to the patient in the proposed application.

I have the honour to remain, Sir, your obedient servant,  
Lincoln, September, 1854. M.D.

## THE CHOLERA.

In our article of August the 19th, (p. 158,) we drew attention to the various and contradictory theories broached in connexion with the treatment of cholera, and to the too often very violent and illogical manner in which the therapeutic arguments have been carried on. We did not then, however, think it necessary to indicate every drug and method of procedure that had been advised, nor do we hold it to be necessary to do so now; we recur to the particular point before us, however, as we must register in due place and form the accession of a "new method," though it should turn out to be, like too many of its congeners,—

"Full of sound and fury, signifying nothing."

Setting all minor (and their name is legion) methods aside, we may draw attention to the following chief practices that have been "trumpet-tongued" advised in the treatment of cholera since its first appearance in 1831-32; each one for the time being lauded to the skies, and each one in succession bowing to its more fashionable and novel successor.

First.—There was the stimulating plan, according to which alcoholic compounds, etherial fluids, ammonia, volatile oils, pepper, spices, nux vomica, and camphor, were the drugs whose aid was mainly to be sought.

Secondly.—There was the Indian plan, as some called it, in which one scruple or half-drachm doses of calomel were given for a few times, and then followed at (variable) intervals, by ten, five, two grains in succession.

Thirdly.—There was the calomel and opium method, according to which it was conceived that opium, whether in combination with large or small doses of mercury, or anything else, played a most essential and indeed unequalled part; modifications of which opium and calomel plan were innumerable, but those in which this combination was accompanied by vene-

section on the one hand, and by the warm or vapour bath on the other, were perhaps the more important.

Fifthly.—Arose the saline plan of treatment, in which one party advised the administration of large and frequent doses of certain salts of potash and soda by mouth, while another proposed and practised the injection of them directly into the venous system.

Sixthly.—Very great stress was laid, and still is by many, upon that view of the therapeutics of cholera which prescribes small doses (one or two grains) of calomel every five or ten minutes "until the symptoms of collapse become materially subdued."

Seventhly.—We have been told that neither in stimulation, calomelization, narcosis, or venesection is the cure for cholera to be found, but that it is in the free administration of vegetable and mineral acids, and of the sulphuric acid in particular, that the *To kalon* lies embalmed.

Now, as neither of these "best plans" of treatment had their birth in the present epidemic, it was perhaps scarcely to be expected the pestilence should pass over without some warm and enthusiastic practitioner bringing another into the world. And so it has happened, and with a warmth of enthusiasm, too, beyond our expectation, considering the new method had only fifteen cases for its basis; and beyond our explanation, too, were it not that, as we before remarked, (*ante*, page 194,) there is a fatality in the readiness with which physicians, who devote much time to physiologic and microscopic investigation, yield themselves up to strange vagaries of opinion on the nature and treatment of disease. Nevertheless, it is our duty to record in this place that at present the "method of treatment which," according to Dr. George Johnson, "promises a more than ordinary amount of success," is the administration of castor oil, "in doses of half an ounce every half-hour," and that "more than one patient has had as much as a pint in the course of forty-eight hours with impunity." Since this new method has been promulgated in the daily newspapers, there has been, as might be expected, a "run" upon castor oil, as there was upon oleum cajuputi (previously a cure for cholera) in 1831, when it rose from two to fourteen shillings an ounce. As in the case of the calomel, saline, and acid, &c., "plans," we receive a few communications in favour, but a multitude against this "new method."

Dr. Corner, of the Tower Hamlets Dispensary, writes to us to say that he has, "in several cases of very severe diarrhœa, given castor oil a fair trial, as recommended by Dr. Johnson, but it was only useful in mild cases, and in severe ones appeared to aggravate the symptoms; and that, in both diarrhœa and cholera, calomel, in from eight to fifteen grain doses, is the remedy which he has found most beneficial." Another correspondent informs us that those persons at Vera Cruz having its deadly fever, who are "treated by calomel, uniformly die," whilst those "treated by the administration of castor oil and lime juice, mixed," recover. He would therefore suggest the addition of lemon juice to the "new remedy" for cholera. A third, whose letter is before us, recommends "a cataplasm of mustard applied to the whole body, from the neck downwards;" while Mr. Chaplin, of the Bloomsbury Dispensary, informs us that, during the fortnight ending September 13th, "only four cases of cholera have presented themselves. These have all done well under the calomel, rhubarb, and saline plan of treatment." Our space will not permit us to give the details of Mr. Chaplin's communication, able though it be. In the September number of the *Pharmaceutical Journal* we find some observations bearing reference to our own remarks (quoted) of August the 19th, and pointing out the agents and formulæ druggists have been most called upon to dispense during the present epidemic. We extract the following:—"Sulphuric acid has of late been prominently brought forward. It is given in doses of twenty to forty minims, repeated every two or three hours, or oftener if occasion requires. Sometimes half a drachm or a drachm of chloric ether is added to each dose. Another prescription consists of twenty or thirty minims of laudanum, with about double the quantity of sulphuric ether; or the following:—Chloric ether, half a drachm; aromatic confection, one scruple; Battley's liquor opii, ten minims; spirit of sal volatile, half a drachm; mix."

We may also acknowledge the receipt of the third edition of Mr. Stephens's tract "On Cholera," in which it is taught that it is "to antiseptics we must look for the curative means" generally, and in particular to *creosote*; nor can we leave this department of the subject without recording the "important suggestion" (as he himself calls it,) of another physiological physician, and its support by a chemical one, towards a satisfac-

tory treatment of the stage of collapse. The former (B. W. Richardson, M.D.) advises, "that into the peritonæum or the cellular tissue of a patient in a proper state of collapse from cholera, water, to the extent of at least a tenth or even a fifth part of the whole weight of the body," be injected; the latter, (W. B. Herapath, M.D.), believing this to be an "extremely philosophical and ingenious suggestion," thinks it might be improved—we mean the *water*—if its adviser would add *milk* to it, seeing we should thus "avoid the chances of destruction of the blood corpuscles," &c. We trust we may not be thought going beyond our proper duty in asking the calm attention of all past, present, and future propounders of new methods of treating disease to the following quotation from the "Natural History" of Pliny, "*Naturæ vero rerum vis atque majestas in omnibus momentis fide caret, si quis modo partes ejus ac non totam complectatur animo.*"—Lib. vii. c. 1.

Since the above was written, we have received very many other communications, sufficient, indeed, to supply matter for the next half-dozen numbers of the journal. Mr. Boddington describes more particularly the details connected with the administration of sulphuric acid, and Dr. Shorthouse gives us the results of his trial of Dr. Ayre's plan of treatment. Dr. Shorthouse believes it to be "a delusion and a humbug; in itself no doubt *harmless* enough, but, as it prevents other kinds of treatment being adopted, a great evil. . . . On examination after death, the calomel was found in the stomach unchanged. From the stomach of one man," he says, "I took *nine drachms* of calomel." In lieu of calomel, Dr. Shorthouse recommends the *phosphate of soda* as the agent *par excellence* in cholera. Mr. G. Selwyn Morris, on the contrary, writes to express his attachment to the doctrines of Dr. Ayre, and to recommend the addition of chloric ether to the medicines employed; whilst M. Meinig, in a communication, draws our attention to the value of continuous currents of electricity. Mr. Walker, of Burslem, favours us with his reasons for believing in the contagiousness of cholera, and that "there can remain but little room for doubt that its spread is generally to be attributed to that source;" while Dr. Robert Fowler, admitting it to be "communicable from one person to another," yet contends "that, in its *general diffusion*, it does not spread by contagion, but that the disease is a true epidemic, depending on telluric or atmospheric influences." Dr. Maxwell, amongst other items, furnishes us with two prescriptions, compounded of no less than *eighteen* ingredients, the oil of juniper and quinine appearing to us as the *pièces de résistance* in them.

A less complex therapeutic armatory is found in the new drug now being employed in Paris—viz., *guarana*, a substance procured from the seeds of *Paullinia sorbilis*, containing tannate of caffeine and a special resinous ingredient, &c.; and for drawing our attention to which we stand indebted to Mr. Howard Hopley.

We must close this notice by the acknowledgment of the receipt of Mr. Borham's "cases and remarks" on cholera, which, as he tells us, have been committed to paper, "not with any idea of being able to render things more clear with regard to its origin or pathology, nor to suggest anything particularly novel in its treatment," will scarcely demand more lengthened analysis. Mr. Borham's own opening luminous paragraph, indeed, forbids it. "At the mention," says he "of the word Cholera, in its true sense, decimating as it is doing our population and army, the practical surgeon is struck with feelings of awe, and if he possess a mind, it becomes enveloped in a confusion of ideas which seem to get more confounded as he proceeds to think."

Relative to the progress of the cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar General, for the week ending September 16th:—

Districts.	Elevation above water mark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	115
Central (St. Giles, &c.)	49 "	393,256	106
Western (Kensington, &c.)	28 "	376,427	248
Eastern (Shoreditch, &c.)	26 "	485,522	224
Southern (St. Saviour's, Lambeth, &c.)	6 "	616,635	856
			1549

Of these 614 were under 15 years of age.  
 901 " above 15 and under 60.  
 203 " above 60 years old.  
 2 the ages were unknown.

We are thus glad to find that the deaths from cholera, instead of 2060 are 1549, or 501 less than the deaths from the same cause in the preceding week. The total deaths in the present eruption have been 7669; in the eruption of 1849 the deaths by cholera up to the same date, within one day, were 11,825. In both of the eruptions the mortality was highest on nearly the same day of September; its decline commenced in the corresponding week; and we may now sanguinely hope that it will descend as rapidly as it did in the autumn of 1849.

But no exertion should be spared to save the thousands whose lives are still threatened; and the dread lesson, before regarded so little, should never be forgotten,—that men can no longer drink polluted water—breathe impure air—neglect sanatory measures year after year—with impunity.

The result of the investigation by the Medical Council of the Board of Health into the treatment by *castor oil* has just been published. We have (at the last moment of going to press) only room for the following *résumé*:—

"It appears that in eighty-nine cases of cholera, treated by fourteen different practitioners with castor oil on the plan recommended by Dr. Johnson, sixty-eight were fatal, recovery having occurred only in fifteen cases, while the six remaining cases are still under treatment. The above report having been laid before the Council, and approved by them, it was resolved that the same be communicated to the President of the General Board of Health.

"J. A. PARIS.

"B. G. BABINGTON.

"A. TWEDDIE.

"W. BALY.

"N. B. WARD.

"Whitehall, Sept. 15th, 1854"

#### THE GENERAL BOARD OF HEALTH.

THE Medical Council of the Board of Health having been requested by the President to prepare any formula that the Board might make public for use in cases of premonitory diarrhoea before the arrival of medical aid, the following resolutions were agreed to:—

"That the Medical Council think it, as a rule, dangerous for non-medical persons to resort to the use of drugs without medical advice, and especially they deprecate the extensive use of opiates on the one hand, and, on the other hand, of aperients, such as castor oil and salts.

"The Medical Council, moreover, deem it impossible to prescribe a remedy which would be appropriately or even safely taken by all persons suffering from diarrhoea.

"They are of opinion that the paper called 'Precautions against Cholera' contains instructions for all the measures which the public unadvised should adopt. But they suggest that the heads of families should consult their usual medical attendants as to the measures to be taken in cases of emergency; and that the medical officers appointed by boards of guardians and other parish authorities should take care to give the same information to persons of the poorer classes.

#### "GENERAL BOARD OF HEALTH.—PRECAUTIONS AGAINST CHOLERA.

"1. Apply for medicine immediately to stop looseness of the bowels, or it may bring on cholera.

"2. Do not take any strong opening medicine without medical advice.

"3. Beware of drink, for excess in beer, wine, or spirits is likely to be followed by cholera.

"4. Drink no water which has not been boiled; and avoid that which is not quite clear and without taste.

"5. Avoid eating meat that is tainted, decayed or unripe fruit, and stale fish or raw vegetables. Cooked vegetables, or ripe and cooked fruit, in moderation, are a necessary part of diet at all times.

"6. Avoid fasting too long; be moderate at meals.

"7. Avoid great fatigue, and getting heated and then chilled.

"8. Avoid getting wet, or remaining in wet clothes.

"9. Keep yourself clean, and your body and feet as dry and as warm as your means and occupation will permit.

"10. Keep your rooms well cleaned and limewashed; remove all dirt and impurities immediately.

"11. Keep your windows open as much as possible to admit fresh air, and, if necessary, use chloride of lime or zinc to remove any offensive smells.

"12. If there are any dust or dirt heaps, foul drains, bad smells, or other nuisances in the house or neighbourhood, make

complaint without delay to the local authorities having legal power to remove them; or, if there be no such authorities, or if you do not know who they are, complain to the board of guardians."

THE following directions and regulations of the General Board of Health have been issued under the authority of the Nuisances Removal and Diseases Prevention Act, 1848:—

"In exercise of the authority vested in us, we, the General Board of Health, direct:—

"1. All surveyors, district or assistant surveyors of highways, trustees, county surveyors, and others by law entrusted with the care and management of streets and public ways and places, and where there are no public authorities so entrusted, the owners and occupiers of houses and tenements adjoining thereto, to take the measures necessary for the frequent and effectual cleansing thereof.

"2. The owners and occupiers and persons having the care and ordering of all houses, dwellings, churches, buildings, and places of assembly, to cleanse, purify, ventilate, and disinfect the same.

"3. All local authorities and persons whatsoever to exert all the powers vested in them by law for the removal of nuisances.

"4. All relations of, or others in charge of the bodies of persons who have died of cholera, or other epidemic disease, to obey the directions of the medical officers of the guardians as to the speedy interment of the dead.

"In these directions and regulations, the word 'guardians' means the guardians, directors, wardens, governors, parochial board, or other like officers having the management of the poor of any union, parish, combination, or place where the matter requiring the cognizance of any such officers arises; and the expression 'local authority' means the town council, local board of health, or any trustees or commissioners for the draining, paving, lighting, cleansing, managing, or directing the police of any town, borough, or place, highway board, or any other body of a like nature, or any commissioners of sewers, or any body, excepting boards of guardians and overseers, having by law powers for the removal of nuisances.

"Given under my hand and under the seal of the General Board of Health this 14th day of September, 1854.

"B. HALL."

## TREATMENT OF CHOLERA.

### ST. PAUL AND ST. BARNABAS DISPENSARY, FENLICO.

MR. J. W. MORRY informs us that since his last communication thirteen cases of cholera have been treated at this institution. In three, the sulphuric acid mixture, with capsicum, was employed. Two of the patients died, and one recovered. The remaining cases have been treated with the small doses of calomel, according to Dr. Ayre's plan, with this difference, that no opiate was given with the first few doses of the powder:—

1. A child, aged eight months. Calomel, half a grain, every half-hour. No consecutive fever. Recovered.

2. A boy, aged five years. During collapse, calomel, half a grain, every ten minutes; during consecutive fever, a draught containing chlorate of potass, three grains, every hour. Recovered.

3. A boy, aged two years and a half. During collapse, calomel, half a grain, every ten minutes; during consecutive fever, the chlorate of potass draught every hour. Recovered.

4. A man, aged thirty-two years. During collapse, calomel, one grain, every ten minutes; during consecutive fever, an effervescent draught of sesquicarbonate of soda and tartaric acid, with five grains of sesquicarbonate of ammonia, every two hours. Recovered.

5. A boy, aged six years. Neglected diarrhoea, a week. This patient had been in collapse for some hours, and appeared moribund when first seen. Calomel, one grain, every ten minutes. Died.

6. A man, aged twenty-two years. During collapse, calomel, one grain, every ten minutes; during consecutive fever, the effervescent mixture every two hours. Is now convalescent.

7. A child, aged one year and a half. During collapse, calomel, quarter of a grain, every five minutes; no consecutive fever. Recovered.

8. A girl, aged five years. During collapse, (which was not so severe as in the other cases,) calomel, one grain, every half-

hour; during consecutive fever, the chlorate of potass mixture. Is now convalescent.

9. A boy, aged three years. Calomel, half a grain, every ten minutes. Died. This patient had been suffering from diarrhoea, which was neglected. The medicines were not given regularly.

10. A woman, aged sixty-two years. During collapse, calomel, one grain, every ten minutes. Reaction has taken place, and she is at present doing well.

Each of the above cases were ordered a foot bath of mustard and water, hot bottles to the feet and axillae, and a large sinapium to the abdomen; after the removal of which, flannels, wrung out with warm water, and sprinkled with turpentine, were constantly applied.

The sulphuric acid treatment has been most successful in many cases of severe choleraic diarrhoea.

### ST. MARYLEBONE WORKHOUSE.

MR. W. BOYD MURPHY, resident medical officer, in a communication which he has forwarded to us, states that,—"The following is an outline of the treatment adopted for diarrhoea amongst the inmates of the workhouse, and as they are debarred from recourse to other medical aid, I can confidently assert that the remedies employed prove successful.

"The cases are often very severe in character, which may be partly explicable by the fact that many of the patients, previous to admission, have had insufficient diet, and some of them have been exposed for several nights without home or shelter, and have not tasted food for twenty-four hours or longer. Treatment is regulated according to the character of the motions, presence or absence of vomiting and cramps, state of the tongue, &c. In diarrhoea of choleraic type, i.e., with vomiting, serous evacuations, and coldness of the extremities, dilute sulphuric acid proves more successful than any other agent, administered in half-drachm doses, with an ounce and a half of camphor mixture, every one, two, three hours, or longer, according to the severity of the symptoms. In most of such cases it acts like a charm, and affords benefit ever after the first dose. If a few doses be not attended with amelioration of symptoms, no good in general results from its employment, and under these circumstances, catechu and chalk are advantageously substituted. I have now and then prescribed the acid with success in ordinary bilious diarrhoea, and it appears to me that we cannot always predicate what cases may and what may not be benefited by its exhibition, for I have in a few instances seen it most signally fail in the serous or choleraic variety. Again, there is frequently a tendency to relapse after the acid treatment, and if it occurs I find catechu or other astringents more beneficial than its repetition. Nevertheless, I believe sulphuric acid to be a very valuable medicine, most applicable for the severer forms of diarrhoea, (although occasionally failing to exert its usual action,) and I make this avowal the more readily, as before trial I was somewhat sceptical of its efficacy.

"In diarrhoea with bilious evacuations, foul tongue, no coldness of the extremities, but general evidence of gastric disorder, simple doses of carbonate of soda, in conjunction with aromatic confection and spirits of ammonia, appear more suitable. When much pain is present, a dose of calomel and opium is first given, and sometimes a sinapium is applied to the epigastrium or abdomen. A few obstinate and more chronic cases of diarrhoea have been treated with opium and lead. Amongst the infants under two years of age, aromatic confection and spirit of ammonia are the customary remedies. In some cases, catechu and chalk are given, and the dilute sulphuric acid, (in five minim doses,) if the dejections are of serous appearance. Once or twice small doses of acetate of lead have been prescribed. Mercury with chalk, with chalk compound, or compound ipecacuanha powder, are sometimes associated with the above.

"There has been no death from diarrhoea amongst the boys, girls, adults, aged and infirm. Amongst the infants in nursery three have died during the last two months; all under twelve months old. The first, a foundling, died of tabes and mucocenteric symptoms of a month's duration. The second of diarrhoea and pneumonia. (Neither of these were suckled.) The third of diarrhoea of five days' duration, its mother having died of cholera some days previously, by which event it was deprived of the breast.

"There has been but one case of decided cholera in the workhouse, which occurred in a man who had had diarrhoea for two or three days previously, and allowed it to remain untreated. He subsequently died in the infirmary."

# Medical Notes.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

*Thursday, September 14th, 1854.*

HALL, EDWARD THOMAS.  
HARRIS, GEORGE, Crawley-street, St. Pancras.  
LAWRENCE, JAMES ELI, East India-road, Poplar.  
SOAME, CHARLES BUCKWORTH HERNE, Elstow, near Bedford.

**BRITISH INVALID HOSPITAL IN THE BOSPHORUS.**—A medical correspondent's letter from Constantinople contains the following particulars of the new naval medical establishment on the shores of the Bosphorus, for British sailors. The house is a Turkish kiosk, formerly the country residence of the Sultan. It is of considerable extent, the apartments are lofty and well ventilated, and the building is situated a little below Therapia, on the European side of the strait. There is a large garden attached, which is of great use as an airing ground for the convalescent. The whole is surrounded by a high wall, so that there is no chance of them getting out and committing irregularities. At present it is only fitted up for the accommodation of sixty patients, but additional stores are shortly expected, when it will be completed for 150 patients. The staff at present consists of one surgeon, one assistant-surgeon, an agent and steward to look after the commissariat department, one head nurse, and as many additional nurses as may be required, a cook, and the necessary servants. There is also a marine sergeant and three marines as a guard. The number of patients at any one time has not as yet exceeded fifty. The principal diseases which have been hitherto prevalent are fevers of a low type, pulmonary affections, sleuthing ulcers, and a few fractures. The French have an hospital in close proximity, which can accommodate about seventy patients, but it is not near so convenient as the one just described.

**GARRISON ORDERS AT CHATHAM RESPECTING CHOLERA.**—A woman, a wife of one of the soldiers in this garrison, having recently died of cholera Asiatica, and it having been ascertained that she had been ill for several days before with diarrhoea, without seeking medical advice, the authorities have given orders that the whole of the troops in Chatham barracks are, until further orders, to parade every morning for medical inspection; and also that the whole of the women and children are to assemble every morning in order that their state of health may be ascertained, during the prevalence of the present epidemic.

**MILITARY AND NAVAL INTELLIGENCE.**—Assistant-Surgeon S. Ayerst, (1847), from the *Algiers*, 91, steam-ship, at Sheerness, to the Royal Hospital, Plymouth.—Acting Assistant-Surgeon John G. Smith to the *Algiers*, vice Ayerst, promoted.—Richard W. Macaulay, Gent., to be acting assistant-surgeon, vice Langham.—Dr. Cranford has arrived at Sheerness in the *Humbly*, with Russian prisoners from Bomarsund. He has taken to Chatham some British invalids from Melville Hospital.—Staff Assistant-Surgeon Fenlong has sailed from Chatham in charge of troops for St. Helena.—Assistant-Surgeon George G. Neyer, of the 3rd Buffs, has arrived, from Malta, at Chatham, with a detachment of military invalids.

**MANSLAUGHTER BY A DRUGGIST'S ASSISTANT.**—A verdict of manslaughter has been returned against a druggist's assistant, named Robert Williams, by a coroner's jury sitting at Ashton-under-Lyne, for having caused the death of a young woman by improper treatment during labour. The deceased, Mary Ann Speakman, was a single woman, nineteen years of age. She was taken in labour on Monday evening. A surgeon was sent for, but he was not at home, and Williams volunteered to attend her. During his treatment she screamed violently, and evidently suffered very great pain. She gave birth to a still-born child, and died some time afterwards. A post-mortem examination of the body of the young woman was made by two medical gentlemen, who were of opinion that the treatment by Williams had caused her death, and he was committed for trial by the coroner for manslaughter.

**FREAK OF NATURE.**—Thomas Burgiss, Little Hereford, near Tenbury, has a yearling sheep that is neither male nor female; it has the appearance of being a ewe sheep, but it evidently partakes of both sexes.

# Obituary.

It is with sincere regret that we announce the death, on the 27th ultimo, of Dr. SHEGOG, assistant-surgeon to the 88th Regiment of Foot. He died of cholera, after a few hours' illness, worn out by the most exemplary exertions amongst the numerous cholera patients of his regiment. *The Times* correspondent, in a letter, dated August 29th, expresses himself as follows:—"The cholera still hangs around us. On Sunday night, Dr. Shegog, surgeon of the 88th Regiment, was seized with it, and expired in a few hours, to the profound regret of every man in the regiment. His exertions when the epidemic had been raging, were of the most extraordinary kind. He was by the beds of the patients night and day, and by his care, skill, and kindness, he saved many a life. Mild, unassuming, indefatigable, and amiable, he added to nobleness of heart great decision and energy. His remains were interred yesterday, August the 28th; they were followed to the grave by the regiment—officers, men and women."—Dr. Shegog was personally known to us, and we can fully bear out the statements made by *The Times* correspondent. The deceased was a most kind-hearted, amiable man, very highly valued by his friends and all those (especially the sick) who came in contact with him. He has fallen whilst devoting his whole energy to the performance of the noble and arduous duties which had devolved upon him; and our profession may well be proud of such men. Dr. Shegog had already proved, when in the West Indies with his regiment, that he cheerfully encountered peril and fatigue in the discharge of his duty, for he was highly complimented by the officers in command for his zeal and unremitting attention to the patients during a fearful epidemic of yellow fever. We may add, that we lose in him a most trustworthy and well-informed correspondent, whose graphic pen was as superior in the description of disease as in the condemnation of abuses. Dr. Shegog had graduated at Glasgow, in 1847, and had been admitted a licentiate of the Royal College of Surgeons in Ireland some time before.

Dr. HARWOOD, F.R.S., at St. Leonard's-on-sea, of cholera, after an illness of a few hours.

On the 16th ult., at Kollabie, near Varna, GEORGE KINCAID, M.D. The deceased gentleman was formerly surgeon of the 5th Dragoon Guards, from which he was promoted to the rank of staff-surgeon of the first class. His death may be ascribed to the very severe and exhausting character of the duties which devolved upon the medical staff of the army during the prevalence of the cholera at Varna.

On the 24th of June last, at Rangoon, after a short illness, in the thirty sixth year of his age, JOHN WILLIAM FIRNINGER, Esq., assistant-surgeon of the 19th Native Infantry, and youngest son of Thomas Firninger, Esq., LL.D., Edmonton, Middlesex. The deceased gentleman was appointed to the East Indian Army in February, 1842.

On the 13th inst., at his residence, 5, Argyle-square, Edinburgh, Dr. ENEZEER SKAE. Dr. Skae was well known as a contributor to the medical literature of the north. He was the author of several papers in the *LANCET* and the *Edinburgh Medical Journals*. He was surgeon to the Eye Dispensary, Edinburgh, and a member of the Edinburgh Medical and Chirurgical, and Edinburgh Obstetric Societies.

## BOOKS RECEIVED FOR REVIEW.

Dr. JAS. TUCKER'S *Observations on the Nature and Treatment of Asiatic Cholera*.

Mr. J. H. TUCKER on the Use of Vegetable and Mineral Acids in the Treatment of Cholera.

Mr. John GROVE on Sulphur as a Remedy in Cholera and Diarrhoea.

Dublin Hospital Gazette.

Mr. Milton on Spermatorrhoea.

Dr. Muspratt's Chemistry. Part IX.

Dr. Daniel H. Tuke's Prize Essay on the Moral Management of the Insane.

Dr. Cutler's Notes on Spa.

Dr. Peddie on Delirium Tremens.

New York Medical Times.

American Medical Monthly. January to July.

Dr. Jonathan Pereira's Lectures on Polarized Light. With a Lecture on the Microscope. Second Edition. Edited by the Rev. Baden Powell, M.A., V.P.R.S.

A Discourse on Medical Botany, by Earl Stanhope.



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## The BRITISH MEDICAL DIRECTORY for 1855.

THE Editors of this work respectfully invite duly-qualified Medical Practitioners, who are either resident in London or its suburbs, or may have occasion to visit the metropolis, to call at the Office, 423, Strand, corner of Bedford-street, Covent-garden, and inspect the entries of their names, residences, qualifications, &c., with a view to insure perfectly correct entries in the *BRITISH MEDICAL DIRECTORY* for 1855. A Clerk will be in attendance from ten to four daily.

## TO CORRESPONDENTS.

*A Twenty-one Year's Subscriber.*—There will, we believe, be considerable alterations in the mode of administering Poor-law medical relief. Whether the recommendation of the committee to elect medical officers for life will be adopted, is doubtful; but it is likely that they will be made more independent of the boards of guardians.

*Q. Q.*—All expenses necessary or incidental to the carrying on of a practice should be deducted from the return made to the Income-Tax Commissioners.

*G. W.* is advised to consult a respectable practitioner. He need not despair.

## NON-ADMISSION OF STUDENTS TO THE LOCK HOSPITAL, EDINBURGH.

To the Editor of *THE LANCET*.

SIR,—Now that another winter session is approaching, I beg again to call your attention to the non-admission of students into the Lock Hospital, Edinburgh. My letter on this subject, which you did me the favour to publish in *THE LANCET*, (vol. i. 1854, p. 606,) has been of great use, in so far (as I am given to understand) that a greater number of venereal cases are admitted into the surgical wards than heretofore. But this is not what I advocate. What I advocate is the open and free access to the wards of the Lock. This is what the students require, and surely it is not asking too much. During the time I was a student, I think I remember seeing about a dozen venereal cases in the surgical wards. Had I not seen some cases in dispensary practice, with what a slender knowledge of this important disease should I have commenced my profession!

If the Lock Hospital be for the purposes it professes to have been instituted for—the admission and treatment of venereal diseases—why are students so carefully excluded? One plea for their exclusion is on the score of the immodesty of the thing. This plea is so absurd that I dismiss it at once. Another is, the majority of the students being very young men. If this be seriously urged, let me suggest that none but three and four year's men be admitted. At any rate, let men who are to treat an important class of disease have some means of learning something about what they are to treat before they are sent into the world.

Wield your powerful pen in favour of the Edinburgh medical students, and you will be their best friend. Apologizing for the length of this letter,

September, 1854.

M.D. EDIN. 1852.

*Lector.*—The library of the College of Surgeons is closed during the month of September.

*J. P.*—There is no institution for the cure of stammering. The brutal operations on the throat, which were some time since resorted to, not only failed to effect a cure, but were often attended with disastrous results.

*Unfortunate.*—Persons who advertise to cure secret diseases are usually unqualified. We know nothing of the person mentioned.

*X. X.*—1. With the colonel commanding the regiment.—2. Certainly not.

*Delta.*—On application to Mr. H. Smith, of Southam, Warwickshire, information might be obtained on the subject. We are quite opposed to such institutions.

*A. S. J.*—There can be no possible objection to such a proceeding.

*A Surgeon.*—It is quite useless to refer to the statements of such a person. No one believes him. He could not speak the truth except by accident.

*Mr. C. P. F., (Avebury).*—Does our correspondent wish the subject to which his letter refers publicly alluded to, or discussed? If so, we shall be prepared to enter into the question next week. Some explanation is absolutely requisite.

## CALOMEL IN CHOLERA.

To the Editor of *THE LANCET*.

SIR,—The mortality from the present epidemic appearing from the Registrar-General's Report to be so rapidly on the increase, I deem it my duty to offer to my medical brethren the result of my experience in the treatment of this ravaging disorder. I am aware that many are the plans adopted to combat its influence, and that each can boast its quota of adherents, whilst the plan I advocate must stand alone upon my testimony, (if I except, indeed, the patients who by its means are able, and no doubt willing, to give it credit.) Nevertheless, I boldly recommend it to the profession, feeling convinced that any gentleman who may give it a trial will find it answer his most sanguine expectations. It consists in administering from twenty to eighty or more grains of calomel immediately, according to the urgency of the case, repeating the dose as often as rejected, and following with from five to fifteen grains of the same every quarter or half hour. This I continue without regard to the amount taken till the secretions are restored. With regard to the after effects of the calomel, I can only say that I have given hundreds of grains in a few hours; and of many hundreds of cases so treated during the three visitations, I cannot remember half a dozen who required a gargle. My patients I allow ice or cold water in moderation, and endeavour by all possible means to promote warmth; but do not, except in special cases, and in the smallest quantities, admit of the use of brandy, and never of opium. By this method I have seen cases of the very worst kind quickly recover, and am even now occasionally astonished at its efficacy. I have treated this year 113 cases of cholera, (many collapsed,) out of which I have only lost six, (two aged and previously debilitated, a woman who miscarried, an infant, and two men, one who was previously out of health, and the other neglected for three weeks till at the point of death,) and four of those by the consecutive fever.

Strongly, and with perfect confidence, again recommending the above to my professional brethren,

I have the honour to be, Sir, your obedient servant,

Kennington, Sept. 1854.

HENRY M. M. MEADOWS.

*A. M. D.*—The subject shall receive attention next week.

*Dr. Huggins.*—The diploma is obtainable only by examination. The qualifications necessary for a candidate will be found in the *BRITISH MEDICAL DIRECTORY*.

*A Country Patient.*—Castor oil is a most dangerous remedy in cholera.

*T. J., (Hammersmith).*—There ought to have been inquests in both cases. The person mentioned is unsustained by any professional respectability. Should there be another fatal case, apply to the parish constable, (Wale,) or to the police.

*A Surgeon.*—Dr. Perrett's handbill is beneath notice.

## TREATMENT OF CHOLERA BY CASTOR OIL.

To the Editor of *THE LANCET*.

SIR,—In your last number your correspondent "M.D." has shown, by parallel passages, that I am the author of so much of a theory on cholera as has been advanced by Dr. George Johnson.

Permit me, however, to disclaim the practice he deduces from it, which I consider to arise from a superficial view of the matter, and against the reception of which error I had endeavoured to guard in my work.

I am, Sir, your obedient servant,

Great Marlborough-street, Sept. 1854.

J. G. FRENCH.

*A Sufferer.*—The "remedy" is bad enough; but the logic of Dr. George Johnson is infinitely worse. We much regret it, but so it is. The cases would only add to the number of fatal results.

*A. B.* shall receive our replies to his questions next week.

*Dr. Philbrick (Colchester)* is sincerely thanked for his obliging communication.

*Vindex* must resume his studies with assiduity, or he will not discover the truth.

## A QUESTION FOR THE AUTHORITIES OF WESTMINSTER HOSPITAL.

To the Editor of *THE LANCET*.

SIR,—May I be allowed to put a simple question to the committee of the Westminster Hospital, through your journal—viz.:

Why are the dispensers of that hospital, and whose duties have been very much increased, excluded from the necessary extra allowance of wine, &c., given to every other official in the establishment, porters, nurses, surgery men, &c.?

The dispensary, I am told, is close to the dead-house, the factor from which has been almost overpowering. I trust the omission noticed has been accidental, and will be immediately remedied.—Your obedient servant,

September, 1854.

CHIRBURGH.

In consequence of the pressure on our space, we are compelled to postpone original papers by Mr. Acton, Mr. Vaudin, Mr. Sedgwick, the conclusion of the report on Porter and its Adulterations, and the "Mirror of London Medicine and Surgery," with several other valuable communications.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Bolly; Mr. Lightfoot, (Hanwell); Arbor; Dr. J. G. Davy, (Northwoods); Dr. Chawner, (Lincoln); The Registrar of Queen's College, Belfast; Mr. Tucker; Mr. T. R. Edmonds; No. Peckham; Zytham; Dr. Macdonaghian; A Bewildered Practitioner; Mr. Borham; Mr. W. Tuckett, (with enclosure); Mr. J. R. Philippe, (with enclosure); Mr. T. Lukyn, (with enclosure); Unfortunate; X. X.; Mr. Pryce; An M.D.; Adelphe; Mr. French; Delta; The Secretary of the Medical Benevolent Society of Birmingham; Mr. F. G. Johnson; Mr. Tucker, (second communication); E. G. S.; Mr. H. M. Meadows; Mr. J. Williams, (Helstone, with enclosure); Dr. Atkinson; M.D.; E. S. J.; A Surgeon; J. P.; A Surgeon; A Country Patient; A. B.; Mr. Wilmot; G. W., (Glasgow); Messrs. E. and J. B. Marsh, (Liverpool); Dr. Steele, (Dublin); Dr. Ball, (Dublin Castle); Mr. C. P. F., (Avebury); Dr. Huggins; Chirurgus; M.D. Edin.; Vindex; Dr. Philbrick, (Colchester); A Sufferer T. J., (Hammersmith); &c. &c.

**Mr. Edwin Osborne, of 24, Savile-**  
ROW, LONDON, begs to apprise the patrons of the late Firm of Dodge and Osborne, that he is now the Sole Licencee and Maker of PALMER'S PATENT (American) LEG; and, having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given (if required).

**Dissecting and Post-Mortem Instru-**  
MENTS, New and Second-hand. Surgical Instruments of the best description; A. URE'S New Urethrotome for Stricture; New Uterine Compress; Newly Improved Pessary; Instruments for Army and Navy Surgeons; DARTNELL'S Patent Truss; Trusses for Union Surgeons; Enema Syringes; New Syphon Enema, as supplied to the Army; New Spinal Machine, pronounced the best ever invented—at

PRATT'S, Surgical Instrument Maker, 420, Oxford-street.

**M. Pillischer's Newly-Constructed**  
STUDENT'S MICROSCOPE, which, for solidity, portability, and reasonable price, surpasses any Microscope hitherto made by any English or Continental maker. The Student's Microscope, with coarse and fine adjustments, single mirror, one eye-piece, a one-inch and one-quarter-inch French achromatic object-glasses of best quality, the whole packed in mahogany case, 7 in. by 6 in., £5 10s.; or with M. Pillischer's own-made, 1 in. of 16 degs. angular aperture, and 1 in. of 60 degs., £7.

The above stand with lever stage, extra eye-piece, double mirrors, animalcule cage, &c., £8; or with Pillischer's glasses, £9 10s.

A list of prices will be sent free on application to M. Pillischer, 88, New Bond-street.

**Hooper's Waterproof Sheeting, for**  
protecting Bedding from Sloughing Sores, Incontinence of Urine, Hæmorrhage, &c.

MR. HOOPER has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft, and inodorous; it is not affected by Urine, Heat, nor Cold, Acids, nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with Valves, for sitting, lying, or travelling, in any position.

FOR EPILEPSY.

**COTYLEDON UMBILICUS.**—The introduction of this valuable agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. Salter, &c. Mr. Hooper has instructions to state that Mr. Salter has never used any but that obtained from him. A copy of Mr. Salter's reports in the "Medical Gazette" sent free by post.

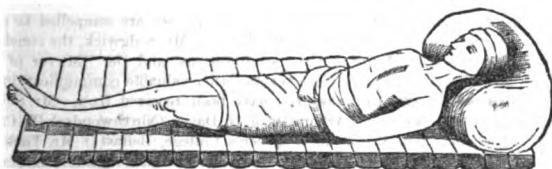
**GALUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, &c.**—Dr. Winn, of Finsbury-square, having published in "The Medical Gazette," October 4th, 1851, an account of the peculiar properties of the Galium Aparine in Cutaneous Diseases, Leprosy, Psoriasis, &c., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the inspissated juice the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

HOOPER, Operative Chemist, Pall Mall East, and Grosvenor-street.

**Mr. Hooper's Water Mattresses or**  
BEDS, and CUSHIONS for AIR or WATER, for placing on an ordinary Bedstead. Being made of India-rubber, without the admixture of cloth materials, leakage is avoided. (Extract from THE LANCET, Jan. 25, 1851.)



**CUSHIONS FOR BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Spasms, Lassitude, Typhoid and other Fevers, Rheumatic affections, Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply to be placed on an ordinary bedstead. These Cushions and Beds are not affected by Heat or Cold, and will bear water at any temperature.



Finsbury-square, February 27, 1852.

I have in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water Bed.

JON. PEREIRA, M.D., Physician to the London Hospital.

Infirmary, Chichester, March 21, 1852.

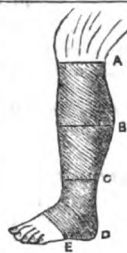
Sir,—We are all much pleased with your Cushions, and still more so with the Mattresses.

Yours truly,

THOS. NEWHAM, House-Surgeon.

HOOPER, 7, PALL MALL EAST, and 55, GROSVENOR-STREET.

**Mr. T. H. Wakley's Stricture Instru-**  
MENTS. Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.



**Every excellence which the**

Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.

H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D, and D to E.

HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.



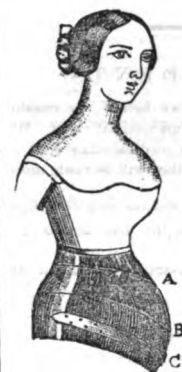
**Huxley's Fulcrum**

ABDOMINAL BELT will be found, from its mechanical arrangement, (acting diagonally,) and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4oz. Price 18s.

Measures required.—Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the profession.

HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.



**Ladies' Belts.—Bailey's**

ELASTIC LADIES' BELTS are found to be some of the most useful articles in his establishment. They are worn by those who are delicate in constitution, as they support the Back and Abdominal Muscles, giving the greatest possible comfort before and after Accouchement. They are without Buckles or any innumbrances, and easily adjusted. Prices, 18s., 32s., and 42s.

Those without Elastic are much used by Surgeons for persons immediately after Accouchement, and called Bailey's Compressing Belts. Price 10s. 6d., 15s., and 25s.

Hospitals and Lying-in Institutions supplied.

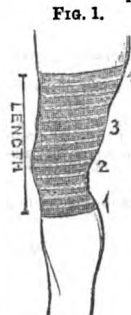
Females in attendance, and private rooms for trying on.

Address, WM. HUNTLY BAILEY, 418, Oxford-street, London.

**Mr. Bourjeaud's Registered Elastic**

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.



**FIG. 1. THE THIGH AND KNEE-PIECE.**—Mr. Bourjeaud begs to state that these are combined to answer certain purposes of compression when oedema or distension of the thigh and knee exist together.

**FIG. 2. SPIRAL STOCKING MADE TO FIT FROM THE TOES TO ABOVE THE KNEES.**—This appliance is one of the most valuable, and gives such support to the whole limb that the venous blood is returned with great ease. Patients affected with varicose veins should generally resort to this stocking, which, like the other appliances, is made of varying compressing force to suit every shade of difference among patients. All the above spiral apparatuses may be put on with the greatest ease, as they will stretch to almost double the size, and the force is so managed that support is given without creating the least uneasiness.

## School of Anatomy and Medicine,

adjoining St. George's Hospital. The Introductory Lecture will be delivered by Dr. Lankester, on Monday, October 2nd, 1854.

Anatomy and Physiology—Dr. Lankester and Mr. Blenkins, assisted by Mr. Lane.  
Descriptive and Surgical Anatomy—Mr. Blenkins and Dr. Deville.  
Chemistry—Mr. J. E. D. Rodgers.  
Medicine—Dr. Cornack and Dr. Ballard.  
Surgery—Mr. Pilcher and Mr. Spencer Wells.  
Midwifery—Mr. Bloxam.  
Materia Medica—Dr. Ballard.  
Forensic Medicine—Dr. E. W. Richardson.  
Botany—Dr. Lankester.  
Practical Chemistry—Mr. J. E. D. Rodgers, and Dr. Marce.  
Comparative Anatomy and Zoology—Mr. R. T. Hume.

For further particulars and prospectuses, apply to Dr. Lankester, 22, Old Burlington-street; Mr. R. W. Burford, at the School, 1, Grosvenor-place; or at the residences of the respective Lecturers.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1854-5, will Commence on Monday, October 2, 1854.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Ferguson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Ferguson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the new Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books used on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1854.

R. W. JELF, D.D., Principal.

## St. Thomas's Medical Session.—A

General Introductory Address will be delivered by SAMUEL SOLLY, F.R.S., on Monday, 2nd October, 1854, at Eight o'clock p.m.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as Perpetual.

### SCHOLARSHIPS AND PRIZES FOR 1854-55.

A Scholarship of £20 for the best voluntary Classical and Mathematical examination, at the commencement of the Student's Hospital attendance.

Two Scholarships, for first year's men, each of the value of £20.

The Two House-Surgeons, the Fifteen Dressers, and the Resident Accoucher, will be selected according to merit; and provided with Rooms and Commons in the Hospital, free of expense.

The President's Prizes. The first, 10 Guineas. The second, 5 Guineas. Prizes and Certificates of Honour, in each of the different Classes.

Mr. Newman Smith's Prize, £5. The Cheselden Medal, and Dr. Root's Prize, 10 Guineas.

The Treasurer's Prizes. The first, a Gold Medal. The second, 5 Guineas. And Three of 10 Guineas to Clinical Medical Clerks.

### MEDICAL OFFICERS.

Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Gooldeen, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Peacock, Dr. Bristowe, Dr. Waller, Mr. Whitfield.

A Systematic Course of Clinical Medicine, with Clinical Instruction in the Wards—Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Dr. Griffiths.

Medicine—Dr. J. Risdon Bennett.

Surgery—Mr. South.

Physiology—Mr. Grainger and Dr. Brinton.

Descriptive and Surgical Anatomy—Mr. Le Gros Clark and Mr. Rainey.

Chemistry and Practical Chemistry—Dr. Rt. Dundas Thomson.

Midwifery—Dr. Waller.

Practical Midwifery—Dr. Griffiths.

Diseases of the Teeth—Mr. E. Saunders.

General Pathology—Mr. Simon.

Botany—Dr. Bristowe.

Comparative Anatomy—Mr. Huxley.

Materia Medica—Dr. Peacock.

Forensic Medicine—Dr. Brinton.

Anatomical Demonstrations—Mr. Rainey, Mr. Barwell, and Mr. Jones.

Demonstrations in Morbid Anatomy—Dr. Bristowe and Mr. Jones.

Microscopical Demonstrations—Mr. Rainey.

To enter, or to obtain further information, apply to Mr. WHITEFIELD, Medical Secretary, resident at the Hospital.

## Guy's Pupils.—A Physician and

Teacher attached to Guy's Hospital receives into his house one or two PUPILS, whose Studies he would superintend. Gentlemen intending to Graduate at the University would be preferred.—For information, apply to the Librarian, at the Hospital.

## Medical College, Royal Free Hos-

PITAL.—During the WINTER SESSION, 1854-55, whilst this Institution is undergoing the alterations and extensions required by the Royal College of Surgeons,

PRIVATE COURSES OF PRACTICAL INSTRUCTION on ANATOMY and SURGERY will be given by Dr. KNOX (late Lecturer on Anatomy, Edinburgh), and by Mr. GANT, Co-Lecturers on Anatomy and Physiology.

Terms and any further particulars may be obtained on application at the Office of the College.

## Medical College, Royal Free Hos-

PITAL. The INTRODUCTORY LECTURE will be delivered by Dr. KNOX, "On the Life and the Labours of Bichat, the Discoverer of Human Descriptive Anatomy," on TUESDAY, October 3rd, at Three o'clock.

## Charing-cross Hospital Medical

SCHOOL, WEST STRAND, LONDON.

WINTER SESSION, October, 1854, to March, 1855.

Chemistry—H. H. Lewis, A.M.  
Anatomy—Mr. E. Canton.  
Demonstrations and Dissections—Mr. Goldbro.  
Surgery—Mr. Hancock.  
Physiology and Pathology—Dr. Hyde Salter.  
Medicine—Dr. Chowne and Dr. Rowland.

SUMMER SESSION, May, 1855, to the end of July.

Practical Chemistry in the Laboratory—H. Lewis, A.M.  
Materia Medica—Dr. Stegall and Dr. Willshire.  
Botany—F. W. Headland, B.A.  
Midwifery, &c.—Dr. Chowne and Mr. Hird.  
Medical Jurisprudence—Dr. G. Birkett and Mr. Hird.

All the Lectures required by the College of Surgeons and Society of Apothecaries, £45, without Practical Chemistry, which is £2 2s.

### HOSPITAL PRACTICE.

Consulting-Physician—W. Shearman, M.D.  
Physicians—Dr. Golding and Dr. Chowne.  
Assistant-Physician—Dr. Rowland.  
Surgeons—Mr. Hancock and Mr. Avery.  
Assistant-Surgeon—Mr. E. Canton.

MEDICAL PRACTICE.—Full period required, £15 15s. Surgical, £15 15s. Both Medical and Surgical, £26 5s.

JOHN ROBERTSON, Hon. Sec.

## St. Mary's Hospital and Medical

SCHOOL.—The WINTER SESSION will Commence on Monday, the 2nd of October, with an Introductory Address by Dr. ALDERSON, F.R.S., at Half-past Two o'clock.

### LECTURES.

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones.  
Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James Lane.  
Pathological Anatomy—Dr. Markham.  
Chemistry—Dr. Albert J. Bernays.  
Medicine—Dr. Chambers and Dr. Gibson.  
Surgery—Mr. Coulson and Mr. Spencer Smith.  
Clinical Medicine—Dr. Alderson.  
Clinical Surgery—Mr. Ure.

SUMMER SESSION, 1855, commencing May 1st.

Botany—Dr. J. S. Burdon Sanderson.  
Materia Medica—Dr. Hoveking.  
Practical Chemistry—Dr. Albert J. Bernays.  
Midwifery, &c.—Dr. Tyler Smith and Mr. I. Baker Brown.  
Medical Jurisprudence—Mr. Ansell.  
Military Surgery—Dr. James Bird, F.R.C.S.E.  
Ophthalmic Surgery—Mr. White Cooper.  
Aural Surgery—Mr. Toynbee.  
Dental Surgery—Mr. Nasmyth.  
Comparative Anatomy—  
Natural Philosophy—Mr. Lindsay Blyth.

HOSPITAL PRACTICE.—The hospital contains upwards of 150 beds, 65 of which are devoted to Medical, and the rest to Surgical, cases. This division includes a ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the hospital: 218 poor married women were delivered at their own homes during the past year. The In-patients are visited daily by the Physicians and Surgeons at one o'clock. Lectures on Clinical Medicine will be regularly delivered by Dr. Alderson, and on Clinical Surgery, by Mr. Ure; and occasionally by the other Medical Officers in their respective departments. The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

There are three Resident Medical Officers, who board in the hospital, and are appointed for eighteen months; two non-resident Medical Officers; a Medical and a Surgical Registrar. Clinical Clerks and Dressers will be selected from the best-qualified Students. All the above offices are open to competition amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of gentlemen in practice in the vicinity of the hospital, willing to receive Pupils to reside with them.

St. Mary's Hospital,  
Aug. 8th, 1854.

H. SPENCER SMITH,  
Dean of the School.

**House-Pupil.—Dr. Steggall will have**  
a Vacancy for a RESIDENT PUPIL in October next. Unusual advantages and assistance will be afforded for Study and Improvement.—For terms apply to Dr. S., 2, Southampton-street, Bloomsbury-square, London.

**Mr. G. Hind, F.R.C.S., resumed his**  
DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.  
Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

**The City and Borough Hospitals.—**  
A Hospital Physician, possessing ample means of instruction, who is acquainted by personal experience with the requirements of all the London Examining Boards, including the University of London, and whose residence is most conveniently situated in reference to the City and Borough Hospitals, has a Vacancy for a PUPIL.—For terms, &c., apply to Dr. Barnes, 13, Devonshire-square.

**Private Medical Tuition.—**  
A Physician of a practical and scientific reputation, residing near Russell-square, receives HOUSE-PUPILS, as well as others, whose Medical Education, in all its branches, will be carefully and privately instructed by teachers of great experience and acknowledged ability. As a private Medical School, this establishment offers unequalled facilities for enabling Medical Students to undergo the requisite Medical, Surgical, and Chemical Examinations at the different Boards. The Students may be instructed singly or in classes, as they may prefer.—Apply to THE LANCET Office.  
N.B. A Chemical Laboratory on the Premises.

**Mr. Power and Dr. Power continue,**  
daily, their LECTURES and EXAMINATIONS, preparatory for the Colleges of Physicians and Surgeons, the Scotch Universities, the Apothecaries' Hall, and the Army, Navy, and East India Boards.  
Mr. Power receives, privately, at his own residence, Practitioners preparing for the Degree of M.D. or College of Physicians; he also prepares by correspondence. Dr. Power receives two House Pupils.  
Lecture-room, Exeter-hall, Strand.

**Kelvedon School, Essex.**  
Conducted by Mr. W. WISEMAN, M.C.P.  
The Studies of Young Gentlemen intended for the Medical Profession are so arranged at this Establishment as to qualify them, on leaving, for passing the Preliminary Examination at the University of London or Apothecaries' Hall.  
Terms, from Thirty Guineas to Fifty Guineas per annum, according to the accommodation, &c., required.

**Chemical School.—The Chemical**  
SCHOOL of the ROYAL PANOPTICON, Leicester-square, will RE-OPEN, under the superintendence of Mr. G. F. ANGELL, on the 2nd of October next. The arrangements are made with a view to give every facility for the prosecution of studies and investigation, and to consult the convenience of persons who can command only a portion of their time. For further particulars and terms, apply at the Office of the Institution, between the hours of ten and five.

**Leeds School of Medicine.**  
TWENTY-FOURTH SESSION.  
The WINTER SESSION will Commence on Monday, October 2nd, 1854, when J. T. IKIN, F.R.C.S., President, will deliver the Introductory Lecture, at Twelve o'clock.  
Anatomy, Physiology, and Pathology.—Mr. Ikin, Mr. S. Hey, Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.  
Descriptive Anatomy.—Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.  
Principles and Practice of Surgery.—Mr. Hey and Mr. Nunneley.  
Chemistry.—Mr. Morley and Mr. Scattergood.  
Principles and Practice of Physic.—Dr. Chadwick and Dr. Heaton.  
Superintendent of Dissections.—Mr. E. W. Ward.

SUMMER SESSION, 1855, Commencing May 1st.  
Materia Medica and Therapeutics.—Mr. Bishop.  
Midwifery and Diseases of Women and Children.—Mr. Smith and Mr. Brathwaite.  
Forensic Medicine.—Dr. Pyemont Smith.  
Botany.—Dr. Heaton.  
Practical Chemistry.—Mr. Scattergood.  
Operative Surgery.—  
\* \* Application for Tickets may be made to the Treasurer, Mr. Samuel Hey, Albion-place.

N.B.—Attendance at the above Lectures will confer the same Qualification for Examination as is obtained in the Medical Schools of London.  
Clinical Lectures will be given at the General Infirmary on Medical Cases, by Dr. Chadwick and Dr. Heaton; on Surgical Cases, at the General Infirmary, by Mr. Smith, Mr. T. F. Teale, and Mr. Samuel Hey; on Ophthalmic and Aural Practice, at the Eye and Ear Infirmary, by Mr. Nunneley. Medical Libraries are connected both with the School and the Infirmary.

**Matrimonial Institution.—Founded**  
1805.—Offices: 13, John-street, Adelphi, London; and 19, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.  
Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUTZBURG, 13, John-street, Adelphi, London.

**Marischal College and University.—**  
(Charter ratified by Act of Parliament, A.D. 1526).—FACULTY OF MEDICINE.—WINTER SESSION of 1854-55 commences on the first Monday of November.

CLASSES.  
Anatomy.—Professor A. J. Lizars. 12 noon.  
Practical Anatomy and Anatomical Demonstrations.—Professor A. J. Lizars and Dr. Beveridge. 2 P.M.  
Chemistry.—Dr. Clark, Mr. Brander (Assistant). 3 P.M.  
Practical Chemistry.—Dr. Clark and Mr. Brander. 11 A.M.  
Materia Medica.—Dr. Henderson. 9 A.M.  
Institutes of Medicine.—Dr. Ogilvie. 4 P.M.  
Practice of Medicine.—Dr. Macrobain. 3 P.M.  
Principles and Practice of Surgery.—Professor Pirrie. 1 P.M.  
Midwifery, and Diseases of Women and Children.—Dr. Dyce. 4 P.M.  
Natural History.—Professor Nicol. 11 A.M.

The SUMMER SESSION of three months' duration commences in May. Hospital Practice daily at 10 A.M., at the Royal Infirmary, containing upwards of 250 beds.  
Fee, £5 5s., to be paid in one, or in separate payments of £2 2s. at the commencement of each Session.

The Courses at this University qualify for Examination at the several Universities, Colleges of Surgeons, and Boards of the Public Services, and at Apothecaries' Hall.

Graduates who have attended the several Medical Classes in this University are charged no Graduation Fees.

The Examination Term will be held in the third week of October.

For particulars, in the case both of students and practitioners, application may be made to the Secretary of the University.

**Queen's College, Cork.**  
SESSIONS 1854-1855.

MATRICULATION and SCHOLARSHIP EXAMINATIONS.  
On Tuesday, the 17th of October next, at Ten o'clock A.M., an Examination will be held for the Matriculation of Students in the Faculties of Arts, Medicine, and Law, and in the Departments of Civil Engineering and Agriculture.

The Examinations for Scholarships will commence on Tuesday, 17th October. The Council have the power of conferring at these Examinations Ten Senior Scholarships of the value of £30 each—viz., Seven in the Faculty of Arts, Two in the Faculty of Medicine, and One in the Faculty of Law; and Forty-five Junior Scholarships—viz., Fifteen in Literature, and Fifteen in Science, of the value of £25 each; Six in Medicine, Three in Law, and Two in Civil Engineering, of the value of £20 each; and Four in Agriculture, of the value of £15 each.

Prospectuses, containing full information as to the subjects of the Examinations, &c., may be had on application to the Registrar.

By order of the President,  
Sept. 8th, 1854. ROBT. J. KERRY, Registrar.

**Queen's University.—Queen's Col-**

LEGE, CORK.  
President.—Sir R. Kane, M.D., F.R.S.  
Vice-President.—John Eyal, LL.D.  
FACULTY OF MEDICINE.  
Session 1854-55.  
Dean of Faculty.—Alexander Fleming, M.D.

PROFESSORS.  
Anatomy and Physiology } Joseph Corbett, M.D.  
Practical Anatomy }  
Practice of Medicine.—D. C. O'Connor, A.B., M.D.  
Practice of Surgery.—Dennis B. Bullen, M.D.  
Materia Medica.—Alexander Fleming, M.D.  
Midwifery.—J. B. Harvey, A.B., M.D.  
Natural Philosophy.—Geo. Fred. Shaw, F.T.C.D.  
Chemistry } J. Blyth, M.D.  
Practical Chemistry }  
Natural History } Wyville Thompson, M.D.  
Botany }  
Modern Languages.—R. de Vericour, Des L.

Clinical Medicine and Clinical Surgery, at the North and South Infirmarys, by the Physicians and Surgeons of these Institutions. Clinical Midwifery, at the Lying-in Hospital.

The Medical Session will be opened on Monday, 30th October, 1854, at Two o'clock, by an Address from the Dean, and on the following day the Courses of Lectures will commence as under:—

ANATOMY and PHYSIOLOGY.—Tuesday, 31st October, at One o'clock, to be continued daily, except on Saturdays, at the same hour.

The PRACTICAL ANATOMY will be conducted by the Professor of Anatomy and Physiology and a Demonstrator. The Course will be opened for Dissections on the 17th October, and the DEMONSTRATIONS will commence on Thursday, 2nd November, and be continued daily at Twelve o'clock, except Saturdays.

MATERIA MEDICA.—Thursday, 2nd November, at Two o'clock, to be continued on Tuesdays, Thursdays, and Fridays, at the same hour.

PRACTICE OF MEDICINE.—Thursday, 2nd November, at Three o'clock, to be continued on Tuesdays and Thursdays, at the same hour, and on Saturdays, at One o'clock.

PRACTICE OF SURGERY.—Wednesday, 1st November, at Three o'clock, to be continued on Mondays, Wednesdays, and Fridays, at the same hour.

MIDWIFERY.—Wednesday, 1st November, at Four o'clock, to be continued on Mondays, Wednesdays, and Fridays, at the same hour.

Eight Scholarships will be awarded to Students in Medicine, thus—Six Junior Scholarships of £30 each to Students commencing their first, second, and third year, two to each year; and two Senior Scholarships of £40 each to Students commencing their fourth year.

Those Fees hitherto payable by Matriculated Students on behalf of the College for incidental expenses being now, in part, provided for by public grants, shall henceforth be reduced for each such Student from £3 to 10s. for Matriculation and first year, and from £2 to 5s. for the second and subsequent years.

By order of the President,  
ROBT. J. KERRY, Registrar.  
Queen's College, Cork, September 6th, 1854.

## Royal Cornwall Infirmary.—Notice

is hereby given, that a RESIDENT HOUSE-SURGEON is required for the Royal Cornwall Infirmary, at a salary of £150 per annum, without board. A Dispenser will be provided to assist in the general business of the Surgery. Applications, accompanied by testimonials, to be addressed to the "Chairman of the Weekly Committee," at the Infirmary, on or before the 14th of October next; and the Election will take place on the 23rd of October, 1864. The number of Beds is 55.

Truro, September 13th, 1864.

## House-Surgeon to an Infirmary.—

Wanted, by an M.R.C.S. England, the above Situation. He has the diploma of the Rotunda Lying-in Hospital, Dublin, in which he officiated as House-surgeon; understands the Compounding of Medicine, having been Pupil to an Hospital Apothecary for several years. Can make Casts, moist and dry Preparations, either Surgical or Anatomical, having filled the Office of Curator and Prosecutor to one of the first Medical Schools in Dublin for some years. He will produce certificates for the above if required.—Address, post-paid, to Medicus, 14, Cambray, Cheltenham.

## Leeds Public Dispensary.—

Mr. Sparrow having resigned his Office of APOTHECARY to this Institution, the Medical Officers will elect his Successor on Monday, Oct. 9th. No one will be eligible for the appointment who is not a Licentiate of the Apothecaries' Company. Salary, £120 per annum, with a furnished house, coals, and candles.

By direction of the Committee, a preference will be given to a married man whose wife would be willing to take the general management of the house; or to an unmarried man having an elderly relative who would undertake the same duties.

Candidates for the Situation are required to present themselves, with their testimonials, at the Dispensary, on Thursday, October 5th, at Twelve o'clock; and the Medical Officers will proceed to the Election on the Monday following.

Further information may be obtained on application to Mr. C. G. Wheelhouse, Surgeon, 16, East Parade, Leeds.

Leeds, September 8th, 1864.

Two RESIDENT ASSISTANT APOTHECARIES are also wanted for this Institution, who will have permission to attend a limited number of Lectures at the Leeds School of Medicine.—Testimonials to be forwarded as above.

### TO THE MEDICAL PROFESSION.

## Alderbury Union.—The Guardians

of this Union are desirous of receiving applications from Medical Gentlemen (duly qualified in accordance with the General Order of the Poor-law Board) to undertake the Medical and Surgical Attendance on the Poor of the Parishes of Winterslow and Piton and Farley; population in 1851, 1626. Salary £20 per annum, together with such fees for Vaccination as are fixed by the Vaccination Act, and 10s. 6d. for each ordinary case of Midwifery; and for the treatment of Surgical cases, as well as extraordinary cases of Midwifery, such fees as by the General Orders of the Poor-law Board are allowed.

All applications to be forwarded to the Clerk on or before Thursday, the 28th instant, with a statement in writing of the Candidate's qualification.

The Election will take place at the Board-room, in the Workhouse, on Friday, the 29th instant, at Eleven o'clock in the forenoon, when the personal attendance of the Candidates will be required.

The Guardians will require two month's notice of intended resignation of office. By order of the Board, Bedwin-street, Salisbury, Sept. 15th, 1864. THOMAS JESSE, Clerk.

## A Course of Instruction on the

THEORY AND PRACTICE OF MEDICAL GYMNASTICS will be commenced, at the Institution, 18A, Old Cavendish-street, by Dr. ROTH, on Monday, the 2nd of October, at 6 P.M., and continued every Monday and Friday, during the months of October, November, and December.

This Course is open to all Medical Students and Professional Men. Terms, Five Guineas.

### DR. ROTH'S WORKS ON MEDICAL AND EDUCATIONAL GYMNASTICS.

1. THE PREVENTION AND CURE OF MANY CHRONIC DISEASES BY MOVEMENTS. With Ninety Illustrations. Price 10s.

London: John Churchill, New Burlington-street.

2. ON THE IMPORTANCE OF RATIONAL GYMNASTICS. Price 1s.

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4. MOVEMENTS for the DEVELOPMENT of the BODY in CHILDHOOD and YOUTH. Price 1s.

5. THREE SHEET TABLES, ILLUSTRATING GYMNASTIC EXERCISES WITHOUT APPARATUS.

In the Press,

NOTES on the SWEDISH MEDICAL GYMNASTICS. With 120 Engravings.

Groombridge and Sons, 5, Paternoster-row.

## A New Discovery.—Mr. Howard,

Surgeon-Dentist, 53, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication.

53, Fleet-street. At home from Ten till Five.

### TO THE PROFESSION.

Mr. Bowmer, M.R.C.S. Eng., 50, LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, *free of expense*. Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

## Death Vacancy.—For immediate

Disposal, in consequence of the sudden death of a Surgeon, a Country PRACTICE, returning between £400 and £500 per annum. Part of the Purchase-money may be paid out of the receipts. Rent of house and garden, with stabling and paddock, under £30.—Apply to Mr. BOWMER, 50, Lincoln's-inn-fields.

### TO PUPILS ABOUT TO ATTEND ST. GEORGE'S OR ST. MARY'S HOSPITALS.

A Surgeon living close to Hyde-park, can receive two gentlemen to reside in his house, where they will enjoy unusual advantages for prosecuting their Studies, combined with the greatest domestic comfort.—Address to M. B., Marshall's Library, 21, Edgeware-road.

### TO MEDICAL STUDENTS AND OTHERS.

## Apartment furnished, with attend-

ance, in the house of a professional gentleman, in a central and agreeable part of London, close to the British Museum, and less than half-a-mile from the Middlesex, University College, Charing-cross, and King's College Hospitals. Terms average £1 per floor weekly; single rooms, 10s.—Address, 13, Caroline-street, Bedford-square.

### TO DENTISTS.

## The Advertiser, a first-rate Mechanic-

cal Dentist of fifteen years' experience in every branch of Dentistry, begs to inform Members of the Profession that he has every convenience for executing Artificial Work (supplying Materials if required) to any extent, in the best manner, on the shortest notice, and moderate terms.—For particulars address, A. B., 52, Upper George-street, Bryanston-square.

## To Medical Men of Capital.—The

Inventor and Patentee of a new but not secret Medical Remedy, the very superior merits of which may be easily and at once ascertained, is desirous of meeting with a Medical Gentleman who would take a share in the Invention, with a view to promote its speedy and general introduction into the Hospitals and among professional men. The sale augurs exceedingly well already, and, with the assistance looked for, it must in less than a year become all but unlimited. Capital wanted, £1000, for which either a share in the Patent for fourteen years and in the profits, or, if so preferred, ample security in goods, &c., and a good per centage, would be given, besides a bonus on the profits, which are very considerable. First-class references given and required.—Apply to A. O., at Mr. Taylor's, 33, Great Castle-street, Regent-street.

### TO THE MEDICAL PROFESSION.

## A Vacancy for a Surgeon having

occurred in the Honorary Medical Staff of the Farringdon General Dispensary and Lying-in Charity, the Committee of Management will meet at the Institution, 17, Bartlett's-buildings, Holborn, on Tuesday, the 26th of September, at Seven o'clock in the Evening, to fill up such Vacancy. Gentlemen willing to become Candidates (must be Members of the Royal College of Surgeons of England, and not practise Midwifery or Pharmacy) are requested to forward their testimonials to the Secretary, on or before the 26th of September.

St. Sepulchre's Church Porch, Snowhill.

S. J. JOYNS, Hon. Sec.

## Mr. Edward Bayley, Surgeon, of

Chesham-street, Salop, lately deceased, having left a Widow and three young Children wholly unprovided for, a few Medical Men, well-wishers of the Family, are desirous to raise a Subscription for their benefit by a Public Appeal to the sympathy and support of the Profession, and of such Friends as shall feel disposed to aid the cause of the Fatherless and Widow.

Subscriptions will be thankfully received by Messrs. Saxton, Brothers, Market Drayton.

References are permitted to—

Dr. Johnson, Shrewsbury.  
W. J. Clement, Esq., ditto.  
Dr. Wilson, Newcastle, Staffordshire.  
Dr. Ryan, ditto.  
J. Donaldson, Esq., Chipnall Hall, and 36, Mark-lane, London.

Dr. Godby, Newport.  
T. Groom, Esq., Whitechurch.  
T. J. Sandford, Esq., Market Drayton.  
W. W. Saxton, Esq.

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Mr. Stanley, Harwood	.....	1	0	H. E. Burd, Esq., Over, late of Shrewsbury	.....	1	0
Mrs. Healy	.....	0	10	P. Cartwright, Esq., Oswestry	.....	1	1
A Friend	.....	0	2	Edward Gwynne, Esq., Wem	.....	2	2
Dr. Johnson, Shrewsbury	.....	4	0	R. Barkley, Esq., Grinshill	.....	2	2
W. J. Clement, Esq., ditto	.....	3	0	S. Swinerton, Esq., Market Drayton	.....	1	1
H. Justice, Esq., Hinastock	.....	2	0	T. J. Sandford, Esq., ditto	.....	1	1
R. Corbet, Esq., Ardlerley	.....	1	0	W. W. Saxton, Esq., ditto	.....	2	2
J. Donaldson, Esq., Chipnall Hall	.....	3	3				



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**Lunatic Asylum.—£1000 may** remain on security of the property.—For SALE, the Goodwill and Lease, with necessary fixtures and furniture, of an Establishment licensed for the reception of both sexes, and of excellent repute. It may be reached in three hours from London. The net income is £800 per annum, and is capable of great and immediate increase. Purchase-money for everything, as it is, between £2000 and £3000.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Price only 300 Guineas, a General PRACTICE,** well established in a pleasant and thriving West-end neighbourhood, and returning nearly £400 a year: there is an Open Surgery, but Retail business has not been sought; an Introduction will be given to suit a Purchaser's views. The house is good, on lease at a low rent, and nearly the whole is let off by the Vendor, who is unmarried.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**A General Fee-Practice, well estab-**lished in a western market town, the centre of a wealthy and delightful neighbourhood, can be Transferred to a Gentleman of good address, and not under thirty years of age, by a Partnership Introduction till Lady-day. Receipts average over £400 per annum; premium, including lease of capital House, 400 guineas: Rent £40.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Death Vacancy, suitable to a well-**qualified young Surgeon without Family. The Practice has been conducted through a Retail, in Soho. There are nearly 300 names in the Ledger, and the whole will be Sold, including excellent Stock and Fixtures, for the benefit of the Widow, for £130 cash. An immediate Purchaser will obtain the Transfer of a good and rapidly-increasing Connexion.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**In a large, healthy, and pleasant** town, easily reached from London, a GENERAL PRACTICE of over £800 a year, is for Disposal. Terms to depend on introduction required; for two months, £300 cash will be accepted. The vendor, who has been nearly twenty years in practice, is retiring.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Near Pimlico and Hyde-park.—A** good and increasing GENERAL PRACTICE, yielding between £500 and £800 a year, and offering every facility for forming a first-class Connexion, may be Purchased, with the necessary Introduction, for £800; receipts from the day of entry. Rent, taxes, and gas, £250 per annum, of which £155 can be let off during the season, without discount.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

MEDICAL.

**A Gentleman, about thirty, M.D.** and M.R.C.S. Eng. is open to Engagement with any Gentleman requiring the services of such.—Address, Ictossa, 49, Strand.

**Wanted by a General Practitioner,** an ASSISTANT to Dispense, occasionally Visit and attend Midwifery.—Apply, by letter, to M.D., THE LANCET Office, 423, Strand, stating age and salary required.

**Wanted, by a General Practitioner,** an ASSISTANT, to Dispense, occasionally Visit, and attend Midwifery.—Apply, by letter, to Medicus, 2, Charlotte-row, Walworth-road, stating age, qualifications, and salary required.

**Wanted, a gentlemanly and qualified** ASSISTANT; he will have a comfortable home, and plenty of time for reading, and use of library and good microscope.—Address, Robert Knaggs, Swindon, Wilts.

**Wanted immediately, a qualified** Medical Gentleman to act as a Dispensing ASSISTANT to a highly respectable Country Practice, and also in some degree to take charge thereof. Apply to J. Burns, Esq., Surgeon, Black How, Whitehaven, Cumberland.

**Wanted, by a General Practitioner** in the Country, a Dispensing ASSISTANT, competent to attend a case of Midwifery.—Letters, post paid, addressed to Messrs. Gale, Baker, Wardle, and Oldfield, Wholesale Chemists, Bouverie-street, Fleet-street, London.

**Wanted, by a Surgeon in the West** of England, an out-door ASSISTANT, with at least one qualification, to Visit, Dispense, and attend Midwifery, married, and of the Established Church. Address, stating age and salary required, to J. T., Mr. Woodwells, 62, Berners-street, Oxford-street, London.

TO PHYSICIANS.

**A Physician who has practised very** many years in the South of England, is willing to Retire. About £1000 required to enter upon the Succession.—Apply (giving references) to M. D., care of Mr. ORRIDGE, 30, Bucklersbury.

**First class Practice required.—A** Gentleman possessed of competent means wishes to Purchase a SHARE in (or the SUCCESSION to) a GENERAL PRACTICE of the best class, in or near London, or some desirable provincial Town. The Advertiser can offer references of the highest respectability. He is about thirty years of age. Further particulars on application to F.R.C.S., care of Mr. ORRIDGE, 30, Bucklersbury.

**Partnership in London.—A Prac-**titioner, who has an old established and lucrative Chemist's Business in conjunction with his Practice, wishes for a PARTNER. The situation is in a very desirable part of the West-end of Town. The returns very considerable. Premium, £800.—Apply to Mr. ORRIDGE, 30, Bucklersbury, London.

MEDICAL.

**Four to Five Hundred per Annum.** A GENERAL PRACTICE in a desirable locality in the West of England is transferable upon easy terms, with a competent Introduction. The Business includes about £100 yearly from an Appointment. The residence is modern, with Stablers, Coach House, Orchard, and excellent Garden. There is a public School near.—Apply to H. W., care of Mr. ORRIDGE, 30, Bucklersbury.

**To be disposed of immediately, in** Cornwall, a small but old established PRACTICE, with a valuable Union Appointment attached.—Apply to A.B., 199, Fleet-street, London.

**Medical Assistant required in the** Country, about forty miles from London, duties light, one qualification necessary, and acquaintance with Union Practice desirable.—Address, with terms, M. D., Aspley, Woburn Beds.

**In an Establishment three miles** west of London, YOUNG LADIES are RECEIVED to BOARD and EDUCATE, at 30, 35, and 40 guineas per annum, inclusive terms. A garden of nearly two acres in extent.—For prospectuses, address M. X., Barker's Library, Dorcas-terrace, Hammersmith.

**Any Gentleman having a Practice** or PARTNERSHIP to Dispose of in the Country, and willing to receive payment by Annual Instalments, may hear of an immediate Purchaser, married, fully qualified, and of incontestable respectability. Address, Medicus, 78, Theobald's-road, Red Lion square, London.

**Wanted, an Assistant, to Visit, Dis-**pense, and attend Midwifery. He must be a Member of one of the Royal Colleges of Surgeons, and belonging to the Church of England. He will live with, and be treated as one of the family.—Apply to Mr. Wood, Surgeon, Oxford.

MEDICAL.

**Wanted, by a Medical Gentleman,** age Thirty-five, a Situation as out-door Visiting and Dispensing ASSISTANT, in town or country. Has had great experience in town and country Practice, Midwifery, &c., and can produce high testimonials. Address, M. D., 129, Windmill-street, Gravesend.

**Wanted, a Situation to Dispense** and Visit occasionally, by a Young Man who has had seven years' experience in Prescribing and Dispensing. The Advertiser understands Poor-law Practice, if required, can give unexceptionable references, and has no objection to the country.—Address B., care of Mr. Duve, 37, Maddox-street, Regent-street, London.

**An Assistant wanted by a Prac-**titioner in a small market town not far from London, to Visit, Dispense, and Attend a moderate share of Midwifery; to be of an age from 21 to 30, and possessing the double qualification. The Salary, £50 a year.—Apply by letter, stating age, reference, and qualifications, to B. C., at Messrs. Howes and Co., 7, Thavies-inn, Holborn-hill.

TO SURGEONS, &c.

**To be disposed of, a small but select** and well-established Country PRACTICE in Berkshire, returns about £300, including £30 from Clubs. Excellent house, rent moderate. So good an opportunity for making an extensive Practice is seldom to be met with. Price, £200.—Apply to A. B., care of Mr. Gordon, 17, Hemingford-cottages, Richmond-road, Islington, London.

**Insanity and Nervousness.—In a** small Establishment, conducted by a Lady, two or three PATIENTS can be RECEIVED on very moderate terms. Every possible care, attention, and kindness, is observed, and the fullest confidence may be placed in the advertiser. References of the first respectability will be offered.—Apply by letter, or personally, to Miss Lush, York House, Battersea, Surrey.

TO MEDICAL STUDENTS.

**Apartment, with or without board,** in the House of a Medical Man, situated within five minutes' walk, of the London University College.—Address, A. B., 19, Grafton-street, Fitzroy-square.

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Contains iodine, phosphate of lime, volatile acid, and the elements of the bile—in short, all its most active and essential  
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Professor of Chemistry at the University of Giessen, &c. &c.

"You have rendered an essential service to science by your researches, and your efforts to provide sufferers with this Medicine in its purest and most genuine state must ensure you the gratitude of every one who stands in need of its use."

The late

**DR. JONATHAN PEREIRA,**

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"I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that for medicinal purposes no finer oil can be procured."

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Professor at the University of Paris, Physician to his late Majesty Louis Philippe, &c. &c.

"You have preserved to science the use of a medicine that might have fallen into utter discredit, in consequence of its unaccountable inaction in some cases."

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"This analysis has convinced me that Dr. de Jongh's Oil is not only prepared with greater care than the ordinary Cod-liver Oil, but that it contains in larger quantities those principles which are generally admitted to be most active and essential, so that it ought to be considered the most efficacious kind."

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(July 29th, 1854.)

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# Lectures ON DISEASES OF THE JOINTS.

*Delivered at St. Mary's Hospital.*

By WILLIAM COULSON, Esq.

SURGEON TO THE HOSPITAL.

## LECTURE VIII.

### ON SUPPURATION OF THE JOINTS FROM INFECTION OF THE BLOOD.

GENTLEMEN,—In the present lecture I propose describing to you a very interesting affection of the joints which most surgeons engaged in extensive practice occasionally meet with. In large general hospitals the affection is often observed to follow amputation of the limbs or other capital operations. In lying-in hospitals it often presents itself as a complication of puerperal fever, or attacks puerperal females who do not actually labour under this fever; and, every now and then, in private practice, we observe cases of the kind following operations on the genito-urinary organs, or developed under other circumstances which shall be presently noticed. Under all these forms the disease is, I believe, one and the same, or to speak more correctly, it makes part of one and the same constitutional affection; yet, in the great majority of surgical works it is broken up into as many diseases as it has exciting causes, or has been totally misunderstood and described under the head of rheumatism. This involved the nature of the disease for a long time in obscurity, and prevented medical men from endeavouring to trace to a single cause the various local accidents which accompany the articular affection, or to explain the severe constitutional disturbance which accompanies it, and its fatal tendency, which is out of all proportion to the severity of the local disease. But it may be well to relate a few illustrative cases before I enter on an examination of the principal points connected with this interesting subject. I have no pretension to follow it out completely, this would require many lectures; but I shall endeavour at least to point out the proper method of investigating it, and of understanding the varied phenomena developed during the course of the disease, confining myself chiefly to cases connected with operations on the genito-urinary organs, and with the puerperal state.

In a former lecture I showed you how an inflammatory condition of the joints, which has been mistaken for and confounded with rheumatism, sometimes accompanies gonorrhoea. I should have added, indeed, that it occasionally attends stricture likewise. The following case is an example:—While I was attached to the General Dispensary, a man was admitted labouring under what was supposed to be chronic rheumatism. He was treated by the physician for some time, but then handed over to me in consequence of some impediment to the function of the urinary organs. On inquiry, I found that about nine months previously he had some symptoms of stricture, with the slight urethral discharges often observed in such cases. In eight or nine days afterwards he was seized with pains in the limbs, &c., which were regarded as rheumatism. When I saw him, both ankle-joints were much swollen and painful, he had difficulty in passing urine, the orifice of the urethra was contracted, and there was a stricture just anterior to the membranous portion of the canal, with slight discharge. Bougies were immediately employed, the strictures were removed by gradual dilatation, and with them disappeared all trace of inflammation about the joints. Although this was not a case of purulent affection of the joints, I mention it here to illustrate the connexion between articular disease and affections of the genito-urinary system. The inflammation was probably confined to the synovial membrane, and it was evidently of the same kind as that improperly denominated gonorrhoeal rheumatism. Many cases of a similar kind have been recorded by other surgeons. I have published an analysis of several in THE LANCET for June 12th, 1852. The passage of a bougie for the cure of stricture was the exciting cause of the articular disease. In several of the cases the inflammation and secretion of pus were peri-articular, or confined to the inter-muscular cellular tissue, and the patients ultimately recovered; but, in many other cases, the joints themselves were affected, various internal organs became implicated, and the result was fatal. M. Velpeau relates an interesting case of this kind:—A young man had been treated by him for stricture and greatly relieved. His urine passed freely, and he had learned to introduce the

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bougie himself, which was done occasionally, whenever the least difficulty in passing urine was experienced. Some years passed over in this way, but the stricture reappeared, in consequence of his neglecting the use of the bougie. He placed himself again under the care of M. Velpeau, a bougie was introduced without any difficulty, and the case was progressing favourably. The bougie was passed one evening, and on the next morning he was found labouring under severe febrile symptoms. The attack was preceded by long and violent rigors, and ended in copious perspiration. It soon recurred, and the fever became continuous. The patient was bled several times, and an active antiphlogistic treatment was employed. The fever, however, remained unabated, the right knee began to swell, was extremely painful, and there were evident symptoms of purulent inflammation of the joint. The tongue now became dry, delirium set in, the patient fell into a typhoid state, and died on the sixth day. On examining the body after death a slight excoriation was found in the fossa navicularis, and several old false passages near the stricture. The urinary organs were healthy, but the prostatic plexus of veins was evidently inflamed, as were also the veins surrounding the vesiculae seminales. The knee-joint was inflamed, and contained a great quantity of pus.

If purulent inflammation of the joints sometimes takes place after the simple process of introducing a bougie into the bladder, we can readily conceive how it may follow more severe operations on the genito-urinary organs. A remarkable and interesting example of this connexion between the operations just mentioned and articular disease presented itself in 1852, in this hospital. The operation performed was lithotomy, and the calculus was crushed without any difficulty. The patient appeared to be going on favourably for four days, when he was suddenly attacked by fever; the tongue was very brown and dry; there was great thirst, and the patient complained of pain in the left knee-joint, which was considerably swollen. Every means was employed to relieve the constitutional symptoms, but he soon began to sink, and died in a low state on the seventh day after the attack. On examining the body, several deposits of pus were found on the pericardium; there was a cyst filled with pus in the bladder, and the prostatic veins were inflamed. The synovial membrane of the left knee-joint was highly injected; the cartilage covering the external condyle of the femur was softened and ulcerated through its whole thickness, down to the bone; the corresponding surface of the patella was also superficially ulcerated. The cavity of the joint contained some thin, dark-coloured pus. There was also pus in the right knee-joint; the synovial membrane was highly injected, and the cartilages were eroded. In the hip-joints were found traces of incipient inflammation, which would doubtless have gone on to suppuration had the patient survived a day or two longer. The head of the right femur was marked by a fine red injection, and the synovial membrane investing the neck of the left femur was also very vascular.

I might relate other cases of this class, from my own practice, and from the writings of other surgeons, but my present object is to fix your attention, more particularly, on the affections of the joints which accompany the constitutional disorder. It has been long observed that puerperal females are occasionally attacked by a very severe form of articular disease, which rapidly terminates in suppuration, and almost always in death. Wiseman is one of the earliest writers by whom a case of this kind was recorded. Dr. Denman was also well aware of the existence of this affection, but he seems to have had no correct idea of its nature; for he describes it as "an erysipelatous tumour, of a dark red colour, on the knuckles, wrists, elbows, knees, or ankles." The older accoucheurs thought that it depended upon suppression of the milk or lochial discharge. At a later period, it was confounded with rheumatic affections, and even at the present day it is described in many works under the name of "puerperal rheumatism." Mr. Arnott was the first, I believe, who pointed out the true nature of the affection, and since then the researches of M. Dance, of Dr. Lee, Dr. Ferguson, Dr. Copland, Mr. Henry Lee, and others, have contributed much to its elucidation.

The following cases illustrate the course and symptoms by which this disease of the joints is attended. I have abridged them from the account which I published some years ago in my work "On the Hip-Joint:"—

Mary S—, thirty-two years of age, was delivered, on the 12th of September, 1839, of her sixth child. On the third day after delivery she was seized with rigors, and complained of pain on pressure just above the pubes. On the fifth day (17th) she complained of pain in the centre of the right leg; the right knee was also painful on pressure, and the skin over it was

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here and there of a light-red colour. The pulse was very quick and rather small, but no severe constitutional symptoms existed. The superficial inflammation of the knee seemed to disappear, and the left eye became inflamed. On the 20th, the right elbow-joint became slightly swollen and painful. Alarming constitutional symptoms now set in. There was severe headache, with some delirium; cough and hurried respiration; pulse 140; tongue red and dry; nausea; tenderness and slight tumefaction of the abdomen; skin hot and occasionally moist. On the 21st the symptoms continued unchanged; there was some pus between the layers of the cornea. On the 22nd she fell into a comatose state, and died on the following day. The body was examined eleven hours after death. There was an effusion of sero-purulent fluid into the cellular tissue of the right leg. The right knee-joint contained from three to four ounces of greenish pus, but the membranes, cartilages, and bones were not diseased. There was also a tablespoonful of thick pus in the right elbow-joint, without any lesion of its tissues. Nearly the entire cellular tissue of the left fore-arm was infiltrated with serum. The whole of the interior of the eye was disorganized by inflammation, and there was pus between the layers of the cornea. In the head, the arachnoid was found opaque, but the brain was healthy. The spermatic veins contained pus, and were inflamed; the veins behind the neck of the uterus also contained pus; the uterus itself appeared to be healthy, but there was some dark congestion of the membrane lining its neck. These were the only lesions noted in the abdomen.

The next case I shall mention is that of Mary L.—This woman was delivered on the 6th of October, 1839. She had a good deal of flooding for ten days. On the 23rd of November she first complained of some pain in the right ham; this was soon followed by the formation of a small abscess a little below the right knee, and by a larger one on the back of the thigh; these were opened, discharged pus for a few days, and healed in about a week. The general symptoms during this period were obscure. The woman was pale and weak, and her pulse was very quick, 130; these symptoms continued to the 6th of December, when she was seized with rigors, and complained of pain in the right knee-joint, with stiffness in the right shoulder. The knee was now swollen, and extremely painful; the shoulder also painful, but not swollen. Her face had a slight yellow tinge; the breathing was very quick; pulse 140; there was a slight hacking cough; the abdomen was tumid, but not painful. On the 7th the knee was still more swollen and painful; the shoulder less so; the general symptoms were aggravated. On the 8th the knee-joint was rather more swollen, and there was some pain along the course of the femoral vessels; the tongue and mouth were becoming dry and covered with sordes. On the 9th the patient had another attack of shivering; her cough became more troublesome; she began to sink, and died on the following day. The body was examined eight hours after death. The right knee-joint contained three ounces of viscid pus; the lower edge of the synovial membrane was vascular, and the cartilage of the patella was absorbed in a spot about the size of a sixpence. The shoulder-joint was healthy, but there was some effusion of serum into the cellular tissue surrounding it. In the chest an effusion of serum, to the extent of two or three ounces, was found in both pleural cavities, but the serous membrane was not inflamed on the right side. Here, however, a quantity of frothy mucus-purulent fluid issued from every part of the lung when divided. There were some recent adhesions of the left lung to the pleura, but the substance of the organ did not contain any pus. The abdominal viscera were healthy. The body of the uterus was also healthy; on dividing its walls, just above the neck, there was a copious exudation of pus, but the particular tissue in which the pus was contained could not be made out. The cavity of the uterus contained a fetid sero-sanguineous fluid. The veins of the abdomen and pelvis were minutely examined. Nothing was found until arriving at the point of bifurcation of the left common iliac; here a considerable quantity of pus was detected, and on opening the left external iliac its lining membrane was found coated with coagulable lymph. The blood of the vena cava, near its entrance into the heart, was examined with the microscope by Mr. Gulliver and the late Mr. Dahyrmple, who discovered true pus-globules in it.

In some extremely rare cases, the disease called glanders, when communicated from the horse to man, is attended with a purulent inflammation of the joints somewhat analogous to those now under consideration, and which should, I believe, be placed in the same class with them. The following example is related by M. Bonnet:—A young veterinary surgeon, while opening an abscess in the neck of a glandered horse, wounded one of his fingers. Soon afterwards the wound inflamed, and

on the tenth day a series of small abscesses extended up the fore-arm and arm. The actual cautery was applied to them, but unfortunately it was too late; the virus had reached the system. Some days afterwards an abscess appeared on the back of the thigh, and still later the ankle-joint began to swell and was painful. The patient was of strong constitution, and struggled hard against the disease for three months, but at the expiration of this time both knee-joints and the elbow-joint became involved in the complaint. He was now seized with delirium, and sunk rapidly. On examining the body, a quantity of pus was found in the joints which had been painful, but the synovial membrane did not present any traces of inflammation.

Here, gentlemen, are cases of acute inflammation of the joints terminating in the formation of pus, and proving more or less rapidly fatal. If we are to regard them, as the elder surgeons were accustomed to do, as mere local affections, it is impossible to understand the general symptoms which accompany the disease, its course, or its rapidly fatal result; for these are quite different from what is observed in the most violent cases of articular inflammation developed under ordinary circumstances. Everything, on the contrary, in the history of the disease points to a special origin; its main features are always the same, and although many cases may be attended by symptoms which would seem to indicate a variety of origin, and justify a distinction into several forms, yet these symptoms will be found to depend on accidental circumstances, and not to vary more in individual cases than we find occurring in examples of other diseases, which depend, as this one does, on contamination of the blood. The origin, the course, the symptoms, and the morbid anatomy of articular disease produced by infection of the blood are, as I have said, of a peculiar kind, different in many essential particulars from what we observe in any other form of disease of the joints. The joints which were affected during life almost always contain more or less pus, and on comparing this occurrence with the history of the disease, we find that it bears no evident relation to the intensity of the local complaint, or to its duration. In many cases, purulent effusion takes place within a few hours after the first appearance of the local symptoms, and in many other cases with so little pain or tumefaction of the joint as hardly to attract attention during life. The synovial membrane, however, generally presents traces of recent inflammation, though not of a severe degree; it is more or less injected, yet the false membranes of ordinary synovial inflammation are never found, one of the characters of the species which I now describe being the production of pus in a rapid manner, with little or no inflammatory congestion of the tissues. In some cases the synovial membrane has been found quite free from all trace of vascularity or other lesion. This has been regarded as a proof of the non-inflammatory nature of the disease, but it seems to me more rational to conclude that the injection of the vessels had disappeared after the secretion of pus, and we know that purulent inflammation under certain circumstances is of a very evanescent character. In one of the cases which I have related to you, the synovial membrane round the head of the thigh-bone was evidently injected before any effusion of pus had taken place, and it is easy to understand that this injection might have disappeared in a day or two, if the extremities of the capillary vessels had become modified by the changes which ensue on suppuration. The cartilages, ligaments, and other tissues composing the joint are usually in a healthy state, for the disease is, I believe, essentially a purulent inflammation of the synovial membrane. Still, in many cases the cartilaginous coverings of the bones are found to have been more or less eroded or absorbed, and in a very few examples the ulceration has involved the substance of the bone itself. The patient, however, is generally cut off before the disease proceeds so far. The peri-articular tissues are often the seat of sero-purulent infiltration, or of circumscribed abscesses, which are also found in the muscles of the limb, and sometimes with very extensive disorganization of the parts.

(To be continued.)

AGE AND SICKNESS.—On an attentive examination of the amount of sickness per annum falling to the lot of each person, it will be seen that there is scarcely any perceptible increase in the quantum of the sickness from the age of fifteen to that of forty, which is a period of twenty-five years; and that the subsequent increase in the ensuing twenty-five years from forty to sixty-five, although material, is by no means formidable. On the other hand, after sixty-five years of age the greatly augmenting sickness shows that the constitution of most men begins to be unequal to the continuance of physical toil.—*Report on Friendly Societies.*

## TWO

## FATAL CASES OF RUPTURE OF THE UTERUS.

By CHARLES VAUDIN, Esq., M.R.C.S., Jersey.

On Wednesday, the 10th of May, 1864, about noon, I was summoned to a poor Irishwoman, who had, I was told, been in labour since Tuesday morning. I found her sitting on the edge of her bed, supported by several women, as she felt unable to lie in the recumbent posture.

Her voice was husky and choleric; she was then suffering apparently uterine pains, and crying out loudly enough on the accession of each; they seemed to occur every quarter of an hour, but lasted only a few minutes. She was in labour of her ninth child; all except one were either still-born or died soon after birth, and presented unnaturally. I attended her about a year ago of a breech presentation, which was already so far advanced that the child was born soon after my arrival, and was dead. I remember the pelvis was a roomy one. Her age was about thirty-two; she had always been very healthy, and had never received any fall or injury, or met with any accident. Her face was anxious and dusky; the general surface bedewed with a cold, clammy moisture; her hands and feet cold and bluish; her pulse small and quick, 120, easily compressed. She had passed urine a short time since, and her bowels were freely opened the day before. She was taken in labour on Tuesday, about nine A.M., and I was told the liquor amnii had escaped about two hours after. She complained of great thirst, and would drink cold water, tea, &c., abundantly, which she vomited soon after, mixed with decided coffee-ground-coloured matter, which was undoubtedly decomposed blood. On a vaginal examination the external parts were found cool and moist, the vagina was well lubricated, the os uteri dilated to the extent of a crown-piece, the lips soft, thick, and cushiony. The presentation, which was very high up, apparently just below the pelvic brim, consisted of some softish substance easily penetrated by the finger; it was hardly placenta by its feel, yet as there had been some considerable hemorrhage, estimated at three pints, and this discharge had come on about four hours after labour, and had gradually continued up to this period, I thought it might be a placental presentation, the structure of which may have become so altered by disease or otherwise, that I did not feel justified in pushing my finger through it. A gush of blood followed the withdrawal of my hand, thereby in a measure confirming my belief. The position of the child I therefore did not feel justified in ascertaining, for I meant, had it been unnatural, to turn and deliver at the same time. The reasons why I deferred this appear further on. On carefully examining the abdomen, it was found to appear very conical; about three inches above the pubes some hard globular body was felt, but I could not satisfactorily trace anything more, as there was already much abdominal distension, and manipulation was productive of exquisite pain to the woman. On a deeper plane, more towards the spine, I felt the uterus contracted to the size of three months' gravidity.

The woman's condition, from the moment of my visit, was that of general and rapidly-increasing collapse, so that no operative measures could have been justifiable. The vomiting was urgent, and could not be allayed by sinapisms, Prussic acid, ammonia, brandy, ether, &c., nor had any of these the effect of rousing her sinking powers. Heat was applied all over her body; but soon the collapse became more pronounced, the vomiting incessant, the ejected matters consisting of decomposed blood. About four she became jactitating and hippocratic, yet free from pain, and before six she was dead.

Two hours after—viz., eight P.M.—I proceeded to open her, at the request of the relatives. I could now accurately enough trace the form and members of the child through the abdominal parietes. Its head, feet, and hands were together in the left half of the abdomen, the back towards the epigastric and hypochondriac regions. The uterus could also be distinguished. On cutting through the peritonæum near the ensiform cartilage, from four to six pints of dark-coloured, very offensive fluid escaped; the stomach, which was much distended, had been opened, and it contained this fluid. The child, a well-formed male of the full period, was very large; it weighed from twelve to thirteen pounds, and was found amongst the mass of intestines. The placenta had been expelled from the uterus, and had fallen into the pelvic cavity; the decidua were attached, a portion of which was encysted, and contained about two ounces of fluid. The placenta was entire, unlacerated, its uterine surface even and natural; the child was connected to it by the funis, which was twisted three turns around its neck; the face, neck, and lips above the constriction, which was very

evident, were livid and congested. It was quite warm, but all pulsation had ceased; attempts to inflate its lungs were quite useless. In the left side of the pelvis two large clots of blood were found; they must have weighed nearly a pound each, were of a very dark colour, seemed recent, and offered casts of that part of the pelvis they were in contact with. The rent in the uterus was longitudinal, and on its left side, extending nearly the whole length from within an inch of the attachment of the broad ligament down to the os, which was open up to the commencement of the vagina, thus completely exposing the cavity of the uterus. The direction of the laceration was rather obliquely forwards, from above downwards, so that the fissure at the os is rather anterior to that near the fundus. The vagina was not lacerated. The organ was empty. At the upper part of the rent the uterine walls were full two inches in thickness, whilst at the os and cervix the measurement was six-eighths of an inch. The structure was healthy and firm; the uterine sinuses were of the diameter of crowquills, many of them plugged with firm coagula, whilst others were wide and gaping. The peritoneal investment was entire, except at the seat of laceration. Its measurement at the fundus was seventeen inches and a half in circumference; at the cervix, eight inches and a half. Both ovaries were shrivelled and bloodless. The remaining pelvic organs were healthy and natural, the pelvis itself was roomy, and there existed no malformation or impediment in it whatever.

I have learnt that the woman was seen by an irregular practitioner on Tuesday, about four P.M., and that he introduced his hand into the vagina, and during his manipulations upon her she felt "a sudden and great pain," exclaimed that "something had burst, and that she was killed." He left her, and did not call again. Soon after this the vomiting commenced, and soon acquired its serious character, coldness and shivering ensued, and she was hourly getting worse, when I found her in the state above described.

To my friend Dr. Brohier I am indebted for the opportunity of recording the following facts concerning another case of rupture of the uterus, which occurred in his practice a few days ago:—

A poor woman, thirty-five years of age, strong and healthy, and of a remarkably energetic character, had attained the full term of her tenth pregnancy, and was taken in labour. She had been suffering pains for nearly twenty-four hours when Dr. Brohier was summoned. The liquor amnii had escaped about twelve hours before he saw her. The os uteri was dilated to the extent of a crown-piece. A vertex presentation was diagnosed, the face directed to the left cotyloid cavity, the occiput to the right sacro-iliac synchondrosis; the pains frequent, but trifling and ineffectual. She remained in this condition for twelve hours without any further evidences of the completion of labour. Besides these operative proceedings, the child was turned, and the feet brought down; but owing to some impediment or other, the precise nature of which could not be determined, the delivery could not be accomplished. Her condition became critical; collapse ensued, from which she could not be rallied, and which rendered any operative measures unjustifiable.

Let it carefully be remarked that there was an entire absence of the usual symptoms of rupture of the uterus.

She died twelve hours after Dr. Brohier's first visit, and about twelve hours after death he opened her in the presence of Mr. Jones and myself.

The abdomen contained a considerable quantity of dark fluid blood. The child, an enormous female of the full period, was partly in the cavity of the abdomen, in contact with the intestines. It had been extruded from the uterus, except the legs and feet, which remained within the organ. The placenta was only half detached, and yet in contact with the right side of the uterus. The rupture had taken place in the right lateral aspect of the uterus. The fissure extended close up to the os, and went almost half through its circumference; the edges were here jagged and shaggy, and the whole organ of a very dark colour, very flabby, and much softened. The pelvis was rather small, but well formed, with the exception of an unnatural prominence of the last lumbar vertebra and promontory of the sacrum, which materially diminished the diameter of the pelvis in this direction.

The child weighed eleven pounds; measured from vertex to the heel twenty-four inches; circumference of the head, fifteen inches and a half; from vertex to symphysis of jaw, nine inches and a half; around the shoulders, eighteen inches; circumference of the thorax at the ensiform cartilage, fifteen inches and a quarter; circumference of the pelvis, fourteen inches; circumference of the thigh, nine inches.

Jersey, September, 1864.

## TREATMENT OF CHOLERA WITH SUGAR.

By SAMUEL WOLFF, Esq.

THE number of *THE LANCET* for April 8th contains an article of intense interest, by Dr. J. I. Mackintosh, of Edinburgh, on the "Treatment of Cholera with Sugar;" yet the caption is such that it might not be generally read, and were it not for the name of the author would excite ridicule before perusal, if perused at all. "What nonsense next? They have tried mustard and salt, and here is somebody trying sugar for cholera!" Such was the remark that drew my attention to the article.

I am not about to write a criticism on Dr. Mackintosh's views. I neither intend to praise nor to criticise, but simply to give four cases which came under my treatment last month in a German family, and the treatment of which has much to do with that article. Dr. Mackintosh will see that he was not the only person using sugar in cholera. The result of the cases I am satisfied will be interesting to Dr. Mackintosh, whilst the manner in which I was forced to use sugar will contrast but in a very sorry manner with the doctor's scientific reasons for doing so.

On the 18th of June cholera broke out in this city with fearful violence; none that were attacked with it for the first two days recovered; the average duration of the disease was about eight hours. On the 23rd of June, I was called to a German, who had been in this country only a short time. On the morning of the 23rd he had driven a cow some distance from the country, and whilst hot drank large quantities of cold water. In the middle of the day he was seized with symptoms of cholera, which increased until I saw him, (about three o'clock P.M.,) when I found him vomiting and purging rice-water, almost pulseless, cold, and covered with a clammy sweat, slightly collapsed, but cramping fearfully. I used the customary remedies—small doses of calomel frequently repeated, and mustard plasters to the ankles, wrists, and abdomen; I gave him also small quantities of pounded ice and brandy. His wife was very desirous to give him sugar and water, as she said it was the usual drink in Germany, and he would like it better than anything else. I protested against its use, upon the score that it would be apt to make him vomit more, and could not be persuaded to let him drink any of it, although I was solicited repeatedly by his wife and sister-in-law to give it to him. The man sank gradually until he died, about six o'clock P.M. On the following morning about seven o'clock he was buried.

About ten o'clock on the morning of the burial of the deceased, I received a summons to repair to the same house as in the previous case, that the German's daughter had the cholera. I went with all speed, and found a little girl, about seven years of age, deeply collapsed, purging and vomiting rice-water every three or four minutes, cold and clammy, with very slight pulse, hands shrivelled, and eyes sunken. They had given her several draughts of sugar and water before I arrived, and, as I found all the cases terminating so unfavourably, I resolved to let them use the sugar and water, and followed my usual course of treatment. The child sank gradually until she appeared to be just dying, in which condition she lay for some half hour or so, (I being called away to the case I shall give next,) when her pulse began gradually to rise, which it continued to do, and she recovered.

As I stated just above, I was called away whilst attending the little girl to see her aunt, who had been waiting upon the child during the time she was sick, and finding there was little hope of her niece recovering, she became desponding, felt (as she says since) herself getting weaker, until she could no longer stand. She staggered and fell upon the floor; they carried her to a bed, and I was requested to go to her room. When I saw her I could detect no pulse; body cold; a clammy sweat commencing to break out; cramps very severe in the arms and legs; rice-water discharge pouring away from her, which she was not conscious of, and, with the exception of when the cramps were on her, she showed little signs of life. She would swallow anything that was put in her mouth; her sister-in-law was very attentive in giving the sugar and water. I pursued the course as usual, with the exception of putting a blister over the right side, she having had some signs of congestion a few days before. She is now well and hearty, having made an excellent recovery. As in the previous case, she sank as low as it was possible to do, and remained so for some time, when a change took place; the pulse could be perceived; she urinated freely, and reaction came up until it rose to high fever, from which she suffered for two days.

On the 25th the last woman's husband was taken ill. The

cholera ran its course in spite of all the medicine. He lay as dead for some three hours, at the expiration of which time he commenced to recover, and is now well, but his constitution is greatly shattered. In this case I ordered the sugar and water to be given freely, which was done without much persuasion.

I shall not make any remarks upon these cases, but leave them, trusting that if there are any other practitioners who have used the sugar they will make the result publicly known, as it is important all such cases should be recorded.

Independence, Missouri, United States, July, 1864.

## A Mirror

OF THE PRACTICE OF  
MEDICINE AND SURGERY  
IN THE  
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—Mosesævi. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

## CHARING-CROSS HOSPITAL.

HYDROPHOBIA; DEATH; AUTOPSY.

(Under the care of Dr. ROWLAND.)

(Concluded from page 214.)

*State on admission, at twelve A.M., on Monday, July 3rd.*—Expression of countenance, anxious and watchful, more like dread of something going to appear; face pale and intelligent. The patient is of spare habit; hair light-brown, fine and long; has been brought up at a Sunday-school; talks distinctly, and has full use of mental powers. Pulse natural; tongue steady and clean; bowels open yesterday morning; pupils dilated; skin hot, dry. Mr. Diamond, the house-surgeon, poured out a little of the tonic mixture kept ready; but when offered to her she refused to taste either this or water. She had at the same time spasmodic action of the muscles of the trunk and upper and lower extremities, accompanied with sobbing and sighing, as when a person unaccustomed to douching has a bucket of cold water thrown over him. Blowing on the face produced the same effects as the showing of water. When the patient was gazed at for some time the anxious look would go away, and break into a smile. The mental powers were preternaturally heightened.

A draught, composed of fifteen minims of chloroform, ten of laudanum, in an ounce of water, was now offered, but the sight of it caused the convulsions to come on again. The house-surgeon at last succeeded, by getting her to close her eyes, open her mouth, and at the same time gently expiring. He placed the fluid suddenly into the mouth with a spoon; but directly it was in the cavity the convulsions came on again more severe than before.

Half-past twelve A.M.—Dr. Rowland saw her, and ordered fifteen minims of chloroform, to be taken every third hour, and at half-past one o'clock he prescribed a small dose of calomel, to be followed by an enema of turpentine and castor oil. The back was also to be rubbed with equal parts of chloroform and tincture of aconite.

Great difficulty was experienced in giving her the calomel. It was tried mixed up with a little sugar in a teaspoon; she took it into her own hand, but when she got it close to her mouth the spasmodic convulsion came on. It was at last tried, at Dr. Chowne's suggestion, placed between bread and butter, and was thus ingested. When she had eaten it all, she asked for more, and thought she could drink a little warm water, but she could not take it when presented. It was tried through a silver tube, but without success, and the attempt to give an enema also failed. The application down the spine directly brought on convulsions, and at the first application she threw herself on all fours, like an animal.

Half-past two P.M.—Prefers sitting up, the thighs flexed, with the elbows resting on the knees, the hands being placed at each side of the head. When requested to lie down, she says she feels easier when in the position just described, and that if she attempted to recline the cold would hurt her back. To remedy this, the sheet was warmed, and with a little persuasion she gently overcame the difficulty, as she is very willing, and attempts to do anything you propose to her. Immediately on



lying down she has, however, an attack, though enjoying the full use of her senses.

Pupil dilated; tongue whitish; skin hotter, dry; pulse quick, 140.

Three P.M.—Has pain at the top of the head. Is lying down with her hands pressed at the sides and at the back part of the cranium; says she is easier so. Complains very much of a painful stiffness at the back part of the neck. Convulsions, which occurred about once every half-hour, are more frequent and severe. Expression more wild and anxious. When asked to glance at a looking-glass, she complied, and directly she caught sight of herself the fit was brought on; soon after this she passed a little pale urine.

Half-past four P.M.—Asleep; looks very wild and anxious; breathing in a sobbing manner.

Five P.M.—Her father is with her; she looks much altered; convulsions brought on by the slightest breath; is very pleased to see her mother; holds her hands, and does not want her to leave her.

Half-past five P.M.—Has eaten some bread and butter; feels very thirsty, but she says it is no use trying to drink, as it will choke her. A window open at the end of the ward causes too much atmospheric disturbance for her. Cold applied without wind does not produce much effect. She is much worse, the attacks being more frequent.

Half-past six P.M.—Fits much stronger and more frequent, being four or five in the quarter of an hour, and causing some difficulty to the nurse to keep her in bed. *She is asking if the dog has been killed yet.*

Seven P.M.—Is now in a very strong convulsion. She is given to inhale, on a piece of lint, about one drachm of chloroform, and after a little trouble and persuasion, she took the lint into her own hand and held it under her nose. This soothed her considerably, so much so, indeed, that when it had all evaporated she asked for more. Mr. Diamond kept on with this continuously till—

Eight P.M., when Dr. Rowland came again to see her. The latter tried to put her completely under the influence of the anæsthetic agent, but failed, as had happened to the house-surgeon previously. At this time it was difficult to apply the aconite to the back, for when she sat up, which was the only way to accomplish the frictions, the convulsions came on again, as severe as they had done before the chloroform was inhaled, directly an attempt at rubbing was made. She violently threw herself back, and said, "Don't do it any more—I shall be better presently." Ice was also given her by her mother, but she would not take it on any inducement, giving as a reason that her brother used frequently to give her ice after he had had it in his mouth, and she had therefore taken a dislike to it.

Nine P.M.—She complains of a severe pain, referred to the epigastrium and throat; convulsions worse during the last half-hour, occurring violently every two or three minutes. The mention of water, or the disturbance of air caused by the clothes of the attendants, bring on a paroxysm immediately.

Half-past ten P.M.—Convulsions worse; has once or twice started up in bed suddenly in the standing position, and then thrown herself again forcibly on her back.

Half-past eleven P.M.—Passed about a pint of limpid urine; is much quieter; has begun again with the inhalation of chloroform; pulse small and quick; suddenly sits up in bed, and then throws herself back; cannot bear her mother to leave her or let go her hands; complains greatly of the pain in the back of the neck and epigastrium; skin hot and moist.

Second day, one A.M.—The paroxysms during the last hour have become less frequent,—only three or four times, except when she is excited by the sound or mention of water. The chloroform was again given her on lint to inhale, but, as she had a repugnance to it, it was not pressed. The patient has evinced slight aberration, fancying herself at home. She has shown an inclination for milk and an orange; but, although she attempted several times with her own hand to take it, each time she placed it near to her mouth the violent spasm took place.

Two A.M.—Better; only one paroxysm during the hour; the impression of being at home increased; asked her mother to bring out her bedclothes; has had a few minutes' sleep.

Three A.M.—Fits much more frequent; jumped up suddenly on her feet, and voided a small quantity of very offensive fæces; constantly asking her mother trivial questions about her toys, workbox, &c.; great dread of her parent leaving her side for an instant; constantly repeating her pleasure at the dog being killed, (*which circumstance had previously been told her, though incorrect, in order to quiet her*); complains of very great pain in the epigastric region; for several minutes is

unable to complete a sentence, being interrupted by the fits; complains of great heat—wants her clothes and bedclothes taken off; distressing anxiety for fear her mother should leave her, turning every instant to see if she was still present.

Half-past three A.M.—About this time again passed a small quantity of black offensive fæces, and started up suddenly, just as previously; is inclined to be sick; pain in the epigastrium and throat increased; says she feels hot and bad; pulse small, occasionally intermits; skin moist.

Four A.M.—After a retching attack, the patient spat out a thick white viscid saliva, which hung like a drop tenaciously to the lower lip; this continues frequently, and is always preceded by retching; convulsive paroxysms more severe and frequent. The child's body performs violent writhing movements; the head is thrown back, and the extremities are in violent motion; she occasionally catches hold of the bedclothes, and fondles them tightly; has left off the sitting up in bed; when this occurred, she always threw herself back with a violent effort, she could not do so quietly.

Ten minutes past four.—Retching and convulsions more severe; saliva increased; looks at times very wild and vicious; the mother has started back two or three times, afraid of her; delirium increased; calls the house-surgeon "Henry;" says a strange dark man is coming up-stairs; wants the street-door shut. The retching for the last five minutes was continuous, and is so now, beginning with a peculiar eructating noise; has just had a kind of suffocative attack, lasting for nearly half a minute, which seems to have prostrated her much. Since then the paroxysms are weaker; delirium increased.

Twenty minutes past four.—Looks more wild; says she is mad because the dog bit her; complains of great pain in the throat; eyes sunken; expels her breath through her nostrils with a snort, but takes it in through her mouth; the inspiration is short, expiration quick and forced; has had no retching for the last five minutes till just now, and has vomited up a little matter like thin gruel. Says, "Let's cut our throats!" and is now saying the Lord's prayer.

Half-past four.—Has been for the last ten minutes continuously delirious; talks most about blood, and articles of dress being red; says "We all look red," and then "We are all white;" no retching; spits a little saliva occasionally; the peculiar eructating noise is still present; recites verses.

Half-past five.—The convulsive paroxysms, which are nearly consecutive, consist mostly in rigidity of the back, neck, and inferior extremities, which latter are sometimes kicked up and down; the arms are moving continuously across the chest; sickness has become more frequent; she is much weaker after several of the suffocative attacks; the breath smells earthy; delirium nearly continuous; talks much of fire, blood, dress, and riches; hands and feet cold and purple-coloured.

Quarter to six.—Sickness, which had stopped for about a quarter of an hour, has come on again; the matters vomited are greenish, watery, and frothy; the convulsions are more like a very exaggerated fit of shivering, excepting the rotatory motion of the arm; the back is quite stiff.

Ten minutes past six.—Pupils widely dilated; is in a profuse sweat; extremities are hot again; vomiting, which had stopped for a few minutes, has come on again, and is yellow and watery. Pulse 140. Surface of the body moist; is much more exhausted; sighing has come on nearly continuously; is talking of heaven; and connects words in rhymes.

Half-past six.—Is much worse; paroxysms weaker; delirium nearly continuous; tries to scratch; says she must catch the bystanders, but is unable to move out of the flat position she is in.

Ten minutes to seven.—Sickness and convulsions continuous; delirium more of a muttering character. Pulse very small and thick. The head is bathed in perspiration; the hands and feet cold and dark-coloured; the right cheek has a greenish look; the lips are dark; the eyes are fixed upon the persons watching her; she vomits continuously.

Quarter-past seven.—Pupils widely dilated; colder and more purple; vomiting still continues, seems to choke her, not having power to get the fluid out of her mouth; mutters more, so as not to be so easily understood.

Quarter to eight.—Sobbing constantly; convulsions are similar to severe shivering; is becoming comatose; cannot answer any questions; muttering delirium.

Quarter-past eight.—Is sinking fast; always sobbing; arms continue to move occasionally, with convulsive starts of body.

Nine.—Low muttering; delirium; foams at the mouth; pulse hardly perceptible at the wrist; slightly over cardiac region.

Half-past nine.—The sobbing continues; occasional convul-

sive starts; is quite comatose; pupils widely dilated; foams at the mouth; no pulse at wrist; extremities are warmer than the surface of the body; clammy perspiration.

Quarter-past ten P.M.—Died suddenly; looks like a child who has been suffocated. Pupils dilated; body much warmer than it has been for the last three hours, and bathed in moisture. Urine, under microscope, presented a great number of blood-corpuscles, (specific gravity 10.11;) pale.

*Post-mortem Examination.*—Membranes of the spinal cord very vascular; spinal fluid very transparent; vascularity of cord general. Brain: General venous congestion, substance soft; nothing worthy of notice in the medulla oblongata. The papillæ of the tongue were much elevated and large, especially at the root of the organ; the mucous membranes of the pharynx and larynx, as far down as the œsophagus and glottis, were red, thin, and loose, and marked by a circumscribed transverse line about the base of the arytenoid cartilage. Most of the organs of the chest and abdomen were healthy; the blood was very fluid and very dark coloured, the upper lip being livid and discoloured, as with persons who die from submersion.

We alluded above to the unlikelihood of inoculation taking place, when the virulent fluid comes merely in contact with the mucous membrane; and we may now add that the truth of this statement is confirmed by a circumstance mentioned in this case. The report states that the owner of the dog, immediately he heard of the accident, sucked the wound inflicted upon the child; but although the latter died with undoubted symptoms of hydrophobia, this fearless man does not seem to have suffered from the contact which must have taken place during the act of suction.

It will be observed that the first symptoms of the disease appeared just at the period mentioned by authors—viz., thirty-two days after the introduction of the virus into the system, the horror of water being the first sign of the impending affection.

A very peculiar feature of the case is the consciousness in the young patient of the nature and cause of the fearful disease under which she sank. We are not aware that such knowledge is generally possessed by hydrophobic patients of so tender an age; and it will be noticed that in the case treated at King's College Hospital the unfortunate man did not make any remarks as to the nature of the complaint under which he was labouring, nor on the destruction of the dog. The child, on the contrary, repeatedly expressed great delight at hearing that the dog had been killed—a circumstance not in accordance with facts, but which was mentioned to the poor child, as stated above, to tranquilize her mind.

It will be observed that the patient could not be completely narcotized with chloroform; the spinal marrow was probably in so irritated and excited a condition, that the anæsthetic agent, usually so powerful, was not sufficiently so to conquer the spinal excitement. The failure of chloroform in this instance is a fact which should be carefully noted. Nay, the presence of feculent matter in the rectum exercised such an influence on the medulla, that each time an evacuation took place the child was constrained to jump up, being forcibly impelled by a violent spasmodic fit.

Nor was the spinal marrow alone affected; for the irritation, inflammation, or excitement, whichever it may be, soon travelled to the cerebrum; this circumstance giving rise to delirium, and the supposed existence of phantoms hovering before the patient. But with all the wandering, there was uppermost in the child's mind the remembrance of the bite, and the consciousness of her state, the poor creature calling out "I am mad because the dog bit me."

This idea of blood seems to have taken a firm hold of the patient's mind, for at one time she saw everything with a tinge of red; in fact she was constantly exclaiming that the bed-clothes, the walls, the dress of her mother, &c., were of a red colour.

Without giving any evident signs of violence, the child evinced the desire to injure by scratching, and made several attempts upon those nearest to her; still these fits were far less strong and marked than with Dr. Todd's patient.

We understand that the dog was not destroyed, because it did not subsequently evince any morbid symptoms; and it is stated in the report that the animal bit many children besides the one who was attacked with hydrophobia. No further misfortune seems, however, to have taken place; it may therefore be conjectured that the bites alluded to had no virulent property. Are we then to suppose that a dog may, in a state of excitement, without being actually rabid, inflict a wound which shall inoculate hydrophobia upon the injured person,

whilst the same dog may subsequently become perfectly harmless? Some authors incline to this opinion, and we find that an Italian physician, M. Baruffi, has mentioned a case in point in a late number of the "Annali Universali di Medicina." The case is headed thus: "Can the bite of an irritated, but not rabid, dog inoculate hydrophobia?" The question is answered in the affirmative by the writer, the details of the case being as follows:—

The patient was a woman, forty-four years of age, just recovering from illness, and still weak. She gave a kick to a dog who came to seek for shade in her house, as she wanted to drive the animal away from her children. The dog, irritated by the ill-usage, turned round and bit her foot, and kept hold of it until forcibly dragged away.

The wounds on the foot healed in thirty days, and were not at all indolent. Fifty days after the bite (October 20th, 1849,) the patient felt severe pain in the foot, shooting up to the trochanter. The cicatrices swelled up, became surrounded with a brown areola, and the muscles of the thigh were attacked with spasms. In the night she had convulsive movements, and groaned much.

On the next day the patient felt choked, and was thirsty, but had an invincible horror of all fluids. When taken to the hospital, she presented the same symptoms in an aggravated degree; the pulse was flagging, there were convulsions, violent coughing, and much spitting, to clear the throat.

On the third day, the features were drawn, the strength gone, delirium supervened, the muscular system was benumbed, and all voluntary movement was at an end, except that of spitting violently; pulse feeble, respiration short and noisy, with mucous rales, and finally exhaustion and death.

Efforts were made to ascertain whether the dog which had inflicted the wound was in a rabid state. The result of the inquiry was, that the animal, just before it had bitten the patient, was lying down and asleep, not the slightest signs of disease having been evinced, as was confidently stated by persons who had seen it for several days up to the time of the accident.

M. Baruffi expresses his complete conviction that his patient died of hydrophobia, and thinks that the virus may suddenly be formed by the action of anger upon the nervous centres. He considers that examples of humoral alteration, under the influence of great nervous perturbation, are not rare, and cites sudden icterus produced by terror, violent vomiting in hysteria, fetid perspirations in convulsions and epilepsy, &c. The author also mentions the experiments of M. Bernard, who, by irritating a limited portion of the medulla oblongata, could in a few moments increase the secretion of sugar by the liver. It is also known that fear or a fit of anger have suddenly so deteriorated the milk of wet nurses, that the suckling was attacked with convulsions, or even perished, soon after drinking the altered milk.

It would therefore appear, according to M. Baruffi, that the salivary fluid of the dog may, under the influence of anger, become suddenly impregnated with the hydrophobic virus. The author tries to explain the non-appearance of rabid symptoms in the dog, after the patient had been bitten, by supposing that the poison was dispelled by the action of biting, the drinking of water, the chewing of grass in the fields, picking a bone, &c. &c., by which means he thinks the dog may have cleansed his mouth from any virulent saliva.

Though these are all gratuitous suppositions, we are driven, when considering the facts of the case treated at Charing-cross Hospital, to adopt some hypothesis of the kind; for there can be no doubt whatever that the child was bitten by a dog which showed no signs of rabidity, either before or after the accident; that the animal was not destroyed, and that it bit several other children who have not presented any symptoms of hydrophobia. It will be of some use just to record these circumstances; the knowledge of them, along with the data which may yet be collected, will perhaps lead to the eventual solution of this intricate question. We would, in the meanwhile beg to close our report by stating that, in the *Dublin Medical Press* of the 9th of August, 1854, a case of hydrophobia will be found, in which many of the symptoms above described have been observed.

**BOURNEMOUTH SANATORIUM.**—The sanatorium erected by a committee of subscribers at Bournemouth, Hants, is now nearly completed. It will accommodate forty-four patients, twenty-two of each sex. The upper story will be for males, and the lower story for females. Each floor will comprise two wards, the size of which will be forty feet by twenty, with a corridor, twelve feet wide, running the entire length of the building, and adapted for exercise in unfavourable weather.

# THE ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF  
MICROSCOPICAL AND CHEMICAL ANALYSES  
OF THE  
SOLIDS AND FLUIDS.  
CONSUMED BY ALL CLASSES OF THE PUBLIC.

## PORTER, AND ITS ADULTERATIONS.

(Continued from p. 155.)

In order to save repetition, and to enable the reader more readily to comprehend and contrast the results of the different analyses, we have arranged them as displayed in the tables on pp. 228-29.

From the examination of these Tables of Analyses it appears—That the samples of stout either obtained from agents, or purchased at the taps of several of the principal London porter brewers, were considerably stronger than those procured from publicans; the alcohol, of specific gravity  $\cdot 796$ , temperature  $60^{\circ}$  Fahr., contained in the former samples ranged from  $7\cdot 15$  per cent. the highest, to  $4\cdot 53$  the lowest; whereas that of the stouts procured from publicans varied, with one exception, from  $4\cdot 87$  per cent. to  $3\cdot 25$  per cent.

That the same difference of strength also characterized the various samples of porter procured from the two different sources; the amount of alcohol in the porters obtained from the taps varying from  $4\cdot 51$  per cent., to  $2\cdot 42$  per cent.; whereas those purchased of publicans ranged from  $3\cdot 97$  per cent. to  $1\cdot 81$  per cent.

There is reason to believe that the variation would have been still more considerable had the samples been procured direct from the several breweries, instead of, as in most cases, from the brewers' taps.

This diminution of strength in the beer purchased of publicans is only to be satisfactorily explained by the addition in many cases of water, this addition being no doubt sometimes practised by the publicans and other retailers of malt liquors.

The addition of water constitutes the principal, but not the only, adulteration to which these beverages are subjected.

Thus the addition of water reduces the strength, flavour, and colour, to such an extent as to necessitate in some cases the further adulteration of the beer, and this is usually effected by means of a very coarse description of brown sugar, containing much treacle, and known as *Poots*, and salt.

Since the use of cane sugar is permitted in the brewery, we did not attempt to ascertain which of the samples subjected to analysis contained that substance, because, had we found it in any of the samples, we should still have been unable to have declared whether the brewers or the publicans were the parties who made use of it. We believe, however, that the brewers do not often employ sugar, since it is alleged that beer made with any considerable proportion of cane sugar does not keep so well as that prepared from malt only. Moreover, the price of sugar forms an obstacle to its use in breweries.

It appears, from the analyses, that salt is almost constantly present in porter. This addition we know is made in the first instance by the brewers themselves; but there is also no doubt that a further quantity of it is frequently used by the publican to assist in bringing up the flavour of beer which has been reduced in strength by the addition of water. The quantity of salt contained in porter is often sufficiently large to communicate a perceptibly saline taste to the mouth. The salt is used by the brewers in the following manner:—It is first mixed up in a tub with some kind of flour—usually wheat-flour—and the mixture is cast by handfuls over the surface of the wort in the cooling vat. It is said to assist in the preservation and fining of the wort, and it is alleged that these are the only purposes for which it is employed by the brewer.

The three usual and principal adulterations of porter consist, then, of water, by which its strength is reduced and its bulk increased, and sugar and salt, whereby its colour and flavour are in a measure restored. But there is good reason for believing, from evidence given before the recent Committee of the House of Commons, of which Mr. Villiers was the chairman, that other adulterations are practised, and that sulphuric acid, (or oil of vitriol,) salt of steel, (or sulphate of iron,) and cocculus Indicus, are likewise not unfrequently used, and this principally by the publican.

Not only is the fact of the addition of water proved by the present analyses, but evidence of another character has been supplied by different parties to the Committee above referred to, showing the same fact. In particular, it has been proved that a publican could not afford to sell porter at the price which he pays for it, in the state in which it is supplied to him by the brewers, and realize a profit upon it, unless he had recourse to adulteration.

The acidity of porter, as will be seen by referring to the analyses, is very considerable, and this is no doubt the reason why in some cases the beverage disagrees with the stomach, and occasions heartburn.

The acidity is very far from being due to acetic acid alone; for if this be distilled off, the remaining stout or porter, as the case may be, will still be found to be very acid; the acidity, where sulphuric acid has not been used, depending upon the presence of some fixed vegetable acid or acids, and most probably the malic and lactic acids, the presence of which would explain why malt liquors, including porter, are unsuited to all cases in which a tendency exists to rheumatism or gout. The large quantity of acid, and also sugar, contained in porter and other malt beverages, render them also unfit for nearly all cases in which any disposition to diabetes is manifested. The difference in the quantity of acetic and fixed acids in any sample of porter may be thus determined:—A weighed or measured quantity of the porter should be taken, and the amount of a solution of either caustic soda or dried carbonate of soda of known strength required to neutralize it ascertained; a similar quantity of the same porter should then be submitted to distillation, and the acidity of the residue determined; the difference in the amount of soda required in each case shows the quantity of fixed and volatile acids present.

In one respect the analyses above given may be considered to be satisfactory, inasmuch as they show that salt of steel or sulphate of iron is not usually contained in London draught stouts or porters, nor in most bottled porters; if used at all, as it no doubt sometimes is, it is in the inferior bottled porters that it will be found. From experiments which we have made, we have ascertained that when sulphate of iron is present in porter, in so small a proportion as two grains to a nine-gallon cask, the well burned ash of the extract of the porter will be found to be more or less coloured with the red oxide of iron. This is a very delicate means of determining the presence of iron in porter extract; and if iron in the above small quantity be found in it, there will be every reason for suspecting that sulphate of iron has been added to the beer; for the ash of genuine porter extract is never in the slightest degree coloured, but is always, when well freed from carbonaceous matter, either white or greyish-white.

We should also state that we made full analyses of two samples of finings obtained from different brewers, and found that they consisted entirely of weak and very sour beer, holding, dissolved, a considerable quantity of a description of isinglass, which was readily precipitated by a decoction of oak bark.

The remedy by which the adulteration of malt liquors may be met appears to us to be clear and simple, and it is one to which we recently had the opportunity of directing the attention of the Committee of the House of Commons on public-houses; it is, that no malt liquors should be permitted to be sold by any publican under certain fixed or standard strengths, the tests of strength being the specific gravity of the beers, but principally the amount or per centage of alcohol contained in them.

Such a regulation, properly enforced, would effectually put a stop to the adulteration of malt liquors, by the addition of water, sugar, salt, and the other substances mentioned in the present report; and it need not in any way interfere with the different recognised strengths and qualities of malt liquors now in use, as single and double stouts, ales, and porters.

The next Report of the Analytical Sanitary Commission will be on

G I N,  
AND ITS ADULTERATIONS.

TABLE I.

## RESULTS OF THE CHEMICAL ANALYSES OF SAMPLES OF STOUT AND PORTER,

AS OBTAINED EITHER DIRECTLY FROM BREWERIES, OR AS PURCHASED AT THE TAPS OF DIFFERENT LONDON BREWERS.

*Contents of Imperial Gallon, 70,000 Grains, BY WEIGHT.*

Number.	NAME.	Specific Gravity.	Alcohol, Specific Gravity 0.796.	Per-centage of Alcohol.	Acidity. Quantity of dried Carbonate of Soda.	Sugar.	Gum.	Extractive.	Ash of Ex-tractive.	Number.
	<b>STOUT.</b>		Grains.		Grains.	Grains.	Grains.	Grains.		
	<b>FROM BREWERY.</b>									
1	Messrs. Druce & Sons, George-street, Chelsea ... ..	1.016	4097.4	5.85	504.0	2248.0	1047.2	3270.0	145.6	Contains a small quantity of salt 1
	<b>FROM TAPS.</b>									
2	Meux & Co.—G. Chantry, 267, Tottenham-court-road... ..	1.031	3661.1	5.23	358.4	3206.8	651.8	5724.4	95.2	2
3	Reid & Co.—J. Dye, 5, Liquorpond-street ... ..	1.027	3517.1	5.02	504.0	3229.8	1298.0	6163.4	190.4	Contains salt ... .. 3
4	Combe, Delafield, & Co.—M. Davis, 11, Queen-street, Seven-dials ...	1.017	3418.1	4.88	526.4		357.4	4189.8	193.4	Contains salt ... .. 4
5	Truman & Hanbury—A. Johnston, 63, Brick-lane, Spitalfields... ..	1.022	3342.7	4.77	470.4	3139.0	490.0	5588.1	123.2	Contains salt ... .. 5
6	Barclay & Perkins—C. Sutton, Park-street, Southwark ... ..	1.026	3616.0	5.16	504.0	2047.4	929.6	5784.8	128.8	Contains salt ... .. 6
7	Whitbread and Co.—H. Wilson, 49, Chiswell-street ... ..	1.024	3172.9	4.53	464.8	2285.0	1271.2	5712.0	140.0	Contains rather much salt ... 7
	<b>FROM BOTTLES.</b>									
8	Guinness & Sons ... ..	1.018	3247.2	4.64	537.6	2965.3	603.3	3892.7	100.8	8
9	Ditto ditto ... ..	1.018	5009.5	7.15	554.4	2466.0	536.3	4603.0	140.0	9
10	Ditto ditto ... ..	1.015	3535.4	5.05	604.8	3206.7	265.1		128.8	10
	<b>PORTER.</b>									
	<b>FROM BREWERY.</b>									
11	Reid & Co. — Liquorpond-street. No. 1 ... ..	1.014	2763.3	3.94	358.0	2132.3	432.2	3701.6	179.2	Contains a small quantity of salt 11
12	Reid & Co. — Liquorpond-street. No. 2 ... ..	1.013	3161.4	4.51	392.0	2580.5	446.3	3701.6	190.4	Contains rather much salt ... 12
13	Truman & Hanbury—Brick-lane, Spitalfields. No. 1 ... ..	1.015	2752.8	3.93	415.0	2584.7	443.6	3998.4	184.8	Contains rather much salt ... 13
14	Ditto ditto. No. 2 ... ..	1.014	2926.1	4.18	347.2	2358.5	530.2	3936.8	184.8	Contains rather much salt ... 14
	<b>FROM TAPS.</b>									
15	Messrs. Druce & Sons, George-street, Chelsea ... ..	1.009	2506.6	3.58	280.0	1644.8	317.0	2735.5	140.0	Contains a small quantity of salt 15
16	Meux & Co.—G. Chantry, 267, Tottenham-court-road... ..	1.017	3068.7	4.38	459.2	2293.0	248.0	3551.2	100.8	Contains a very small quantity of salt 16
17	Reid & Co.—J. Dye, 5, Liquorpond-street ... ..	1.014	2620.9	3.74	408.8	2028.6	692.1	2959.3	100.8	Contains salt ... .. 17
18	Combe, Delafield, & Co.—M. Davis, 11, Queen-street, Seven-dials ...	1.011	2293.8	3.27	532.0	1626.3	368.9	3040.7	152.7	Contains a small quantity of salt 18
19	Truman & Hanbury—A. Johnston, 63, Brick-lane, Spitalfields... ..	1.018	2735.9	3.95	539.0	2613.0	368.9	3817.0	89.6	Contains a small quantity of salt 19
20	Barclay & Perkins—C. Sutton, Park-street, Southwark ... ..	1.013			324.8	1962.6	161.3	3139.0	56.0	Contains a little salt ... .. 20
21	Whitbread & Co.—H. Wilson, 49, Chiswell-street ... ..	1.012	1699.2	2.42	392.0	2041.8	363.3	3240.8	145.6	Contains salt ... .. 21

\*. The differences indicated in the Table would have been much more considerable and obvious, had equal quantities by MEASURE of the Stouts and Porters been taken, in place of by Weight.

TABLE II.

## RESULTS OF THE CHEMICAL ANALYSES OF SAMPLES OF STOUT AND PORTER,

AS PURCHASED OF PUBLICANS RESIDENT IN LONDON.

*Contents of Imperial Gallon, 70,000 Grains, BY WEIGHT.*

Number.	NAME.	Specific Gravity.	Alcohol. Specific Gravity 0.786.	Per-centage of Alcohol.	Acidity. Quantity of dried Carbonate of Soda.	Sugar.	Gum.	Extractive.	Ash of Ex-tractive.	Number.
			Grains.		Grains.	Grains.	Grains.	Grains.	Grains.	
<b>STOUT.</b>										
FROM PUBLICANS.										
22	R. Roberts, 1, Glasshouse-street, Regent-street ... ..	1.022	3409.7	4.87	274.4		461.5	4801.4	186.0	Contains salt ... .. 22
23	W. Smith, 227, Piccadilly ... ..	1.014	3208.2	4.58	285.6	3089.1	90.0	4160.1	196.0	Contains salt ... .. 23
24	Messrs. Blockey, 80, Jermyn-street	1.019	3137.6	4.48	209.0	3628.5	468.2	4181.4	128.8	Contains rather much salt ... 24
25	S. Cook, 56, Oxford-street ... ..	1.017	4369.8	6.24	268.8	2656.4	1084.3	4833.3	168.0	Contains a little salt ... .. 25
26	J. Mercer, 12, Marylebone-street, Regent-street ... ..	1.030	2947.4	4.21	352.8	4313.3	702.0	6294.3	168.0	Contains much salt... .. 26
27	A. Campbell, 7, Beak-st., Golden-sq.	1.017	3185.3	4.55	376.3		914.1	4746.3	34.8	Contains salt ... .. 27
28	W. Blackman, 287, Oxford-street...	1.025	3326.7	4.75	278.3	3780.2		6290.0	163.4	Contains salt ... .. 28
29	L. Hammond, 248, Oxford-street...	1.019	2344.6	3.35	205.3	3396.7	481.2	5065.2	212.8	Contains salt ... .. 29
30	Hospital stout ... ..	1.012	2664.5	3.80	285.6	1609.1	438.6	2674.9	67.2	30
31	R. Eykyn, (in bottle,) 7, Silver-street, Bloomsbury ... ..	1.015	2232.2	3.19	716.8	1695.6	588.2	3397.5	134.4	Contains salt ... .. 31
32	Emery & Muffitt, (in bottle, labelled "Findlater, Mackie, & Co.,") Catherine-street, Strand ... ..	1.010	2276.7	3.25				3687.7		32
<b>PORTER.</b>										
FROM PUBLICANS.										
33	H. Ridler, 9, Brewer-street, Golden-square ... ..	1.010	1878.8	2.68	296.8	1224.1	449.9	2331.3	145.6	Contains much salt... .. 33
34	J. H. Hutchinson, 19, Little Pulteney-street, Golden-square...	1.017	2033.6	2.90	358.4	2115.1	587.9	2879.6	84.0	Contains salt ... .. 34
35	Mr. Scarfe, 100, Berwick-st., Soho	1.016	2190.0	3.12	408.8	2019.0	102.6	4150.4	95.2	Contains salt ... .. 35
36	H. Rennell, 16, High-road, Knights-bridge ... ..	1.014	2075.7	2.96	476.0	1556.9	836.1	3903.2	235.2	Contains much salt... .. 36
37	H. Hubbard, Holborn-hill ... ..	1.009	2211.6	3.15	347.2	2002.2	211.7	2834.1	128.8	Contains much salt... .. 37
38	H. Lloyd, 28, High-row, Knights-bridge ... ..	1.012	1650.8	2.35	476.0	1736.7	591.6	3141.4	218.4	Contains much salt... .. 38
39	G. Goddard, 22, Berwick-st., Soho	1.015	2369.0	3.38	375.2	1691.4	576.5	3084.9	145.6	Contains salt ... .. 39
40	Messrs. Young & Co., 13, Hem-ming's-row ... ..	1.010	1869.6	2.67	352.8	2259.2	614.0	3593.4	218.4	Contains salt ... .. 40
41	J. Medworth, 167, Oxford-street...	1.017	1323.9	1.89	369.6	1756.8	551.8	3371.2	151.2	Contains salt ... .. 41
42	T. Sulway, 7, Little Newport-street, Soho ... ..	1.014	2059.6	2.94	504.0	2070.5	559.8	3231.0	184.8	Contains much salt... .. 42
43	Messrs. Coates & Co., 25, White-chapel High-street ... ..	1.018	2089.3	2.98	436.8	2635.4	993.3	4428.6	123.2	Contains rather much salt ... 43
44	J. Bishop, 48, Gerrard-street, Soho	1.016	1716.8	2.45	420.0	1560.0	445.8	2828.3	173.6	Contains rather much salt ... 44
45	H. Weston, 242, High Holborn ...	1.014	2685.9	3.83	358.4	1745.7	691.2	3808.0	140.0	Contains a little salt ... .. 45
46	W. Hancock, 1, Whitechapel High-st.	1.013	1993.7	2.84	364.0	1186.0	867.0	2373.2	295.0	Contains salt ... .. 46
47	R. Skipper, 3, Cable-street, Well-close-square ... ..	1.009	2201.9	3.14	459.2	1241.2	551.8	2055.0	134.4	Contains salt ... .. 47
48	J. Brown, Whitechapel High-street	1.015	1902.4	2.71	425.6	2571.1	359.3		151.2	48
49	J. Cotton, 5, Edgware-road ... ..	1.012	2033.6	2.90	347.2	1690.1	620.0	3164.0	162.4	Contains a little salt ... .. 49
50	H. Brand, 77, Leman-street, White-chapel ... ..	1.014	2098.6	2.99	408.8	1718.3	1178.5	4317.4	263.2	Contains salt ... .. 50
51	T. Bell, 25, Cable-st., Wellclose-sq.	1.014	1267.5	1.81	403.2	1942.4	991.0	3460.1	190.4	Contains much salt... .. 51
52	Hospital porter ... ..	1.012	2780.1	3.97	369.6	2154.9	542.4	3712.8	72.8	52



## Reviews and Notices of Books.

*Practical Observations on Conical Cornea, and on the Short Sight and other Defects of Vision connected with it.* By J. NOTTINGHAM, M.D., F.R.C.S., &c. London: John Churchill.

ALTHOUGH it must be allowed that the most valuable portion of our medical literature is found in monographs, yet the present book suggests a doubt whether this mode of conveying information may not be carried to excess. There is scarcely a student, however zealous and anxious to master the wide and daily-expanding field of investigation opened out before him, who would not feel that his task was becoming arduous indeed, when a very rare disease of a single tunic of the eye requires for its development a work consisting of 260 large pages. The work before us is evidently written by a clever man: a confessedly rare and obscure disease has been grappled with; original cases have been carefully recorded; the literature of Europe has been ransacked every theory or hypothesis as to the cause and the morbid anatomy of the disease is discussed; every suggestion as to treatment is described. And yet there are some serious defects in the work: though rich in information, it sadly wants arrangement and condensation. The reader is presented with the readings and musings of the author, and the materials out of which the work should have been built are scattered in rich and chaotic profusion before him. There is abundance of ore, but the reader has to provide the crucible. No chapters are given, nor even a table of contents. After these remarks, it will readily be conceived, that to present our readers with anything like a summary or digest of the work would be attended with considerable difficulty, even if our limited space permitted such an attempt. We shall therefore imitate the plan of our author so far as to offer some cursory remarks that were suggested by the perusal of the work.

One of the most interesting questions connected with the curious and rare disease of conical cornea is the morbid change upon which it depends. First. Is there atrophy or hypertrophy of the corneal tissue? Secondly. Is such change in the cornea the cause of the cone, or merely one result of a previous abnormal condition of the eye? Thirdly. Are these changes the result of defective nutrition, or of inflammatory action? It is difficult to arrive at the opinion of the author upon these points. Cases are quoted, and the views of several writers are given, exhibiting remarkable discrepancy on these points; and it must be admitted that the opportunities of resorting to post-mortem examinations are exceedingly rare. The preponderance of evidence adduced is in favour of the doctrine that the cornea is thinned towards its centre from defective nutrition, and that this is the cause of the abnormal change; and in this view we are disposed to agree. We think that cases of softening and bulging of the cornea, from inflammatory action, are widely different from the disease now under consideration; and though largely quoted and dwelt upon, and mixed up with true conical cornea, we believe the subject is only complicated and confused by bringing together the two diseases. Thus, at page 98, a case of severe injury, with opaque, dislocated lens, and wound of cornea, is quoted; and at pp. 126-7, cases of ulcers of cornea, with partial staphyloma; and at another place, a case of staphyloma of the sclerotic is given. We must think that the subject is not only unduly expanded, but mystified, by grouping together diseases so different in their very essence. The author gives us two original remarks on this division of the subject. In accounting for the occurrence of conical cornea, he says:—

"It is not difficult to conceive how a disturbance of the *nexus formativus* (an arrest of development) may give to the child and to the adult an anatomical condition which properly belongs to an earlier era, by introducing the embryo type to a stage of existence behind the scene of which it ought to have

been left, and presenting that as a morbid condition in man which at one time may have been a natural or normal state during intra-uterine life."

This is a long and obscure sentence, but the thought contained in it is both original and ingenious. Again, the author suggests that, if the alteration in the shape of the cornea were due to thickening of the apex, that it would in fact be converted into a small magnifying glass, that would alter the appearance of the pupil and iris, which is not found to be the case. The question of treatment is discussed in a very philosophic spirit, and with no bias towards any particular plan; indeed the fault is rather the admission of every suggestion, however far-fetched; in proof of which we would refer to the American *invention*, at p. 210; and to Florer's suggestion, of draining away part of the aqueous humour by means of a fine seton. On this point the author wittily remarks,—“That the sight of the patient may hang on a very delicate thread.” We would venture to go a step further, and predict that the sight of the patient would inevitably be suspended and ultimately destroyed by such a proceeding. The author makes some ingenious suggestions with regard to the optical management of conical cornea, and seems to have been very successful in some of his own cases, and he very properly urges that all such contrivances should be exhausted before recourse is had to surgical operations. He then quotes all the various experiments that have been made to obviate this condition by operative means, even mentioning Himsly's plan of transplanting the cornea, and Trueshaum's suggestion of “glazing” the cornea, which consists in making a small slit in the cornea, and introducing a little glass button, or rather stud, in such a way as to fix it in the slit, and thus let in a small window. What a pity it is that the human eye so resents the presence of a foreign body!

We have now rapidly glanced at some of the more important points discussed by Mr. Nottingham, and have endeavoured to give some faint idea of the character of his work. In conclusion, we would suggest to him, when he again appeals to the public, more condensation and arrangement, the exclusion of such cases as have nothing whatever to do with the subject, the cultivation of a brief and clear style of writing, and the firmer assertion and development of his own opinions; and we venture to predict that, with the talents he possesses for research and observation, he will attain to a high professional position and a well-earned literary fame.

## ALLEGED CHOLERA AT YORK.

To the Editor of THE LANCET.

SIR,—An impression having gone abroad that this city is now being visited by this dreadful epidemic, to allay the public mind, we, the physicians and surgeons of the city of York, certify that no case of Asiatic cholera has occurred under our observation, and that the health of this city is in a better state than usual at a corresponding period of the year.

THOMAS LAYCOCK, M.D.,  
Physician to the York Dispensary.  
RICHARD HEY, F.R.C.S.,  
Senior Surgeon to the County Hospital.  
WILLIAM ANDERSON, M.R.C.S.,  
Sheriff of the City.  
JAMES ALLEN, M.R.C.S.  
GEORGE HORNBY, M.R.C.S.  
W. BIGLAND, pro W. D. HUBBARD, M.R.C.S.  
W. D. MANN, M.R.C.S.  
EDWARD ALLEN, M.R.C.S.  
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WILLIAM PROCTOR, M.R.C.S.  
WILLIAM REED, M.R.C.S.  
HENRY CRUMMACK, M.R.C.S.  
HENRY KEYWORTH, M.R.C.S.  
C. WILLIAMS, M.R.C.S.  
WILLIAM MATTERSON, M.R.C.S.

York, September, 1864.



# THE MEDICAL STUDENTS' DAILY AND

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ASSISTANT-PHYSICIANS ... ..										
SURGEONS ... ..										
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CLINICAL MEDICINE ... ..	...	...	...	...	...	...	Dr. Addison Dr. Barlow Dr. Hughes In Summer: Dr. G. O. Rees Dr. Gull Dr. Habershon	...	...	...
CLINICAL SURGERY ... ..	...	...	...	...	...	...	Mr. Cock Mr. Hilton Mr. Birkett In Summer: Mr. Poland Mr. Callaway Dr. Lever Dr. Oldham	...	...	...
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Demonstrations of { Cutaneous Diseases {										

# HOURLY HOSPITAL AND CLASS GUIDE.

LONDON HOSPITAL.		ST. MARY'S HOSPITAL.		MIDDLESEX HOSPITAL.		ST. THOMAS'S HOSP. AND COLL.		UNIVERSITY COLLEGE HOSP.		WESTMINSTER HOSPITAL.		SCHOOL ADJ. ST GEORGE'S HOSP.	
LECTURERS.	Days and Hours.	LECTURERS.	Days and Hours.	LECTURERS.	Days and Hours.	LECTURERS.	Days and Hours.	LECTURERS.	Days and Hours.	LECTURERS.	Days and Hours.	LECTURERS.	Days and Hours.
Dr. Carpenter	Tu., Th., 3	Mr. Lane	Daily, 2½	Mr. de Morgan	M., W., F., 3	Mr. Grainger	Tu., Th., S., 10	Dr. Sharpey	Daily, 10	Mr. Hillman	M., W., F., 2	Dr. Lankester	Daily (ex. S.) 1½
Mr. J. Adams	Daily (ex. W.) 9½	Mr. H. Walton	Daily, 10½	Mr. Moore	Daily, 12	Mr. Le Gros Clark	Daily, 9	Mr. Ellis	Daily, 9	Mr. Holthouse	Daily (ex. S.) 3	Mr. E. Blenkins	Daily, 11
Mr. N. Ward	alt. days, 11½, S., 3	Mr. T. K. Hornidge	Daily	Mr. T. W. Nunn	Tu., Th., 3	Mr. Rainey	Daily	Mr. Ellis	Daily	Mr. Power	Daily	Dr. Deville	Daily
Dr. Letheby	M., W., F., 10½	Dr. A. J. Bernays	Tu., Th., S., 9	Dr. Vander Byl	M., W., F., 11	Mr. Barwell	M., W., F., 10	Mr. Graham	Daily (ex. S.) 11	Mr. Lewis	M., W., F., 9	Mr. Rodgers	M., W., F., 9
Dr. Little	M., Th., 4	Dr. Chambers	M., W., F., 9	Dr. Crawford	M., W., F., 9	Dr. R. Bennett	M., W., F., 5	Dr. Walshe	Daily, 5	Dr. Basham	M., Tu., Th., F., 4	Dr. Cormack	Daily (ex. S.) 4
Mr. Curling	M., W., F., 3	Mr. Coulson	M., W., F., 3½	Dr. Seth Thompson	Tu., Th., S., 9	Mr. South	M., W., F., 4	Mr. Erichsen	M., Tu., Th., F., 4	Mr. C. G. Guthrie	Tu., Th., S., 9½	Mr. Pilcher	Tu., Th., S., 9
Mr. Critchett	...	Mr. Sp. Smith	...	Mr. Shaw	...	Dr. Barker	...	Dr. Walshe	...	Mr. Brooke	...	Mr. T. S. Wells	...
Dr. Little	...	Dr. Alderson	...	Dr. Hawkins	...	Dr. R. Bennett	...	Dr. Parkes	...	Dr. Hamilton	...	...	...
Dr. Fraser	...	Dr. Chambers	...	Dr. Crawford	...	Dr. Gooden	...	Dr. Garrod	...	Dr. Kingston	...	...	...
Dr. Davies	...	Dr. Sibson	...	Dr. Thompson	...	Dr. Waller & Griffith (acc.)	...	Dr. Murphy	...	Dr. Basham	...	...	...
Dr. Ramsbotham (acc.)	...	Dr. Tyler Smith (acc.)	...	Dr. Frere (acc.)	...	...	...	Dr. Jenner	...	Dr. F. Bird	...	...	...
Dr. Parker	...	Dr. H. Jones	...	Dr. Stewart	...	Dr. Peacock	...	Dr. Hare	...	Dr. Fincham	...	...	...
Dr. Gibbon	...	Dr. Sieveking	...	Dr. Goodfellow	...	Dr. Bristowe	...	...	...	Dr. Radcliffe	...	...	...
Dr. A. Clark	...	Dr. Markham	...	...	...	...	...	...	...	...	...	...	...
Mr. Luke	...	Mr. Coulson	...	Mr. Shaw	...	Mr. South	...	Mr. Quain	...	Mr. B. Holt	...	...	...
Mr. Adams	...	Mr. Lane	...	Mr. de Morgan	...	Mr. Mackmurdo	...	Mr. Erichsen	...	Mr. C. G. Guthrie	...	...	...
Mr. Curling	...	Mr. Ure	...	Mr. Moore	...	Mr. Solly	...	Mr. W. Jones (ophth.)	...	Mr. Brooke	...	...	...
...	...	Mr. Toynbee (dent.)	...	Mr. Tomes (dent.)	...	Mr. Le Gros Clark	...	Mr. Shelley (dent.)	...	Mr. Clendon (dent.)	...	...	...
Mr. Critchett	...	Mr. Nasmyth (Dental)	...	Mr. Henry	...	Mr. Simon	...	Mr. Marshall	...	Mr. Holthouse	...	...	...
Mr. N. Ward	...	Mr. S. Smith	...	...	...	...	...	Mr. Statham	...	Mr. Hillman	...	...	...
Mr. Wordsworth	...	Mr. H. Walton	...	...	...	...	...	...	...	...	...	...	...
Dr. H. Davies	Tu., W., F., 8½	Dr. Sieveking	Daily (ex. S.) 12	Dr. Stewart	Daily (ex. S.) 3	Dr. Peacock	M., T., W., F., 8 A.M.	Dr. Garrod	Daily (ex. S.) 4	Dr. Basham	Tu., W., F., 2	Dr. Ballard	Daily, 4
Dr. Ramsbotham	M., Tu., Th., F., 3	Dr. Tyler Smith	Daily (ex. S.)	Dr. Frere	Daily (ex. M.) 4	Dr. Waller	M., W., Th., F., 9	Dr. Murphy	Daily (ex. S.) 12	Dr. F. Bird	Tu., Th., F., 4	Mr. Bloxam	Daily (ex. S.) 2½
Mr. R. Bentley	M., W., F., 11	Mr. I. B. Brown	to 9 A.M. Tu., Th., S., 10	Mr. Bentley	Daily (ex. F.) 11	Dr. Bristowe	Tu., Th., S., 10	Dr. Lindley	Daily, and do. (ex. M.) 8 A.M. M., Tu., Th., F., 10	Dr. Radcliffe	Tu., F., S., 2	Dr. Lankester	M., W., F., 11½
Dr. Ramsbotham	Daily (ex. S.) 9½	Mr. Ancell	M., W., F., 3½	Dr. Goodfellow	Daily (ex. M.) 9	Dr. Brinton	Tu., Th., S., 8 A.M.	Dr. Carpenter	M., Tu., Th., F., 10	Dr. Fincham	M., T., Th., F., 3	Dr. Richardson	M., W., F., 9
Dr. Letheby	Tu., Th., S., 10½	Dr. A. J. Bernays	M., W., F., 10	Mr. T. Taylor	M., W., F., 11	Dr. R. D. Thomson	M., W., F., 10	Dr. William-son	M., Tu., W., Th., 11	Mr. H. Lewis	Not stated	Mr. Rodgers	Tu., Th., S., 9½
...	...	...	...	...	...	...	...	Mr. Potter	M., W., F., 4½ Daily (ex. S.) 3	Mr. Brooke	W., 3	...	...
Mr. H. Coles	Twice weekly, 12	...	...	Mr. Waterhouse	T., F., 5	Mr. Huxley	Tu., S., 9	Dr. Grant	...	...	...	Mr. R. T. Hulme	Tu., Th., S., 10½
Dr. A. Clark	M., F., 12	Dr. Markham	S., 11½	Mr. Henry	M., 10½	Mr. Simon	S., 4	Dr. Jenner	Tu., W., F., 9	...	...	...	...
Dr. A. Clark (in Summer)	W., S., 10	...	...	Dr. Van der Byl	...	...	...	...	...	...	...	...	...
...	...	Mr. White Cooper	Tu., S., 2½	...	...	Mr. Mackmurdo	...	Mr. Wharton Jones	...	...	...	...	...
Mr. H. J. Barrett	7 P.M.	...	...	...	...	Mr. Saunders	...	...	...	Mr. Clendon	W., 10	...	...
...	...	Dr. Jas. Bird	M., W., F., 2½	...	...	...	...	...	...	...	...	...	...
...	...	Dr. Alderson	M., ½ to 2	...	M., W., 1	Dr. Barker	M., or Tu., Th., 4	Dr. Walshe	...	...	...	...	...
...	...	...	...	...	...	...	...	Dr. Garrod	...	...	...	...	...
...	...	Mr. Ure	Th., ½ to 2	...	Th., F., 1	...	...	Mr. Quain	...	...	...	...	...
...	...	...	...	...	...	Dr. Waller	...	Mr. Erichsen	...	...	...	...	...
...	...	...	...	...	...	Dr. Griffith	...	...	...	...	...	...	...
Aural Surgery	...	Mr. Toynbee	Th., 2½	Mr. Corfe	...	Practical Pharmacy	...	...	...	Organic and Physiological Chemistry	...	Dr. Marcet	...





## THE LANCET.

LONDON, SATURDAY, SEPTEMBER 30, 1854.

PERHAPS the greatest blessing possessed by Great Britain is its patrimony of nearly 400 square miles of coal-field. Certainly a great proof of its commercial activity and domestic comfort is that the inhabitants should burn away thirty millions of tons of coal per annum. There is no possessing any amount of wealth, intellect, or power which can free an inhabitant of our damp and foggy island from a subjugation to the coal-cellar; and there should be no mistakes, either of self-interest or of humanity, allowed to increase the blackness of our necessary servitude. Nevertheless, Mr. COOPER\* reminds us that they do so, and that, though we have done something for the factory child, the climbing boy, and the tramp,—though the common lodging-house is no longer a den, the factory no longer a fever-nest, and the puny sweep is freed from the inhumanities which were practised on him, yet that the collier is left to grope his own careless and reckless way through his talpa-like existence, the consequence being that, in the course of thirty years, nearly an eighth, or 30,000, of the workers in our mines perish prematurely. A short time ago a few individuals became astounded at a fact like this, drew up a petition, got it signed by 3000 persons, and presented it to the House of Commons, praying for inquiry, and basing its claims to special consideration on the ground that 1000 lives are annually destroyed by explosions and analogous mining contingencies. From the data given by Mr. COOPER, we find there are not less than 250,000 colliers in Great Britain, the average working life being about thirty years; 4·5 per 1000 per annum perishing from violence. In some of the counties the rate is yet higher, being in Lancashire and Herefordshire 5·2 per 1000. In Prussia the deaths from accidents in coal-mines are only 1·6 per annum, and in Belgium 2·8, so that the mortality of miners in England is twice as high as it is in Belgium, and four times as high as in Prussia. As the Officer of Health of Southampton remarks, this is a fearful mortality; it is not an ordinary evil, but a very serious one, and of national gravity.

"It cannot be too soon or too firmly grappled with, as the cost of existence in these days of advancement and increased estimation of human life cannot be trifled with without interfering with many important interests and considerations of the greatest magnitude to the social and material welfare of the State."

Mr. COOPER conceives that the most effectual way of remedying the evil would be by placing the whole mining supervision in the hands of competent Government authority, a specific department for the purpose being connected with the Board of Health. Mr. MACKWORTH has shown† that the destruction of life from accidents in mines is generally small, compared with the injuries and the shortening of life inflicted by the want of sufficient ventilation and other minor and preventable causes; and that there is every probability that the lives of miners in the majority of coal mines, in the iron, tin, copper, and lead mines, are shortened from twelve to fifteen years, on an average, by circumstances which are in a very

great measure remediable. Mr. COOPER maintains that no mine need be unhealthy from defective ventilation, and that choke-damp ought not to occur, its existence being proof of culpable negligence on the part of the managers. If such be the case, there is much to answer for, indeed, under the present method of working our underground passages. A scientific system of ventilation, rigorously and constantly carried out, to supply fresh air to the workmen, and to diminish the great heat experienced by them in their work, is of course a main remedy for the present evils, but is not the only one necessary to be instituted. The miners themselves have to be taught the true purport and right management of a "Safety Lamp," and to be most closely supervised as to their conduct in respect to this instrument. We doubt, indeed, whether the ignorance or even carelessness displayed by the miners, is not very greatly inferior to their reckless bravado. If men in deep workings, or at great lateral depths, in contact with closed excavations perhaps imperfectly walled off, or contiguous to large fissures or broken places from which jets of gas escape and charge the surrounding air with matter ready to explode, will, in complete knowledge of their danger, burn *lucifer matches*, and smoke tobacco, or go on working until the light will scarcely illuminate from the deficiency of oxygen, or mend the mesh-work of their lamps with lead, or pewter, or some material which melts off, or becomes detached, we fear something more than instruction—viz., severe disciplinary supervision, must be rigorously enforced ere benefit will result. Men who will carry a lighted candle in their hands, or even fix it in their hats, near what has been termed "a magazine of explosive gas," are beyond the *suaviter in modo*, and must be managed by the *fortiter in re*. It has been laid down by a high chemical authority, that "The strongest explosive mixture might come in contact with iron or other solid bodies heated to redness, or even to whiteness, without detonating, provided they are not in a state of actual combustion."

According to Mr. COOPER, who, in connexion with Mr. SHARP, of the Southampton Gas Works, has instituted some experiments on this point, he has seen "again and again immediate ignition of carbureted hydrogen by heated iron and "hot cinders," and for this the iron, coal, and cinder need be no more than in a state of red heat.

"If," says the former gentleman, "a diver can descend to the depths of the ocean, and be supplied with air, there can be no reason why the miner should not have it both in purity and abundance. . . . Two gallons of pure air per minute are necessary for healthy respiration, and this may be easily supplied by proper apparatus to any mine, however deep, and whatever the number of men may be."

In one sense this may be all true enough, and we believe that for some time past mining engineers would have found no difficulty in effecting it, if they had had at their command plenty of money. This, in fact, was the great stumbling-block; managers wished to drive levels and work seams as cheap as possible, and not as scientifically or perfectly ventilated as their engineers could have effected. It is true that managers have often been "penny wise and pound foolish." For example, in Mr. MACKWORTH's communication to the Society of Arts, it was shown that in some mines where the ventilation had been improved, the men acknowledged they could do one-fourth more work. In one large mine last year there were three sets of men driving a level at a cost of seventeen pounds a fathom. The temperature was 105°, and the hands were

\* Ventilation of Coal Mines. By Francis Cooper, Surgeon, Officer of Health, Southampton. Southampton: 1854.

† Report of Society of Arts, *Athenaeum*, July, 1854.

changed every five minutes. At the request of a member of Parliament — Mr. WILLIAMS — Mr. MACKWORTH visited the miners, and pointed out how a quantity of air might be introduced sufficient to lower the temperature to 75°. It was done, and the level then cost *five* instead of seventeen pounds per fathom. If the heat be very great, or above 100°, sometimes the men cannot work in it at all, or only for a very short period; they must, in driving such a level, or working such a seam, be constantly replaced, or die.

The method of ventilation proposed by the Southampton Officer of Health is the traversing the mine with two sets of gutta percha tubing, one set for carrying the pure air down, the other for bringing the foul air up from the pit. A powerful bellows, worked by steam-power, would transmit the air from above through the tubular distributory. The latter is to be provided with proper perforations, valvular openings, &c., and the bellows is to be preferred to the fan or the screw; but on these matters of detail we need not enter. The plan now recommended was suggested to the chairman of the Parliamentary Committee, (Mr. J. B. HUTCHINGS,) as "both a cheap, simple, and effectual plan, and one to which there can be no valid objection on the ground of difficulty or expense." The chairman, in his reply to the proposal, stated that he had had two or three plans submitted to him very similar in principle, and not very dissimilar in detail from that we have just noticed.

It is to be presumed that, after the conclusive evidence as to the pernicious effects of castor oil in Cholera collected by the Council of Health, and published under the authority of Sir BENJAMIN HALL, the public mind will be freed from the fatal delusion that that drug is the remedy for Cholera. In addition to the evidence referred to, and which has been presented to the public, we are authorized to state that more extended inquiries, made throughout the metropolis by the Inspectors of the Board of Health, have brought to light a still larger mass of confirmatory evidence; and that the testimony to the disastrous results of the late prevalent faith in castor oil and purging, as the cure for Diarrhoea and Cholera, is uniform amongst all observant members of the profession. The history of this delusion offers a memorable example of the evil of medical prescribing in the newspapers. Some medical men, losing sight not only of professional decorum but of their duty to the public, have rashly joined the host of old women and dabblers in quackery, of every sort and condition, who have flooded the daily press with "certain cures" and "infallible specifics." If not actuated by a dishonest hankering after notoriety, their conduct can only be explained on the supposition that they think medical science likely to be advanced by public discussion in the newspapers. This is tantamount to advocating universal suffrage in Medicine. The folly of this principle of action is as reprehensible and pernicious as is the knavery of the former. Our contemporary, the *Spectator*, in referring to the report of the Council of Health, very acutely observes:—

"It is indiscreet for medical men to discuss their own first ideas in the unprofessional public journals. A most respectable physician has been prescribing castor oil for Cholera with an apparent success, but in a very limited experience. Several others copy him; and at last the Board of Health puts the prescription to a more rigid test. Out of eighty-nine cases the remedy proved undecided in six, still in course of treatment, successful (?) in fifteen, fatal in sixty-eight. Was not the rash

adoption of the drug the direct result of newspaper consultation?"

But, as we have before said, this summary is very far indeed from conveying an adequate idea of the mischief that has been done. Many hundreds of misguided persons affected with the diarrhoeal stage of Cholera have, fancying themselves in possession of a sure specific, deferred seeking for skilled advice, and trusting to "that simple remedy," castor oil, have perished by their own hands.

Striking, demonstrative, and fearful as is the lesson taught by the *currus triumphalis* of castor oil, we dare not venture to hope that it will arrest the vain egotism and culpable precipitancy of those amateurs who delight in obtruding their silly advice; but it may at least serve for a warning to the public to consult their regular medical attendants when they are ill, and not to look for medical advice in political newspapers.

ALL of us remember how profoundly, a few years ago, the female mind in this country was agitated by the Bloomer crusade. The cry went forth from the women of America to the women of England, calling upon them, as they valued their freedom—or, rather, their supremacy—to rebel against the yoke which was supposed to be typified in their petticoats; to revolutionize the time-honoured but despotic millinery-regulations; and to put on, as the symbol of their independence and of their equality with tyrant man, that garment of the nether limbs which it is considered indelicate to describe by name, but which hitherto had been wrongfully and despotically appropriated to the male sex. The philosophical and skilful Amazon, Mrs. COLONEL BLOOMER, who had assumed the conduct of this great campaign on behalf of the rights of women, had accurately fathomed the influence of dress upon the mind. The ingenious author of "Sartor Resartus" himself did not more fully appreciate the importance of external decorations as instruments for subjugating the intellect of mankind, than did the gallant COLONESS when she boldly unfurled before her down-trodden sisters, as the standard of revolt, that unmentionable garment which insolent men had oftentimes in ribald metaphor taunted them with surreptitiously wearing.

It is not our purpose to trace the succession of events by which the failure of the Bloomer costume was brought about. We still avow ourselves of the school of THOMAS CARLYLE. We still believe in the efficacy of dress as an agent in moral government. If the — (our readers must supply the word we are not at liberty to mention) are still worn only by a few of the more daring and determined of their sex, we can only conclude that the petticoat which Mrs. BLOOMER would discard and repudiate as unfitted to be the emblem of government is, in reality, the garment that is the most in harmony with the mental qualities that Nature has implanted in the female sex. But contemporaneously with this bold assumption of masculine attire there was at work, in the more advanced and disenthralled departments of the United States, a spirit of ambition more practical in its nature, that aimed at grasping not only the outward garments of man, but also at usurping functions which the tyranny of custom had assigned to him. Female Colleges of all kinds were instituted. The inherent right of women to academical distinctions—to enter upon the practice of the learned professions—was loudly proclaimed. Medicine, ever peculiarly exposed to the inroads of charlatany, was the first profession to tempt the zeal and the

ambition of the New Amazons. It had long been a subject of reproach that Medicine was degraded by the ignorant pretensions of "old women" of both sexes: why should it not be regenerated and honoured by *young* women of powerful and instructed minds? Accordingly we have witnessed the revival of lady-professors of anatomy, physiology, medicine, surgery, and midwifery; we have seen these lady-professors conferring the degree of DOCTOR of Medicine—we believe they pretermitted the lower grade of BACHELOR—upon the young ladies who have completed their studies; and, lastly, we have seen these lady-dubs, under their proper professional and academical appellations, driving about the enlightened towns of America in befitting broughams, expounding medical mysteries, giving advice, and taking fees! One of these lady-doctors, more ambitious than her professional sisters, not satisfied with the state of science in America, has laudably resolved upon improving her learning and her skill, by visiting the European Schools of Medicine.

A Miss Doctor BLACKWELL, a Graduate of Cleveland College, Ohio, having completed a course of clinical study at the Royal Maternity Hospital, at Edinburgh, has applied to the Managers of the Royal Infirmary for permission to prosecute her studies in the female wards of that institution. It is supposed that her intention is ultimately to eclipse the home-bred lady-graduates of America, by returning to New York with the degree of Doctor of Medicine of the University of Edinburgh, and the Fellowship of the Royal College of Physicians of London. That a purpose so praiseworthy should be opposed by the refusal of the Managers of the Royal Infirmary to accede to the request of Miss Doctor BLACKWELL, we cannot but regret. In order that Miss Doctor BLACKWELL may not return to America, there to propagate the injurious reproach against our national character, that we know not how to encourage females in the pursuit of medical knowledge and collegiate honours, we beg leave respectfully to inform her and her sister-graduates, that the Royal College of Surgeons of England is animated by a more enlightened and transatlantic liberality; and that the new order of Licentiates in Midwifery is open, by an Act of Parliament, to "persons" of both sexes.

SIR BENJAMIN HALL is likely to prove two things—1st, what a man can do; and 2nd, what he can not; and the latter feat in regard to his present operations may turn out to be the more useful of the two. Sir BENJAMIN is clearly not only disposed, but determined, as far as possible, to do his duty. He is zealous, active, attentive, and shows great administrative capacity. Few men have been placed in a more important, or in a more honourable position. His appointment was hailed as the *avatar* of a new era in Sanitary Reform; nor do we doubt that the President of the Board of Health, if allowed full scope, will fulfil the expectations which have been formed of him. He has surrounded himself with a zealous staff, and up to the present moment has endeavoured to do everything that could possibly be done with regard, not only to general measures of Sanitary Reform, but in order to meet the frightful pestilence which, just after his accession to office, burst on us like a thunder-storm. But his good intentions beat against an absurd legal system, like the sea against the rocks. What can he do with obstinate Boards of Guardians? He directs such and such things to be done through his inspectors; but sapient

parish authorities decline to do anything, and the only remedy is to indict them for a misdemeanor for violating the provisions of the Nuisances Removal Act. The inquest at Clerkenwell proves the insufficiency of the present system. There the more than carelessness of the guardians was abundantly proved. Their refusal to comply with the orders of the Board of Health through their inspector, Mr. GEORGE GLOVER, was clearly shown, and yet because the nuisance, which in all human probability had killed the child BUCKLEY, was a "*trade*," and not an ordinary nuisance, nothing could be done!

At an early period it is probable that our readers may find in these columns some practical suggestions calculated to meet the numerous defects of our present sanitary system.

We repeat that Sir BENJAMIN HALL, by showing positively and clearly what even *his* administrative powers cannot accomplish, is likely to ensure, or promote at least most materially, the success of the cause of Sanitary Reform, perhaps one of the greatest causes of the age.

## Correspondence.

"Audi alteram partem."

### THE MOUNTAIN-ASH BERRY A SUBSTITUTE FOR THE APPLE.

To the Editor of THE LANCET.

SIR,—If the following suggestions should be deemed worthy of a space in your journal, they are much at your service:—

The author of a work, entitled, "On the Use of Vegetable and Mineral Acids," &c., has, I think, proved from his own observations, and those of others, that the inhabitants of cider counties are to a great extent free from attacks of cholera. If such be the case, and I have nowhere seen the question disputed, would it not be a matter of policy to cultivate the apple tree throughout the country more generally than it now is, so that populous places might be better provided with the wholesome beverage, cider? How this may be accomplished I must leave to those who dwell in the country. I should imagine that, in the hedges of almost every field the apple tree may now and then appear. There is often, I find, a great scarcity of this fruit, which I believe is the case this year. The multiplicity of apple trees may provide against the occasional failure. It is sometimes remarked,—"*There is only half a crop.*"

Besides the apple, there is another fruit, or berry, which, it appears, yields half its weight in juice. The berries of the mountain-ash are stated to produce pure malic acid,—(See "Hooper's Medical Dictionary.") Under the head, *Sorbic acid*, Hooper writes thus:—("*Acidum sorbicum*, from *sorbus*, the mountain-ash, from the berries of which it is obtained.) The acid of apples, called malic, may be obtained most conveniently and in greatest purity, from the berries of the mountain-ash, called *sorbus*, or *pyrus aucuparia*, and hence the present name, sorbic acid. This was supposed to be a new and peculiar acid by Donovan and Vauquelin, who wrote good dissertations upon it. But now it appears that the sorbic and pure malic acids are identical."

The mountain-ash, therefore, whose berries, hanging gracefully on its branches, are pleasing to the eye, may be made available, especially at the time of a scarcity of apples, by grinding them up with that fruit to make cider. I would therefore suggest that the mountain-ash tree should be more extensively cultivated throughout her Majesty's dominions. The seed, or berries, may be obtained at Covent-garden, London, or elsewhere, and I am told this is the period for procuring them, but I am not aware when they should be placed in the earth, nor how, so as to produce the tree.

I am, Sir, your obedient servant,

ARBOR.

September, 1854.

### PREMONITORY SYMPTOMS IN CHOLERA.

To the Editor of THE LANCET.

SIR,—It is only within these few days that my attention was called to the article in THE LANCET of the 26th of August, and to that of the 2nd of September, relative to the question of the

existence of a premonitory diarrhoea in cholera. Permit me to call your attention to the fact, that all the cases in the pamphlet you have noticed were cases reported in the Registrar-General's weekly return as cases of cholera without any premonitory diarrhoea, and that they were all so many errors propagated by that official return; and if you take the trouble to call on the Registrar-General, he will tell you, as he did me, that he is obliged to accept what information is given him as to the cause of death; that he has no authority to enforce accuracy on this point on the part of medical informants; consequently, no reliance is to be placed, as to the cause of death, on the Registrar-General's weekly return. And to satisfy you further that no confidence is to be placed in what appears in the Registrar-General's returns, in a pathological point, you have copied from him two cases of cholera, reported as cases without any premonitory diarrhoea, yet the first had a diarrhoea for twelve hours before the cramps set in; the second above four hours. The first patient resided at No. 45, Whittlebury-street, Camden-town, St. Pancras; the second at No. 58, St. Paul's-street, St. George's-in-the-East. I have not had time to inquire into the other cases mentioned in *THE LANCET*, and copied from the Registrar-General's returns, nor do I for the moment deem it necessary, as the following document, which has come to my knowledge within these few days, will satisfy all pathologists that cholera cannot take place without a premonitory diarrhoea:—

In 1849 I was in charge of Poplar Union, as a medical inspector. The form of a register to record the cholera cases was decided on, reporting, amongst other information, whether there was, or not, a premonitory diarrhoea. I am again a medical inspector of this union, and I find that the register has been carefully kept of all the cases of cholera which have occurred in Poplar since then, by the intelligent and zealous

clerk of the union, Mr. Symons; and I also find that Dr. Beem and Mr. Webb, the well-known surgeons to the union, have, from a sincere desire for the advancement of medical science, and also, as they themselves have told me, from a very sincere desire to find that I was in error in the rule I had laid down—that cholera is always preceded by diarrhoea—carefully examined every case of cholera since 1840, and that out of 746 cases which have occurred in this union, they have not been able to find one without a premonitory diarrhoea. I may add that I am seeking during the present epidemic, with all the care in my power, for cases of cholera without a premonitory diarrhoea, and that I am assisted in this inquiry daily by three-and-thirty medical gentlemen, and as yet we have not been able to find one which had not been preceded by a diarrhoea for some hours, some days, or some weeks, although we have examined some hundreds of cases.

I have the honour to be, your obedient servant,

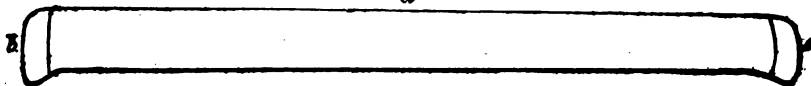
D. MACLOUGHLIN, M.D.,  
Member of the Legion of Honour  
Bruton-street, Berkeley-square,  
Sept. 1864.

## TRACHEOTOMY BY MEANS OF A VERY SLIGHT ADDITION TO THE POCKET-CASE.

To the Editor of *THE LANCET*.

SIR,—If the scissors be prepared for tracheotomy, as proposed in your journal for June 17th, 1854, p. 648, a very simple instrument added to the pocket-case, which would take up little room, and be very useful for other purposes, is all that is required for the operation of tracheotomy.

It consists of a wire, flattened, bent as in the subjoined outline, and of the due degree of strength and elasticity.



It is flexible at *a*, and is bent at that part until *b* and *c* come together; it may be thin and flexible, too, at *b* and *c*, so that it may be brought nearly to a point for introduction into the tracheal opening. The parts *b* and *c* are of such a form as to admit of their buttoning within that opening. *Verbum sat.*

I am, Sir, yours truly,

September, 1864.

DELTA.

## THE TREATMENT OF CHOLERA BY PURGATIVES.

To the Editor of *THE LANCET*.

SIR,—I see in your number of September 2nd, a letter from a Mr. Burke, very pompously and wrothfully abusing "a Dr. G. Johnson," for stealing his very original and beautiful "Theory of the Nature and Treatment of Cholera." Now the aforesaid Mr. Burke must surely have been a hermit, or he would have known that dozens of medical men have advocated the same theory for the past twenty or thirty years. If I mistake not, Dr. Billing was the broker of it. Whatever may be the truth of the theory, I believe the purgative (of bowels, not of liver) treatment is contradicted by universal experience. Some go so far as to give salts, some elaterium; but I imagine if it was possible for a poor wretch submitted to such treatment to recover, it would be in spite of the treatment. We are apt to snarl at the quacks, but I think we ourselves, by acting on our silly conceits, instead of following the established plan of treatment, based upon the known pathological changes, are more likely to do harm than the whole of the said respectable fraternity. I see also another persevering gentleman, a Dr. Macloughlin, trying to prove that there is a rule without an exception—that it is impossible for cholera not to be preceded by diarrhoea. He seems bad to confute, for he will not be confuted. Your pages offer numberless contradictions to his notion. I remember a case last year, in which a man was out, taking a walk, quite well; I particularly ascertained that he had had not the slightest diarrhoea. All at once, he felt faint and sick; felt his bowels swell and rumble, and immediately sat down and purged gallons, as he said. When I saw him within an hour and a half after, he was sinking fast into collapse, and soon died.

I am, Sir, yours very respectfully,

South Shields, September, 1864.

No PECKENIFF.

## GALVANISM IN HYDROPHOBIA.

To the Editor of *THE LANCET*.

SIR,—In consequence of the statement in *THE LANCET*, that galvanism had proved ineffectual in cases of hydrophobia, I wish to be allowed to observe that it failed in consequence of being employed when the symptoms of hydrophobia had shown themselves. We can decompose organic poisons by a continuous current of galvanic electricity. It is therefore necessary to act upon the poison before it has become absorbed, and by applying the galvanic current immediately to the bitten part we destroy the poison by electrolysis.

To corroborate this statement, I will relate an experiment of Mr. Pravaz, who inoculated some dogs with the saliva of a mad dog, and allowed others to be bitten by mad dogs. Those which were galvanized recovered; the others died mad. Similar experiments will be found in *La Clinique*, 1829, No. 40; *Revue Médicale*, 1830, p. 463; Kleinert's *Repertorium*, bd. 4; Gerson and Julius' *Magaz.*, 1830, Mai, Juin; *Freier's Notizen*, 1830 and 1831; Henke, *Zeitschr. für Staatsarz.*, 1843.

I remain, Sir, your obedient servant,

Connaught-square, Sept. 1864.

R. M. LAWRENCE, M.D.

## THE CHOLERA.

RELATIVE to the progress of the cholera in the metropolis we condense the following from the "Weekly Return" of the Registrar-General for the week ending September the 23rd:—

Districts.	Elevation above water mark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	70
Central (St. Giles, &c.)	49 "	393,256	77
Western (Kensington, &c.)	28 "	376,427	216
Eastern (Shoreditch, &c.)	26 "	485,522	197
Southern (St. Saviour's, Lambeth, &c.)	6 "	616,635	724
			1294

Of these 373 were under 15 years of age; 698 were above 15 and under 60; 212 were above 60 years old; 1 the age was unknown.

190 are said to have died from diarrhoea.

The deaths by cholera in the ten weeks of the present eruption have been 8953; the eruption of 1849 broke out earlier, and by the same date, nearly, had destroyed 12,664 of the inhabitants of London.

We extract the following from the "Weekly Return" of September the 16th:—"At 26, Phillip's-street, on the 12th of September, the daughter of a coalwhipper, aged ten years, 'diarrhoea, (sixty hours,) cholera, (forty-eight hours.)' The Registrar says:—"In the week ending September the 9th, I registered the death of a child on the 6th, aged five months, from debility, in accordance with the medical certificate, and also the death of its mother, on the 5th, from typhus. Since then the father has called on me and stated that the child was still living; after laying in a moribund state four hours, and when about placing it in the coffin with the mother, they found it still warm; it has since rallied and eaten ravenously, and I believe is yet alive."

On the 12th instant, the general committee of the Metropolitan Commissioners of Sewers passed the following resolution:—"That the engineer, Mr. Bazalgette, do prepare for presentation to the general committee, at its next meeting, a special report, explanatory of the mode of conducting the works of the Commissioners in building and repairing sewers, and covering open sewers; the ordinary precautions taken for the prevention of nuisance and danger to the public health, and the special precautions taken at the present time; the general state of the works now being executed, and the state of health of the men engaged upon them; and as to the propriety of suspending the works for a period, and whether any and what additional precautions are requisite; and generally on the propriety of executing sewerage works during the prevalence of cholera."

In pursuance of the above resolution, Mr. Bazalgette has presented his report, for the details of which we have no space at present; suffice it to say, it is favourable to what has been done and is doing by the Commissioners.

We find by the *Lancaster Guardian*, that some cases have occurred at Lancaster and Poulton. The Board of Guardians are on the alert, a sanitary officer has been appointed, as also a staff of visitors, whose duty it will be to make a house-to-house visitation.

The sculptor, Pistrucchi, (a relation of a former mint medallist,) was lately seized with cholera at Rome, whilst occupied on some ornamental mouldings in the Papal palace. This, and some other few deaths have occasioned the introduction of a process of fumigation, to which all the visitors to the Papal palace are subjected.

On Monday week, Mrs. Fitzwilliam, the well-known actress, attended rehearsal at the Haymarket Theatre, was then attacked by the disorder, and died in a few hours' time.

Dobrich, the German musical composer, has also fallen a victim, at Augsburg.

The cholera has happily almost disappeared from the large towns of Piedmont. In Turin there were no fresh cases, and only two deaths; at Genoa six cases and six deaths. The total number of cases at Turin has been 642 and 410 deaths; and at Genoa 4827 cases and 2669 deaths. From this it will be seen that the scourge has been much more severe this year than on any former occasion.

Its progress, too, has been remarkable for capriciousness, avoiding those places which were most afflicted in other years, and *vice versa*. At Nice and Cuneo, in Piedmont, for instance, there have been but solitary cases this time; and at Messina, where it was never known before, upwards of 13,000 persons are computed to have died of it already, and it was still raging at the rate of between 200 and 300 deaths a day up to the latest accounts. It has, we are sorry to hear, at length made its appearance at Florence.

As may be supposed, "Contributions on Cholera" flow in upon us abundantly. Every one appears to desire to "have his say." We can only observe now that D. J. C. Atkinson's "experience of this relentless disease during three successive epidemics tells him that the physiognomy of the affection has exhibited different aspects," and hence "the treatment will never, in *hieroglyphic*, to be successful, be required to be uniform in nature under these varying circumstances." Still, Dr. Atkinson has "decidedly greater confidence in the administration of calomel, according to Dr. Ayre's plan, in extreme cases of collapse, than in any other mode of treatment." "C. H.," believing that this same plan (Dr. Ayre's) having "been found to be the most successful without the action of the mercury itself being displayed," thinks the beneficial effect may be due to the *chlorine* entering into the mercurial compound. He therefore advises the use of this agent, and as prepared according to the

directions given in "Watson's Practice of Physic." In the opinion of another correspondent, who signs himself, "A Bewildered Practitioner," if, as has been asserted, patients do frequently recover under the use either of castor oil or of small doses of calomel, "it only proves that the *vis medicatrix* is powerful in cholera as in other diseases;" while "Adelephoc," having no faith in the former, tells us that, "calomel and opium have been the best means he has to record, and occasionally when sickness has been severe, small doses of the diluted hydrocyanic acid has relieved it."

## Medical News.

QUEEN'S COLLEGE, BIRMINGHAM. — AWARD OF HONOURS.—*The Warnford Gold Medals*: (£20 each.) Mr. Porter, Mr. Heeley. *The Essays* of Mr. Wolston and Mr. Lee were honourably mentioned.—*The Governors' Gold Medals for Regularity and Good Conduct during a Period of Three Years*: Mr. Porter, Mr. Ardan.—*The Warnford Scholarships*: (£10 each, for Two Years.) Mr. Ruffe, First Scholarship; Mr. Bright, Second Scholarship.—*The Webster Prize* (£5) for Proficiency in the French Language: Mr. J. A. Williams.—*The Percy Prize* (£5) for Proficiency in the German Language: Mr. Abbey, Mr. Lyach, equal.—*Anatomy*: Medal, Mr. Snooking; Certificate, Mr. Jordan.—*Surgery*: First Medal, Mr. Fletcher; Second Medal, Mr. Harris.—*Medicine*: Medal, Mr. Jordan; Certificate, Mr. Heeley.—*Midwifery*: Medal, Mr. Heeley; Certificate, Mr. Spoda.—*Chemistry*: Medal, Mr. Bond; Certificate, Mr. Smith.—*Materia Medica*: Medal, Mr. Neal; Certificate, Mr. Hayward.—*Botany*: Medal, Mr. Bright; Certificate, Mr. Neal.—*Forensic Medicine*: Mr. C. R. Williams.—*Anatomical Demonstrations*: Mr. J. R. Davies.—*Elements of Medical Science*: First Prize, Books, Mr. J. A. Williams; Second Prize, Books, Mr. J. T. Smith, honourably mentioned.—*Classics*: Medal, Mr. J. A. Williams.—*French Language*: First Prize, Mr. Abbey; Second Prize, Mr. G. H. Harris.—*Mechanical Drawing*: Mr. Watts.—The presentations will take place on the 3rd of October, and an Address will be delivered by R. D. Grainger, Esq.

WHITECHAPEL COUNTY COURT, SEPT. 11TH.—GUNPOWDER PILLS.—LAUGHABLE CASE OF EMPIRICISM.—EAST-END CREDULITY AGAIN.—FLYNN v. GREEN.—This action was brought to recover the sum of £1 4s., for a quarter of a gross of Doctor Hippocrates's pills of life, and the proceedings convulsed the court with laughter. The plaintiff is an Irishman, assuming the name of Doctor Hippocrates, who it appears has been for some time carrying on a thriving practice in the delightful locality of Petticoat-lane. The defendant is a young beginner in the general line, whose patronymic is far from being a misnomer. Mr. W. B. Davies, the solicitor, appeared for Mr. Solly Green, and Doctor Hippocrates conducted his own case.

Mr. FLYNN, in true Milesian twang, said a frind of his wishing to befrind Mister Green, the chate, come over him as to appoint him agent for the sale of his pills of life, and to credit him for a quarter gross of them. Upon his sending his assistant, Mister Leary, for the chips, (laughter,) Mister Green offered back the pills, and as he still backed out, he took a summons out.

Mr. DAVIES.—Pray, Mr. Flynn, how comes it you describe yourself as a medical man, Doctor Hippocrates, eh?

PLAINTIFF.—If I choose to call myself Lord Chancellor, Prince Albert, or the Emperor of Russia—where's the law to prevent me? (Laughter.)

Mr. DAVIES.—Oh, then, you are not a physician, (laughter,) but I see you are a bit of a poet. Is this your composition on the lid of your pill boxes?

"If you wish to live for ever, my boy,  
Take these pills and life enjoy;  
Wondrous cures these pills have done,  
They've turned the father into son.  
The blind to see, the lame to walk,  
They've also made the dumb to talk."

(Roars of laughter.) Now do you mean to swear, Dr. Hippocrates, that your pills have the wonderful properties these lines convey?

PLAINTIFF.—Mister Burke writ them verses for another doctor, some time ago; but faith my pills, I'll be bound to swear, will cure all diseases of baste or man, woman or childer. (Loud laughter.) Ye'll excuse me, sir, offering ye a box to test their virtue. Y'er rather bilious about the eyes, I percave. (Dr. Hippocrates here, amidst a shout of laughter, held out to defendant's attorney a box of the pills of life.)



Mr. DAVIES.—Not for the world. Do you know we have had your pills analyzed. I only wonder you have not been tried for murder in administering them. (Roars of laughter.) Now, come, tell me where your pills are manufactured?

PLAINTIFF.—The medical min don't manufactur—we dispinse. (Laughter.) My laboratory—that's the proper word, sir, not manufactory—is at home, sir. (Laughter.)

Mr. DAVIES.—Have you any objection to state what your pills are made of. Come, now, I know: are they not made chiefly of gunpowder? (Shouts of laughter.)

PLAINTIFF.—The Lord presarve us, gunpowther! Be careful what you say, and not take away my carrickter. (Laughter.)

Mr. DAVIES.—Yes, gunpowder, or at least its components, we find in your pills of life. There is one thing, however, we cannot make out. I think it looks like a spider's web. Is that so? (Laughter.)

PLAINTIFF.—I am not such a gossoon as to tell ye the likes of my pills. I niver made gunpowther, nor do I know how it is made, and d'ye think I want to blow sick people up with gunpowther? (Laughter.) The Lord presarve you, sir, I'm not a haythen, like a lawyer. (Loud laughter.)

Mr. DAVIES.—Well, as you will not divulge the contents of your pills, I must. Our answer to this case is that the claim is about as impudent as the plaintiff is by assuming the character of a medical man. It is almost surprising how the public are gulled by quacks; and had a witness attended—prevented by illness from being here—we should have been able to have proved that these pills are dangerous to life. His foolish client fortunately sold none of them, and discovering the character of the pills, sent them back. The analyzation proved that the pills were chiefly made with gunpowder, and all a person had to do after taking them was to swallow a lucifer match and he would at once become a skyrocket, and eased of all pain in this world. (Laughter.) Mr. Davies here broke up some of the pills and rolled the mixture up in paper like a squib, and with a lucifer match lighted it. In a short time it burnt and fizzed like a slow match. He urged upon the court that this was ocular proof that the pills were a downright cheat, and that his client was justified in returning them.

The JUDGE.—Well; in the whole course of my experience, I may with truth assert, a case like the present never came before me. Are the East-end people mad? One would think so. Why, the pills remind me of the Devil on two sticks. (Loud laughter.) I shall certainly order them to be impounded, and ascertain whether they are dangerous to life. As it is I have no hesitation in giving a verdict for defendant, with costs.

Doctor Hippocrates assured the court that his pills were harmless, and convulsed the court by swallowing at least a dozen. Our reporter tasted one of the pills, and it appeared to be nitre and sulphur; it was not black enough to be gunpowder.

THE ARMY SURGEON IN CAMP.—A correspondent, writing from Varna under date of September 3rd, thus speaks of the life which an army surgeon leads during a campaign:—"Before leaving this place, I visited the General Hospital. It is so full that the medical officers are worked off their legs. I was amused at the remarks of a surgeon, yesterday. He was speaking of the service, and said: 'What! do you ask why I am working with my arm in a sling? I will tell you. Because I am an army surgeon, and he is never allowed any sick leave. It is a principle in our department that whenever the mind seems depressed and the body weak, the carcase must ever be retained. It is seldom that we are supposed to require rest in bed, when others in our state would be dead. We are only supposed to quit the surgery for our couch; and even when in *extremis*, the carcase must put its sign manual to public documents. Remember this: an army surgeon's carcase can never seek home on sick certificate.' Poor fellows! I never saw such laborious work. Imagine a man with eighty severe cases of fever, dysentery, and ague, receiving official information that he must take charge of a hundred men who will shortly arrive from the Light Division. I am afraid that ere many days are gone we shall find our doctors very far from the number required."

INQUEST TWENTY-SIX YEARS AFTER DEATH.—A most extraordinary occurrence has happened within the last few days at Redruth, in Cornwall. As long ago as the year 1828, a miner, named Williams, was working in Pednandrea mine, near Redruth, when he fell, together with his brother, into the shaft. His brother, after falling about twelve feet, contrived to stop his further descent, but the deceased fell further down, and a quantity of rubbish toppled down upon him. Though every exertion to recover the body was made for a period of two

months, it could not be found, and the shaft was then closed over. In this state it remained till April last, when a company was formed to resume the working of the mine, and, in clearing one of the levels the other day, the body of the deceased was found, lying on its left side. It had on a blue coat, with metal buttons, a coarse woollen shirt, and shoes and stockings. On its being brought to the surface, deceased's brother, who fell with him into the shaft, and who was then present, was so affected, that his conduct for a while was like that of a madman. The jury returned a verdict of "Accidental Death." The burial of the body was witnessed by upwards of 4000 persons. —*Times*, September 25th, 1854.

MILITARY AND NAVAL INTELLIGENCE. — APPOINTMENTS.—John M'Leod, M.D., (1847,) to the *Furious* (16) steam-frigate, on the Mediterranean and Black Sea stations.—Staff Assistant-Surgeon Kellett, of the Kilkenny district, sailed on the 16th instant for service at the seat of war; Mr. Kearns, surgeon of the town, has taken medical charge of the troops in the garrison.—23rd Foot: Henry Thomas Sylvester, M.D., from the staff, to be assistant-surgeon, vice Jenkins, deceased; Assistant-Surgeon Mr. Henry Hunter Raymond from the staff, to be assistant-surgeon, vice Risk, who has resigned.—68th Foot: Assistant-surgeon Alexander Johnston, M.D., from the staff, to be assistant-surgeon.—88th Foot: Assistant-surgeon Richard William Meade from the staff, to be assistant-surgeon, vice Shogeg, deceased.—Surgeon Thos. Somerville (1846) to the *Nankin*, (50,) at Chatham.—Surgeon Frederic Harvey, on the books of the *Fisgard*, flag-ship, at Woolwich, for service in the Royal Naval Coast-guard Volunteers.—Provisional Depot Battalion: Staff Surgeon of the second class, John Hartley Sinclair, M.D., from half-pay, to be surgeon.—Hospital Staff: Surgeon Wm. Parry, from half-pay of the 4th Foot, to be staff surgeon of the second class.—Surgeon John Newton, from half-pay, Ceylon Rifle Regiment, to be staff surgeon of the second class.—Wm. Ferguson, Gent., to be acting assistant-surgeon, vice Sylvester, appointed to the 23rd Foot.—Edward Canny Ryal, Gent., to be acting assistant-surgeon, vice Raymond, appointed to the 23rd Foot.—Wm. Henry Days, Gent., to be acting assistant-surgeon, vice Johnston, appointed to the 68th Foot.—Michael Thos. Griffin, Gent., to be acting assistant-surgeon, vice Meade, appointed to the 88th Foot.—Assistant-surgeon John C. Austin, from the *Victory*, flag-ship, at Portsmouth, to the *Snake*, screw steam despatch gun-boat, at Blackwall, for service in the Black Sea.—Assistant-surgeon Alexander Collins (1854) to the *Nankin*, 50, at Chatham.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, SEPTEMBER 23RD.—The deaths from all causes in the three weeks ending September 23rd have been 3413, 2836, and 2504, including the 2050, 1549, and 1284 deaths from cholera.

## Obituary.

On the 19th inst., at his residence, North-side, Bethnal-green, London, CARACTACUS THEOPHILUS LEWIS, M.D., F.R.C.S.L., formerly of 4, Brighton-place, New Kent-road, Borough. The deceased gentleman died from disease of the heart, a complaint to which he had been subject for some years. Mr. Lewis held the appointment of surgeon to the Queen's Own Light Infantry Tower Hamlets Militia, to which he was appointed in 1853. He was also formerly surgeon to the Royal South London Dispensary, and one of the cholera surgeons of the parish of St. Mary, Newington, during the outbreak of 1849. He had contributed various papers to THE LANCET and other medical journals for the last eleven years.

On the 16th inst., at Lambton-terrace, East-green, in the 66th year of his age, EDWARD DIXON, Esq., surgeon, after a long and painful illness.

On the 21st inst., at Boulogne-sur-Mer, WILLIAM TAIT, M.D., for many years surgeon to the Royal Naval Hospital, at Yarmouth.

On the 28th of July, at Bungalow, East Indies, GEORGE NORTHON FOAKER, Esq., surgeon. The deceased was lately attached to the 12th Lancers, and formerly belonged to the 8th Hussars, (K.O.R.I.L.D.) to which he was appointed in December, 1845.

On the 9th inst., after six hours' suffering, of cholera, Mr. JOHN BARNES, medical student of Guy's Hospital. He was a young man of great promise, and his loss is deeply lamented by his family and friends.

## TO CORRESPONDENTS.

**A. B.**—The matriculation examination at the University of London takes place annually, and commences on the first Monday in July. Candidates must have completed their sixteenth year, and furnish the registrar with certificates of the same at least fourteen days before examination. A fee of £2 is paid at matriculation. The examination is conducted by means of printed papers, but the examiners are not precluded from putting *ad hoc* questions. The subjects of examination are, Arithmetic, Algebra, the first book of Euclid, Natural Philosophy, Chemistry, Greek and Latin, (in 1864 the tasks were, Xenophon, Anabasis, book 3rd; and Virgil, Georgics, book 1st,) French or German, English, and the outlines of History and Geography. The examination occupies nine sittings in five days, and on the first day in the next week the names of the successful candidates are announced.

**Inquirer.**—The statement is entirely false. An attempt was made to obtain an injunction against the BRITISH MEDICAL DIRECTORY, and failed. The next volume (1865) will be the most accurate work of the kind that was ever published.

**L. A. E.** (Commercial-road).—Such conduct was perfectly unjustifiable, and only calculated to bring the profession into disrepute. It is to be hoped, for the sake of common decency, that the patient has exaggerated the statement.

ON THE USE OF EMETICS AND MERCURY IN CHOLERA.  
To the Editor of THE LANCET.

SIR,—Having had some experience during the three visitations of cholera, I think it a pity there is not more humility in us, and more charity to our brethren, when, in honest truth, we all put together know as yet so little certain about its treatment. Every man is entitled to draw inferences in proportion as he has seen and observed. To me, then, there appears much fatal mischief to have resulted from the advocacy of one remedy for every stage and every constitution, each extolling his as the specific, or nearly so, and, when found to disappoint others, attributing the failure to want of a proper or fair trial. I need not enumerate any of the remedies that have been recommended by their advocates; suffice it to say, I have seen most of them tried with anything but uniform results in really bad cases. The most uniform, however, is one which, after what I have said, becomes me to recommend with diffidence, and only as experience justifies—namely, emetics, especially in the early stage, and before much lividity has appeared, with mustard cataplasms extensively applied, and followed by mercury. This method has impressed me from its results as by far the best beginning in arresting disease and setting up healthy action promptly and permanently. The rationale of this plan is well known, and I am surprised to find so few medical men pursue it in the present visitation, compared with the former ones. Of course there are auxiliaries not to be omitted, as plenty of cold water, cold beef-tea, &c., which the medical man can best suggest in each particular case.

There is a point worthy of remark for those who have faith in mercury only, and that is, whether much time would not be gained in its action by being preceded by an emetic. Few, I think, who have seen emetics administered but must have observed the oppressive and depressing sickness, as well as the characteristic vomiting of cholera squirt and cramp, arrested by full vomiting artificially produced and encouraged for a little by plenty of tepid water; also the marked arresting of the purging, an object in my mind greatly to be desired, although many just now care little how much serum is lost. In some instances, after the emetic has taken effect, not a single action of the bowels will take place until an aperient may safely be given a day or two after.

I am, Sir, your obedient servant,

Conduit-street, Hanover-square, Sept. 1864.

F. G. JOHNSTON.

**Dr. Verling.**—We are obliged for the communication. Dr. Verling will perceive, on reference, that the announcement has appeared.

**Dr. Vernon** (Cambridge) takes objection to our recommendation of classing all cases of so-called diarrhoea under the name of cholera, and, with other remarks, he says:—

“The prevailing foolish practice of returning cholera deaths as diarrhoea deaths is calculated not only, as you say, to lull the public into a false security if they look at only one side of the question, and deduce their own chances of escape from the weekly number of returned cholera deaths; but is also pretty sure to excite unfounded fears in that section of the public who, looking only at the health reports, see in them the per-centage of deaths in all cases of cholera frightfully increased by the exclusion from the category of cholera of nearly all cases of diarrhoea (so-called) that may have recovered.”

**Mr. John Pierce.**—We have not seen the prescription, and have no confidence in any such wholesale statements.

**Mr. J. Cruikshank**, (Secretary to Marischal College, Aberdeen).—Thanks.

**Mr. S. Knaggs**, (Huddersfield).—There are many points in the communication of our correspondent with which we agree. It is to be hoped that in any changes which may take place in the laws relating to the profession, means will be devised to put a stop to quackery.

**A Country M.B.C.V.S.**—The work will be noticed.

THE ECONOMIC LIFE ASSURANCE SOCIETY.

To the Editor of THE LANCET.

SIR,—Having been applied to by the Economic Life Assurance Society for my opinion of the health of a patient of mine, and filled up and returned the necessary form, I of course expected the usual fee of one guinea to be forwarded to me within a few days from that time. Waiting, however, a fortnight without hearing from the Society, I wrote to ask if they had not forgotten the fee; but instead of receiving it as I expected, I received a letter, saying that it was not the practice of that Society “to pay fees to the medical attendants of candidates for assurance.”

Now, I shall feel greatly obliged by your publishing this, that my professional brethren may be aware, if they are applied to by that Society, what they may expect for their trouble.

I am, Sir, yours obediently,

Harwell, Sept. 1864.

WILLIAM LIGHTFOOT.

**W. H. S.**—We know nothing of the medicine. From the fact of its being patented, it is doubtless a quack nostrum.

**A Young Subscriber.**—Dr. Andrew Smith, Director-General of the Medical Department of the Army.

**Dr. Day** (University of St. Andrew's) is thanked for his obliging communication and the enclosure.

**G. J.**, (Glasgow).—Inquiry should be made of the editor of the *Pharmaceutical Journal*.

OX-GALL IN CHOLERA.

To the Editor of THE LANCET.

SIR,—The communication of Dr. Lewis, of Finsbury, on cholera, in THE LANCET of last week, is, in my humble opinion, the best that has appeared on the subject, being clear, forcible, and to the purpose. It is to be wished that the profession generally would follow his example in preferring practice to theory.

Will you allow me to ask Dr. Lewis, through the medium of your columns, whether he has tried the inspissated ox-gall in small and repeated doses, with a view to its acting as a substitute for the natural bile during the period in which the biliary secretions appear to be suspended?

Your obedient servant,

Isleworth, Sept. 1864.

HORATIO G. DAY.

**Mr. W. Bentall** (Totness) is thanked for his offer.

**Zythum.**—In one case the remedy might have been effectual; in another it would probably be but slightly beneficial.

The Secretary of King's College, Aberdeen, is cordially thanked for the information afforded.

THE WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—I have been employed here as an extra dispenser and general assistant during the cholera epidemic. Being accused of writing the letter which appeared in your last week's columns, relative to the non-allowance of wine, &c., to the dispensers, I beg most emphatically to deny having written, or caused to be written, anything connected with the complaint referred to.

If you will kindly insert this, you will very much oblige me, as it will remove the accusations made against me and others in the dispensary, who were quite ignorant of the affair.

I am, Sir, yours truly,

SAMUEL WALTON FAXON.

Westminster Hospital Dispensary, Sept. 1864.

**A Clergyman.**—In a short time the book will be noticed. Our opinion will be then given on the subject.

SULPHURIC ACID IN CHOLERA.

To the Editor of THE LANCET.

SIR,—In your last number of THE LANCET you state that Mr. Bodington appears to have made good his claim as to having been the first to advocate and write upon the treatment of cholera by sulphuric acid, and you significantly add that you would like to see a copy of his pamphlet. I have felt such a desire to peruse it that I have, amongst other places, searched at the British Museum, but in vain. My great object in addressing you, Sir, is to call the attention of your readers to the fact, that my friend, Mr. Griffith, of Easton-square, communicated several cases treated by sulphuric acid to THE LANCET in 1849, and that Mr. Bodington wrote to THE LANCET in 1863, to say that he was the author of a pamphlet in 1832, advocating the use of sulphuric acid in cholera.

I beg leave now, through the medium of THE LANCET, to request Mr. Bodington to be good enough to give the address of the publisher of his pamphlet. Mr. Griffith, being a surgeon to a large parish, had an excellent opportunity of testing the efficacy of the acid, and I believe I was the first person to whom he communicated the result of his plan of treatment in 1849, and ever since that period I have invariably resorted to the acid in choleraic attacks with the most satisfactory results.

I am, Sir, your obedient servant,

CHARLES EDWARD HATHERLY.

Lupus-street, St. George's-square, Pimlico, Sept. 1864.

**Mr. E. J. Complin**, (Dreadnought).—The “Cases of Cholera treated by Castor Oil,” arrived too late for insertion in this week's LANCET, but shall appear in our next impression.

NEWSPAPER PUFFING.

To the Editor of THE LANCET.

SIR,—I beg to enclose you a letter addressed to the *Chelmsford Chronicle* and *Essex Herald*, by “George Frederick Rowe,” (Dr. Rowe, of Cavendish-square, London, author of a treatise “On Nervous Diseases, Liver and Stomach Complaints,” &c. The opinion of the profession hereabouts is, that it would have been much more creditable to Dr. Rowe to have addressed his communication to THE LANCET or some other medical journal, and give members of the medical profession, and not the public, an opportunity to judge of the merits of his treatment, if it possess any. Why the author has singled out this locality for making known his cures, we don't know, but perhaps he will explain.

It would do the doctor good to give him a gentle hint on the tenor of his letter, which sounds very much like an *advertising puff*, and the profession here think it so.

I am, Sir, your very obedient servant,

Chelmsford, Sept. 1864.

M.R.C.S.

\* \* It is to be regretted that medical practitioners, by such productions as the one above alluded to, should lay themselves open to the just animadversion of their brethren.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marshall Hall; Mr. Coulson; Mr. Critchett; Dr. Verling, (Queenstown, county Cork); A Country M.R.C.V.S.; Mr. Horatio G. Day, (Isleworth); A Clergyman; Dr. F. W. Richardson; Mr. C. E. Hatherly; Mr. Walter Chapman; A. B.; X. L.; Dr. Walker; Mr. Pryce Jones; E. A. M. H.; Mr. R. Ribton; Council of Queen's College, Birmingham; A Young Subscriber; W. H. S., (Sheffield); M.R.C.S., (Chelmsford); Dr. Hood, (Bethlem Hospital, with enclosure); Mr. E. J. Complin; C. J.; Dr. M'Cormac, (Belfast); Mr. H. Wilkinson, (Rotherham, with enclosure); Mr. J. Morley, (Blackburn, with enclosure); T. F., (Tavistock); Mr. W. Chapman; Dr. M'Ghie, (Glasgow, with enclosure); Mr. Henry Thompson; Mr. C. J. Roe; L. A. E.; Dr. Vernon; Mr. John Pierce; Zythum; Mr. S. Millard; Mr. S. Knaggs; Mr. S. W. Faxon; Mr. F. G. Johnston; Dr. Vernon; Mr. W. Lightfoot, (Harwell); Mr. J. Cruikshank, (Aberdeen); Dr. Day, (University of St. Andrew's); Inquirer; G. J.; &c. &c.

## Anatomical and Dental Repository,

46, Museum-street, Bloomsbury, London. — JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

## To Dentists.—A first-rate Mechanical

Dentist, of fifteen years' experience in every branch of Dentistry, begs to inform Members of the Profession that he has every convenience for executing Artificial Work (supplying Materials if required) to any extent, in the best manner, on the shortest notice, and moderate terms.—For particulars, address, A.B., 52, Upper George-street, Bryanstone-square.

## Mr. Edwin Osborne, of 24, Savile-

BOW, LONDON, begs to apprise the patrons of the late Firm of Dodge and Osborne, that he is now the Sole Licensee and Maker of PALMER'S PATENT (American) LEGS; and, having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given (if required).

## Elastic Supporting Belts, of the same

beautiful fabric as Pope and Plante's Elastic Stockings for Varicose Veins. Those for ladies' use, before and after accouchement, are ADMIRABLY ADAPTED FOR GIVING ADEQUATE SUPPORT WITH EXTREME LIGHTNESS—no pain little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the manufacturers, POPE and PLANTE, 4, Waterloo-place Pall Mall, London.

## Dissecting and Post-Mortem Instru-

MENTS, New and Second-hand. Surgical Instruments of the best description; A. URE'S New Urethrotomes for Stricture; New Uterine Compress; Newly Improved Possary; Instruments for Army and Navy Surgeons; DARTNELL'S Patent Truss; Trusses for Union Surgeons; Enema Syringes; New Syphon Enema, as supplied to the Army; New Spinal Machine, pronounced the best ever invented—at

PRATT'S, Surgical Instrument Maker, 420, Oxford-street.

TO THE MEDICAL PROFESSION.

## Fr. G. Ernst, Anatomical Machinist

and MANUFACTURER OF SURGICAL INSTRUMENTS, 46, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam ERNST (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchement-belts, &c.

## New Spinal Support.—Fr. G. Ernst,

Lamb's Conduit-street, Foundling Hospital, particularly directs the attention of the Faculty to his newly-invented SPINAL APPARATUS, which has met with universal approval. It possesses advantages not yet obtained in any other form of support; the pelvic portion being self-adjusting, it follows the movements of the body; but at the same time an equal support is yielded to the whole spinal column, whatever position the wearer may assume; the excessive constraint which has constituted one great defect in similar apparatus is thus removed, and muscular development permitted. It is extremely light, can be worn without fear of observation, and is capable of being adjusted to either description of spinal curvature.

To be had only of the Inventor, 46, Lamb's Conduit-street.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

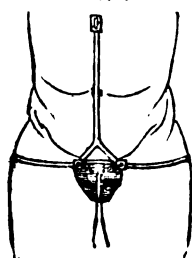
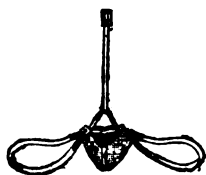


FIG. 1.—MR. BOURJEAUD'S NEW SUSPENSORY BANDAGE, as applied to a patient.—Mr. Bourjeaud begs to state that the bag supporting the scrotum is made of a delicate webbing of silk and india-rubber; the bands running round the thighs consist of the most yielding elastic tissue, and will stretch to twice their length; a third band is adapted to the upper part of the bag, the former being intended to be fastened to the flannel waistcoat of the patient. The scrotum is thus kept raised and fixed *in situ*, without distressing the organ in the least, the suspensor allowing of the most varied movements of the body.

FIG. 2.—The same Suspensory Bandage taken off.

FIG. 2.



## Mr. T. H. Wakley's Stricture Instru-

MENTS. Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.

## Medical Chemistry. — Chemical

PREPARATIONS and APPARATUS for the ANALYSIS of URINE and URINARY DEPOSITS, by the processes described in Dr. GAZZARDI'S treatise on "Urinary Deposits." In a Mahogany Cabinet, 52s. 6d. JOHN J. GRIFFIN, F.C.S., 10, Finsbury-square, London.

## Chemical Apparatus and Prepara-

TIONS for MEDICAL STUDENTS.—Collections in Cabinets at Two, Three, and Five Guineas, containing materials for Elementary or for Analytical Experiments.

JOHN J. GRIFFIN, F.C.S., Chemist, Mineralogist, and Optician, 10, Finsbury-square, London.

## Chemical Laboratory for Medical

MENT.—A portable mahogany CABINET, containing a careful selection of APPARATUS and CHEMICALS, suitable for the examination of suspected POISONS, of impure DRUGS, of BLOOD, URINE, and URINARY DEPOSITS. Prepared for the use of Hospitals, and of Army Surgeons on foreign stations. Size of Cabinet about three cubic feet. Price £12 12s.

JOHN J. GRIFFIN, F.C.S., Chemist and Optician, 10, Finsbury-square, London.

## Orthopædic Mechanism.—

MR. HEATHER BIGG begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the Feet, Spine, &c. It combines mechanical power with free muscular action; avoids the least chance of abrasion or supuration, (so often resulting from the mechanical appliances hitherto used,) and assists in every respect an increase of development.

MR. H. BIGG will most gladly show any medical gentleman, who may be interested in the perfection of such contrivances, instruments adapted for Talipes Varus, Valgus, Equinus, Spuria, and Calcaneus; also for Latens, Posterior, and Anterior Curvatures of the Spine, &c. &c.

All cumbersome mechanism being dispensed with, the cost is lessened and the weight diminished at least one half.—PATENTED.

29, LICKSTER-SQUARE.

## Meinig's Electro-Generator,



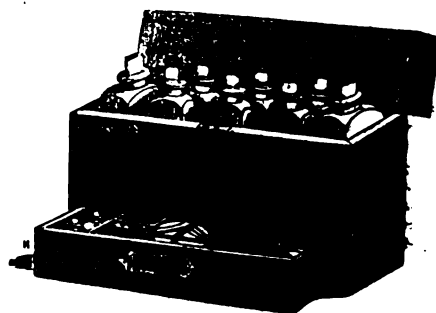
FOR CHOLERA.

TO THE MEDICAL PROFESSION.

Having witnessed personally the greatest benefit, in the first stages of Cholera, derived from the application of weak, continuous currents of Electricity from the spine to the abdomen, by which the warmth and action of the digestive organs is maintained, and the urinary functions stimulated; and feeling confident that in an advanced stage of the disease strong, interrupted Electric Currents passed along the cramped and paralyzed limbs, and along the spinal column, will be found of paramount efficacy in restoring normal circulation, Mr. Meinig earnestly invites the Medical Profession to test and investigate the effects of Electricity in the now prevalent epidemic; and so confident does he feel of the all but marvellous success of his Apparatus in this dreadful disease, that any medical gentleman who desires it may receive Mr. Meinig's warrant, to the effect that he will retake and repay, within one month after the purchase, any Apparatus which, after trial, it might be wished to return.

Prices of the Portable Generator: 5s., 10s. 6d., 15s., 20s., and 30s., according to power. Powerful Pocket Batteries, 23 3s.

103, LEADENHALL-STREET, and 213A, PICCADILLY.



## John Harvey, Nephew and Successor

to the late Mr. ANDREW SPRINGWEILER, No. 2, Duke-street, Smithfield, London, Medicine Chest and Dressing Case Maker. Ship-Medicine Chests according to Act of Parliament. Emigrant Chests, &c., for all Climates.

Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate.

J. H., in soliciting of the medical profession and the trade generally a continuance of the liberal patronage enjoyed for so long a period by his late uncle, begs to inform them that the firm of Springweiler and Thompson (which existed in name only) was dissolved nearly two years prior to Mr. Springweiler's death, and that J. H., as successor and executor of the deceased, continues to carry on the business at the premises occupied for so many years by Mr. Springweiler.



**Pale India Ale and Stout, 4s. 6d.**

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

WOOD & WATSON, 16, Clement's-lane, City.

**Allsopp's Pale Ale.—Medical gentle-**

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hoffmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1882, No. 20, Vol. 1st, upon ALLSOPP & SONS, PALE INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

**Soyer's Aromatic Mustard.—"M.**

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

**To Invalids and those desirous of**

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

**Cocoa of the finest quality, prepared**

in the best possible manner.—Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s., for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

**DOMESTIC ECONOMY****H. Sparrow and Co. beg to announce**

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congon at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Sonchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

**Metcalf and Co.'s New Pattern**

TOOTH-BRUSHES, PENETRATING HAIR-BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO.'S only establishment, 130 and 131, Oxford-street, second and third doors west from Holles-street. Metcalfe's Alkaline Tooth Powder, 2s. per box.

**Cholera Prevented! Rettie's Patents.**

SELF-ACTING SEWER AND SINK TRAPS, for Streets and Kitchen Sinks, to prevent all effluvia from Drains, Cesspools, and Urinals. Damp Houses cured at Fourpence per day, giving a dry, warm temperature, for sick or invalids.

PORTABLE CHAMBER CLOSETS, free from all effluvia.

Orders to E. M. and M. Rettie, 7, Brompton-road. (Enclose Stamp.)

N.B.—Beware of imitations on the above Patents.

**Mineral Waters.—W. Best begs to**

inform the Nobility, Gentry, and the Faculty, that he has just received FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seiditz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Cologne, Arquebuzad, and Foreign Mineral Water Depot, 22, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with Gern and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

**Do you bruise your Oats yet?—New**

Oat-crushers, £2 15s., £4 6s.; Chaff-cutters, £1 7s., £3 7s.; Mangles, £2 10s.; Flour-mills, £4 10s.—WEDLAKE and Co., 118, Fenchurch-street.—One bushel when crushed makes two.

How to Keep a Horse for 9s. a Week; or a Book on Feeding, 1s. 4d.

**The 16s. Trousers reduced to 14s.—**

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

**Overcoats, Capes, &c., at W. Berdoo's,**

98, New Bond-street, and 89, Cornhill, one of the largest stocks in London. Superior garments at reduced charges. Shooting Jackets. Berdoo's well-known Light Overcoat, for all seasons, (price 45s.) Ladies' Cloaks, Mantles, Habits, &c., all made thoroughly impervious to rain, without obstructing free ventilation, and WITHOUT EXTRA CHARGE, (or made to order, at a day's notice.)

TO THE NOBILITY, CLEGGY, AND GENTRY.

**Walker Babb's Two-Guinea Coats,**

One-Guinea Trousers, and Half-Guinea Vests, made from Welsh, Scotch, and Irish Wools, in their pure state. Will stand any wear, and can be worn in any climate. For Fishing and Shooting nothing can equal them. The Black Tweed is well adapted for Clergymen's Riding Trousers. Waterproof Pocket Coats and Capes, Box Coats, Liveries, &c. &c.

DOYLEY'S SCOTCH WOOLLEN WAREHOUSE, 348, Strand, opposite Waterloo-bridge.

**To all who cannot get a Fit; the**

Importance of which requires no elucidation to convince the most sceptical how indispensably necessary it is to health, comfort, and appearance.

R. T. PIGRAM, while wishing to avoid the present system of puffing, adopts this means of making known his SELF-ACTING INDICATOR of the HUMAN FIGURE. An invention can only be estimated by its results: a trial will not only give satisfaction, but will justify in favouring R. T. P. with their recommendation.

R. T. Pigram, Tailor, 51, Lamb's Conduit-street, Foundling Hospital.

**Assistant-Surgeons.—Gentlemen**

receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

L. PHILLIPS, 23, WEST STRAND, LONDON.

the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, on application.

**Gas-heating Apparatus.—H. Mather**

begs to call attention to his GAS-COOKING STOVES, which will cook dinner for Twenty Persons at a cost of Fourpence.—Gas Griddles, Broiling and Boiling in Five minutes.—Small Stoves to Boil and Fry, which can be put anywhere, Eight Shillings each.—Gas Stoves for Operative Chemists, Jewellers, and all purposes where heat is required.—Manufactured on the premises at 76, GRAY'S INN-LANE, LONDON.

N.B.—Gas-fitting done in all its branches.

**Rice Harris and Son, Islington**

GLASS WORKS, BIRMINGHAM, and No. 1, THREE KING-COURT, LOMBARD-STREET, LONDON.—PATENT SANITARY GAS SHADES.—These Shades, manufactured exclusively by RICE HARRIS and SON, on an entirely new principle, effectually destroy the effluvia and smoke, and diminish the heat, which has hitherto made the use of gas so objectionable in dwelling-houses and offices, where cleanliness and freedom from smell are of importance. They are simple and inexpensive, and may be had in a variety of forms adapted to the style of fittings or the taste of the purchaser, at the Works in Birmingham and London.

**Gold Chains and Jewellery.—**

WATHERSTON and BROGDEN beg to caution the Public against the ELECTRO GOLD CHAINS and POLISHED ZINC GOLD so extensively put forth in the present day under the titles of "Pure Gold" and "Fine Gold," and to call attention to the genuine Gold Chains made from their own ingots, and sold by troy weight at its bullion or realizable value, with the workmanship at wholesale manufacturer's prices. The gold guaranteed, and repurchased at the price charged.—the workmanship, according to the simplicity or intricacy of the pattern. An extensive assortment of Jewellery of the first quality, all made at their manufactory, 18 Henrietta-street, Covent-garden, London, established A.D. 1798.

**Royal Cornwall Infirmary.—Notice**

is hereby given, that a RESIDENT HOUSE-SURGEON is required for the Royal Cornwall Infirmary, at a salary of £150 per annum, without board. A Dispenser will be provided to assist in the general business of the Surgery. Applications, accompanied by testimonials, to be addressed to the "Chairman of the Weekly Committee," at the Infirmary, on or before the 14th of October next; and the Election will take place on the 23rd of October, 1884.

The number of Beds is 55.

Truro, September 13th, 1884.

**Matrimonial Institution.—Founded**

1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 13 postage stamps, by order of the Director, LAURENCE CUYNEBURY, 12, John-street, Adelphi, London.



## House-Pupil.—Dr. Steggall will have

a Vacancy for a RESIDENT PUPIL in October next. Unusual advantages and assistance will be afforded for Study and Improvement.—For terms apply to Dr. S., 2, Southampton-street, Bloomsbury-square, London.

## Guy's Pupils.—A Physician and

Teacher attached to Guy's Hospital receives into his house one or two PUPILS, whose Studies he would superintend. Gentlemen intending to Graduate at the University would be preferred.—For information, apply to the Librarian, at the Hospital.

## King's College, London.—Medical

DEPARTMENT.—LECTURES on LOGIC and on NATURAL PHILOSOPHY, as required by the Army Medical Board, will be given during the ensuing Session. Logic, (£2 3s. for the course), on Monday and Tuesday, at 11½; Natural Philosophy, (£2 3s. for the course), on Wednesday, Thursday, and Friday, at 11½.  
R. W. JALF, D.D., Principal.  
Sept. 22nd, 1854.

## King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION, 1854-5, will Commence on Monday, October 2, 1854.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.  
Physiology and General and Morbid Anatomy—Professors W. Bowman, F.R.S., and Lionel S. Beale, M.B.  
Chemistry—Professor W. A. Miller, M.D., F.R.S.  
Principles and Practice of Medicine—Professor George Budd, M.D., F.R.S.  
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.  
Logic and Natural Philosophy, as required by the Army Medical Board.

### KING'S COLLEGE HOSPITAL.

The new Out-patient Department, and a large portion of the new building, will be ready for occupation in October next.

Clinical Lectures are given every week by Dr. Todd and Dr. Budd, and by Professors Partridge and Fergusson.

The Physicians' Assistants and Clinical Clerks, the House-Surgeons and Dressers, are selected by examination from the Students of the College.

LABORATORIES.—There are two Laboratories in the College, fitted up with every convenience for the attainment of Practical Chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of Pathological Chemistry, Demonstrations of the Urine, &c.

SCHOLARSHIPS.—Students entering for the next Winter Session will have the exclusive privilege of contending for three Warneford Scholarships of £25 per annum, for three years. The subjects for the examination, which will commence on September 30, are, Divinity, Classics, Mathematics, History, and Modern Languages, equal marks being assigned to each subject. The classical books fixed on by the examiners for this year are the same as those announced for the Matriculation Examination at the University of London.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

June, 1854. R. W. JALF, D.D., Principal.

## St. Mary's Hospital and Medical

SCHOOL.—The WINTER SESSION will Commence on Monday, the 2nd of October, with an Introductory Address by Dr. ALDERSON, F.R.S., at Half-past Two o'clock.

### LECTURES.

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones.  
Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James Lane.  
Pathological Anatomy—Dr. Markham.  
Chemistry—Dr. Albert J. Bernays.  
Medicine—Dr. Chambers and Dr. Sibson.  
Surgery—Mr. Coulson and Mr. Spencer Smith.  
Clinical Medicine—Dr. Alderson.  
Clinical Surgery—Mr. Ure.

### SUMMER SESSION, 1855, commencing May 1st.

Botany—Dr. J. S. Burdon Sanderson.  
Materia Medica—Dr. Sieveking.  
Practical Chemistry—Dr. Albert J. Bernays.  
Midwifery, &c.—Dr. Tyler Smith and Mr. I. Baker Brown.  
Medical Jurisprudence—Mr. Ansell.  
Military Surgery—Dr. James Bird, F.R.C.S.E.  
Ophthalmic Surgery—Mr. White Cooper.  
Aural Surgery—Mr. Toyne.  
Dental Surgery—Mr. Nasmith.  
Comparative Anatomy—  
Natural Philosophy—Mr. Lindsay Blyth.

HOSPITAL PRACTICE.—The hospital contains upwards of 150 beds, 65 of which are devoted to Medical, and the rest to Surgical cases. This division includes a ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the hospital: 218 poor married women were delivered at their own homes during the past year. The In-patients are visited daily by the Physicians and Surgeons at one o'clock. Lectures on Clinical Medicine will be regularly delivered by Dr. Alderson, and on Clinical Surgery, by Mr. Ure; and occasionally by the other Medical Officers in their respective departments. The Out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

There are three Resident Medical Officers, who board in the hospital, and are appointed for eighteen months; two non-resident Medical Officers; a Medical and a Surgical Registrar. Clinical Clerks and Dressers will be selected from the best-qualified Students. All the above offices are open to competition amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of gentlemen in practice in the vicinity of the hospital, willing to receive Pupils to reside with them.

St. Mary's Hospital,  
Aug. 6th, 1854. H. SPENCER SMITH,  
Dean of the School.

## Private Medical Tuition.—

A Physician of a practical and scientific reputation, residing near Russell-square, receives HOUSE-PUPILS, as well as others, whose Medical Education, in all its branches, will be carefully and privately instructed by teachers of great experience and acknowledged ability. As a private Medical School, this establishment offers unequalled facilities for enabling Medical Students to undergo the requisite Medical, Surgical, and Chemical Examinations at the different Boards. The Students may be instructed singly or in classes, as they may prefer.—Apply to THE LANCET Office.

N.B. A Chemical Laboratory on the Premises.

## Kelvedon School, Essex.

Conducted by Mr. W. WISEMAN, M.C.P.

The Studies of Young Gentlemen intended for the Medical Profession are so arranged at this Establishment as to qualify them, on leaving, for passing the Preliminary Examination at the University of London or Apothecaries' Hall.

Terms, from Thirty Guineas to Fifty Guineas per annum, according to the accommodation, &c., required.

## The Royal London Ophthalmic

HOSPITAL, MOORFIELDS. FOUNDED 1804.

Consulting Physician—Dr. Farre. Physician—Dr. F. J. Farre.  
Surgeons—G. W. Mackmurdo, Esq., F.R.S.; J. Dixon, Esq.; G. Critchett, Esq.; W. Bowman, Esq., F.R.S.; A. Poland, Esq.  
Assistant-Surgeon—J. C. Wordsworth, Esq.

During the past year, 10,431 Patients were treated at this Hospital, and 360 Operations performed, 183 being for Cataract. The Patients are seen daily at Nine o'clock, and Operations performed on Fridays at Ten.

Fee for attendance on the Practice for ONE YEAR, or with the consent of the Medical Officers for an unlimited period, £5 5s.; for THREE MONTHS, £3 3s.

## London Hospital Medical College.—

The WINTER SESSION will Commence on Monday, October 2nd, when an Inaugural Address on the opening of the New College will be delivered by Dr. LITTLE, at Three P.M.

Medicine—Dr. Little.  
Surgery—Mr. Curling, F.R.S., and Mr. Critchett.  
Descriptive and Surgical Anatomy—Mr. Adams.  
General Anatomy and Physiology—Dr. Carpenter, F.R.S.  
Practical Anatomy—Mr. N. Ward, Mr. Wordsworth, and Mr. Gowland.  
Chemistry—Dr. Letheby.  
Pathological Histology—Dr. Clark.  
Dental Surgery—Mr. Barrett.

### SUMMER SESSION, 1855, commencing May 1st.

Midwifery—Dr. Ramsbotham.  
Materia Medica—Dr. Davies.  
Forensic Medicine—Dr. Ramsbotham and Dr. Letheby.  
Botany—Mr. Bentley.  
Comparative Anatomy—Mr. Coles.  
Practical Chemistry—Dr. Letheby.

General fee to the Lectures, £50; to the Hospital Practice and Lectures, eighty-four guineas, payable in two instalments of forty-two guineas each, at the commencement of the two first Winter Sessions. Applications by post to be made to the Honorary Secretary.

## St. Thomas's Medical Session.—A

General Introductory Address will be delivered by SAMUEL SOLLY, F.R.S., on Monday, 2nd October, 1854, at Eight o'clock P.M.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as Perpetual.

### SCHOLARSHIPS AND PRIZES FOR 1854-55.

A Scholarship of £20 for the best voluntary Classical and Mathematical examination, at the commencement of the Student's Hospital attendance.

Two Scholarships, for first year's men, each of the value of £20. The Two House-Surgeons, the Fifteen Dressers, and the Resident Accoucheur, will be selected according to merit; and provided with Rooms and Commons in the Hospital, free of expense.

The President's Prizes. The first, 10 Guineas. The second, 5 Guineas. Prizes and Certificates of Honour, in each of the different Classes. Mr. Newman Smith's Prize, £5. The Cheselden Medal, and Dr. Boots' Prize, 10 Guineas.

The Treasurer's Prizes. The first, a Gold Medal. The second, 5 Guineas. And Three of 10 Guineas to Clinical Medical Clerks.

### MEDICAL OFFICERS.

Dr. Boots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Goulden, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Peacock, Dr. Bristowe, Dr. Waller, Mr. Whitfield.

A Systematic Course of Clinical Medicine, with Clinical Instruction in the Wards—Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Dr. Griffiths.

Medicine—Dr. J. Risdon Bennett.  
Surgery—Mr. South.  
Physiology—Mr. Grainger and Dr. Brinton.  
Descriptive and Surgical Anatomy—Mr. Le Gros Clark and Mr. Rainey.  
Chemistry and Practical Chemistry—Dr. St. Dundas Thomson.  
Midwifery—Dr. Waller.  
Practical Midwifery—Dr. Griffiths.  
Diseases of the Teeth—Mr. E. Saunders.  
General Pathology—Mr. Simon.  
Botany—Dr. Bristowe.  
Comparative Anatomy—Mr. Huxley.  
Materia Medica—Dr. Peacock.  
Forensic Medicine—Dr. Brinton.  
Anatomical Demonstrations—Mr. Rainey, Mr. Barwell, and Mr. Jones.  
Demonstrations in Morbid Anatomy—Dr. Bristowe and Mr. Jones.  
Microscopical Demonstrations—Mr. Rainey.

To enter, or to obtain further information, apply to Mr. WHITFIELD, Medical Secretary, resident at the Hospital.

**A Physician and Lecturer in one of**  
the largest London Hospitals, residing near Grosvenor-square, can  
receive a PUPIL into his house.—Address to Y. Z., care of Mr. Remshaw,  
384, Strand.

**Mr. G. Hind, F.R.C.S., resumed his**  
DEMONSTRATIONS on the morning of the 15th of September, at  
the usual hour.  
Class-room, 29, Newman-street, Oxford-street. Private residence, 2, South-  
crescent, Bedford-square.

**Medical Education.—An F.R.C.S.,**  
a Teacher in one of the largest Metropolitan Medical Colleges, has a  
few Vacancies for RESIDENT PUPILS. They will have a comfortable and  
convenient home in a central part of London, and careful assistance in their  
studies. Fee moderate. Apply for further particulars to the Rev. A. B.,  
Museum-house, Grosvenor-street.

**A Physician attached to a Public**  
Institution, (centrally situated at the West-end of London,) has a  
Vacancy in his Establishment for a Gentleman about to commence his  
Hospital Attendance during the ensuing Session, whom he would be happy to  
assist in the direction of his Studies.—For terms and address, direct to M.D.,  
Mr. Nash's, Chemist and Druggist, Marylebone-street, Cavendish-square.

**University College, London.—**  
FACULTY OF MEDICINE. The Session will commence on Monday,  
October 2nd, when Professor CARPENTER, M.D., will deliver an Introductory  
Lecture, at Three o'clock.  
Hospital Practice daily throughout the year, with Clinical Lectures by the  
Physicians and Surgeons; also, Lectures on Ophthalmic Cases, and Instruction  
in the Application of Manages and other Surgical Apparatus.  
Prospectuses may be obtained at the office of the College.  
G. VIVIAN BELLIS, Dean of the Faculty.  
CHAS. C. ATKINSON, Secretary to the Council.

Sept. 25th, 1854.

**Westminster Hospital Medical**  
SCHOOL.—The WINTER SESSION will commence on Monday,  
October 2nd, 1854, with an Introductory Address by Mr. BARNARD HOAR, at  
Seven o'clock P.M.

The Hospital affords relief to about 2000 In-patients, and 14000 Out-patients  
annually.  
The School premises have been greatly improved since the last Session, and  
considerable additions have been made to the Museums of Anatomy and  
Materia Medica.

Fee for attendance on all the Lectures and Hospital Practice required by the  
College of Surgeons and Society of Apothecaries, £71 8s. This sum may be  
paid at once, or by instalments of £20 at the commencement of the first  
Session; £20 at the commencement of the second Session, and the remainder  
at the commencement of the third Session.

Some of the Lecturers, and other Gentlemen in the neighbourhood of the  
Hospital, receive Students to reside with them.

Further information may be obtained from Mr. Holthouse, 9, New Burling-  
ton-street, from any of the other Lecturers, or from  
F. J. WILSON, Secretary to the Hospital.

**Charing-cross Hospital Medical**  
SCHOOL, WEST STRAND, LONDON.

WINTER SESSION, October, 1854, to March, 1855.

Chemistry—H. H. Lewis, A.M.  
Anatomy—Mr. E. Canton.  
Demonstrations and Dissections—Mr. Goldsbro.  
Surgery—Mr. Hancock.  
Physiology and Pathology—Dr. Hyde Salter.  
Medicine—Dr. Chowne and Dr. Rowland.

SUMMER SESSION, May, 1855, to the end of July.

Practical Chemistry in the Laboratory—H. Lewis, A.M.  
Materia Medica—Dr. Steggall and Dr. Willshire.  
Botany—F. W. Headland, B.A.  
Midwifery, &c.—Dr. Chowne and Mr. Hird.  
Medical Jurisprudence—Dr. G. Birckett and Mr. Hird.

All the Lectures required by the College of Surgeons and Society of  
Apothecaries, £45, without Practical Chemistry, which is £2 2s.

HOSPITAL PRACTICE.

Consulting-Physician—W. Shearman, M.D.  
Physicians—Dr. Golding and Dr. Chowne.  
Assistant-Physician—Dr. Rowland.  
Surgeons—Mr. Hancock and Mr. Avery.  
Assistant-Surgeon—Mr. E. Canton.

MEDICAL PRACTICE.—Full period required, £15 lbs. Surgical, £15 lbs.  
Both Medical and Surgical, £26 6s.

JOHN ROBERTSON, Hon. Sec.

**Dr. John Struthers will deliver his**  
LECTURES on ANATOMY during the ensuing Session at SURGEONS'  
HALL.

Lectures at One P.M.; Demonstrations at Four P.M.: Practical Anatomy,  
from Nine A.M. till Four P.M.  
Edinburgh, September, 1854.

Recently published,

**Anatomical and Physiological**  
OBSERVATIONS. By JOHN STRUTHERS, M.D., F.R.C.S., Lecturer  
on Anatomy, Edinburgh. With Woodcuts. 8vo, price 3s.  
Edinburgh: Sutherland and Knox. London: Simpkin, Marshall, and Co.

**The Queen's University in Ireland.—**  
QUEEN'S COLLEGE, BELFAST.

FACULTY OF MEDICINE. SESSION 1854-5.—The Lectures will commence  
on Wednesday, November 1st.  
The Matriculation Examination will take place on Friday, October 26th, and  
also on November 8th, and on November 24th, for those who may not have  
matriculated previously.

The Scholarship Examination will commence on October 20th.  
Six Junior Scholarships, of £20 each, and two Senior Scholarships of £30  
each, are appropriated to Medical Students.  
Junior Scholars are exempted from one-half of their class fees.  
The College Fees are reduced from £23 to 10s. for the first year, and from  
£2 to 6s. for subsequent years, in consequence of an additional grant to the  
College from Parliament.

(Signed) By Order of the President,

Queen's College, Belfast, Sept. 18th, 1854.

RD. OTTIFOR, Clerk,  
Registrar.

**Queen's College, Cork.**  
SESSIONS 1854-1855.

MATRICULATION AND SCHOLARSHIP EXAMINATIONS.

On Tuesday, the 17th of October next, at Ten o'clock A.M., an Examination  
will be held for the Matriculation of Students in the Faculties of Arts,  
Medicine, and Law, and in the Departments of Civil Engineering and  
Agriculture.

The Examinations for Scholarships will commence on Tuesday, 17th October.  
The Council have the power of conferring at these Examinations Ten Senior  
Scholarships of the value of £40 each—viz., Seven in the Faculty of Arts, Two  
in the Faculty of Medicine, and One in the Faculty of Law; and Forty-five  
Junior Scholarships—viz., Fifteen in Literature, and Fifteen in Science, of  
the value of £24 each; Six in Medicine, Three in Law, and Two in Civil  
Engineering, of the value of £20 each; and Four in Agriculture, of the value  
of £15 each.

Prospectuses, containing full information as to the subjects of the Examina-  
tions, &c., may be had on application to the Registrar.

By order of the President,

Sept. 8th, 1854.

ROBT. J. KERRY, Registrar.

**Liverpool Royal Infirmary.—**  
The SESSION 1854-5 will commence on Monday, the 2nd of October.

Physicians—Dr. Voce, Dr. Dickinson, and Dr. Turnbull.  
Surgeons—Mr. Halton, Mr. Cooper, and Mr. Stubbs.  
House-Surgeon—Mr. A. T. H. Waters.  
Junior House-Surgeon—Mr. S. Wainstay.

The Hospital contains 280 Beds. The average number of Patients admitted  
upwards of 2000 annually.  
Students are admitted to the Medical and Surgical Practice from Ten A.M.  
to One P.M. daily.

TERMS FOR HOSPITAL ATTENDANCE.

For Six Months.....	£10 10 0
For the First Year .....	18 18 0
For the Second Year .....	12 12 0
For the Third Year .....	10 10 0
Unlimited .....	36 15 0

Certificates of Attendance received by the Royal College of Physicians, Royal  
College of Surgeons, London University, and the Worshipful Society of  
Apothecaries.

Clinical Lectures will be given gratuitously by the Physicians and Surgeons;  
also, Clinical Clerkships and Dresserships to the most deserving of the Students.  
Apprentices admitted to reside and board in the house for five years, at  
Sixty Guineas per annum, exclusive of fee for Hospital Practice.

For further information apply to

Mr. WATERS, House-Surgeon, at the Infirmary.

Liverpool Royal Infirmary,  
Sept. 15th, 1854.

**Marischal College and University.—**  
(Charter ratified by Act of Parliament, A.D. 1803.)—FACULTY OF  
MEDICINE.—WINTER SESSION of 1854-55 commences on the first  
Monday of November.

CLASSES.

Anatomy—Professor A. J. Lizars. 12 noon.  
Practical Anatomy and Anatomical Demonstrations—Professor A. J.  
Lizars and Dr. Beveridge. 2 P.M.  
Chemistry—Dr. Clark, Mr. Brazier (Assistant). 3 P.M.  
Practical Chemistry—Dr. Clark and Mr. Brazier. 11 A.M.  
Materia Medica—Dr. Henderson. 9 A.M.  
Institutes of Medicine—Dr. Ogilvie. 4 P.M.  
Practice of Medicine—Dr. Macrobain. 3 P.M.  
Principles and Practice of Surgery—Professor Pirrie. 1 P.M.  
Midwifery, and Diseases of Women and Children—Dr. Dyce. 4 P.M.  
Natural History—Professor Nicoll. 11 A.M.

The SUMMER SESSION of three months' duration commences in May.  
Hospital Practice daily at 10 A.M., at the Royal Infirmary, containing upwards  
of 280 beds.

Fee, £5 5s., to be paid in one, or in separate payments of £2 2s. at the com-  
mencement of each Session.

The Courses at this University qualify for Examination at the several  
Universities, Colleges of Surgeons, and Boards of the Public Services, and at  
Apothecaries' Hall.

Graduates who have attended the several Medical Classes in this University  
are charged no Graduation Fees.

The Examination Term will be held in the third week of October.

For particulars, in the case both of students and practitioners, application  
may be made to the Secretary of the University.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS,

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.

Office hours from 12 till 4.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,**

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendances from 11 till 4.

MEDICAL.

**Required, by a General Practitioner,**  
an ASSISTANT, to Dispense, Visit, and attend Midwifery.—Apply, personally, to Mr. Walter Chapman, Surgeon, Lower Tooting, Surrey.

**Wanted, by a General Practitioner,**  
an ASSISTANT, to Dispense, occasionally Visit, and attend Midwifery.—Apply, by letter, to A. G., Post-office, St. Helen's, Lancashire, stating age, qualifications, and salary required.

**A Dispensing Assistant.—Required,**  
by a General Practitioner in the neighbourhood of London, an ASSISTANT to Dispense Medicines.—Apply to G. Whiteman's News Office, Little Chelsea.

MEDICAL.

**Wanted, by a Young Man who has**  
served three years of his apprenticeship, a Situation as ASSISTANT to a Medical Man, in town or country.—Address, Gals Baker, Ward, and Oldfield, Wholesale Chemists, Bowdrie-street, Fleet-street, London.

**Wanted to Purchase, by an M.D.**  
Edin., M.R.C.S.L., unmarried, aged twenty-six, who has had eight years' experience, and possesses first-class testimonials, a PARTNERSHIP in a good General Practice, where the Proprietor is in want of active assistance.—Address, A.B., Post-office, Birmingham, Notts.

**A Gentleman wishes for a situation**  
as Dispensing and occasional Visiting ASSISTANT. He is a neat dispenser and dresser, and can perform all the minor operations in surgery. Satisfactory references can be given.—Address, J. F., Post-office, Tavistock, Devon.

**A Surgeon, living in a County**  
Town, not far from London, is in want of a Qualified ASSISTANT, to Visit and Dispense. The duties are light, and the Situation comfortable. A Dissenter would be preferred.—Apply to Mr. Pratt, 420, Oxford-street, London, stating age, qualification, and salary expected.

**Wanted by a Second-year's Student**  
(aged Twenty-four), at one of the Borough Hospitals, fully competent to Visit, Dispense, and attend Midwifery, BOARD and LODGING with some Medical Man who would consider his services, when not attending Lectures, an equivalent. Unexceptionable references can be given.—Address, W. F., 2, Charlotte-row, Walworth-road.

TO PARENTS AND GUARDIANS.

**A Medical Gentleman in good Prac-**  
tice has Vacancies for Two or Three STUDENTS. His House is healthily situated, within an easy distance of the principal Hospitals. Terms moderate. References given and required.—Address, prepaid, to F.R.C.S., care of Mr. Joyce, Stationer, St. John-street-road, London.

**Medical Assistant. — A Married**

Gentleman, aged twenty-seven, offers his services as Visiting and Dispensing Assistant to a General Practitioner, in Town or Country. The Advertiser, having had great experience in Midwifery and General Country Work, would not object to carry on a Branch Practice. Testimonials of the highest character can be produced.—Apply by letter, pre-paid, to Alpha, care of Mrs. Prestige, Stationer, 54, Scott's-place, Lower-road, Islington.

MEDICAL.

**An L.A.C., aged 27, wishes a situa-**  
tion as Visiting and Dispensing ASSISTANT with a medical Practitioner, residing within half an hour's walk of the London Hospital. He would require a short time in the day to attend hospital practice.—Address, L.A.C., News-rooms, 68, Cheapside.

**To Let, Furnished, a Sitting-Room,**  
with one or two Bedrooms, within three minutes' walk of St. Bartholomew's Hospital. The House is quietly situated, and very airy.—Apply at 2, Bartholomew-close.

**Medical Transfer and Partnership.**

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RELINQUISH, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

**Partnership.—A Practitioner in the**

City is desirous of meeting with a Gentleman with whom he can arrange for a present PARTNERSHIP, with the view of ultimate Retirement. The command of £200 will be essential.—Apply to R. A., care of Mr. Orridge, 30, Bucklersbury.

**Partnership.—A Practitioner in the**

North-western Suburb of the Metropolis, (with a rapidly-increasing Practice) wishes for a PARTNER. Entrance, about £200.—Apply to M.R.C.S., care of Mr. Orridge, 30, Bucklersbury.

TO SURGEONS AND CHEMISTS.

**For Disposal, a Business in one of**  
the most progressive suburbs in London, well adapted for a Surgeon who understands Retail, or a Druggist capable of Prescribing. No competition, and rent and taxes moderate.—Apply for particulars, W. T., Messrs. Hodgkinson, Tonge, and Stead, 213, Upper Thames-street.

**Practice and Dwelling-House for**

SALE. A Gentleman, residing in the vicinity of one of the Metropolitan Hospitals, is desirous of immediately disposing of his PRACTICE, with or without the House. It has an Open Surgery, long established, in a leading thoroughfare, and densely-populated locality. Terms moderate.—Address A., Mr. Goldstone, Guy's Hospital.

MEDICAL.

**For Disposal, a well-established**

GENERAL PRACTICE, in a small railway town, situate in the south of Yorkshire. Such an opportunity seldom offers for the safe transfer of £250 to £400 per annum.—Address, A. Z., Messrs. Butterfield and Clark, Wholesale Druggists, York.

**A Gentleman with the double quali-**

fication, and who has had considerable opportunities of obtaining a practical knowledge of the duties of his profession, is desirous of meeting with a situation as Visiting ASSISTANT to a gentleman in extensive and respectable Practice in town or country.—Address, X. L., Mr. Baines', Chemist, Waterworks-street, Hull.

**A Surgeon required to proceed to**

AUSTRALIA, and remain there or return. A Gentleman is also required to proceed to New York and return.—Apply to Hall and Co., 34, Terrace, Trinity-square, Tower-hill.

**To Surgeons about proceeding to**

THE COLONIES.—A very favourable opportunity of Passage is offered to a respectable Medical Gentleman, by a splendid first-class Ship, to sail for Port Phillip the middle of October.—Apply to John Bonus and Son, 81, Gracechurch-street.

**In an Establishment three miles**

west of London, YOUNG LADIES are RECEIVED to BOARD and EDUCATE, at 30, 35, and 40 guineas per annum, inclusive terms. A garden of nearly two acres in extent.—For prospectuses, address M. X., Barker's Library, Dorcas-terrace, Hammersmith.

**Insanity and Nervousness.—In a**

small Establishment, conducted by a Lady, two or three PATIENTS can be RECEIVED on very moderate terms. Every possible care, attention, and kindness is observed, and the fullest confidence may be placed in the advertiser. References of the first respectability will be offered.—Apply by letter, or personally, to Miss Lush, York House, Battersea, Surrey.

**To be disposed of, in consequence of**

the continued indisposition of the proprietor, Mr. Elijah Pring, the Good-will, Stock, Fixtures, &c., of that well-known establishment, the MEDICAL HALL, No. 30, Westmoreland-street, Dublin, (established in 1821,) now in full working order, and to which a highly respectable and numerous connexion is attached. The business, until disposed of, will be carried on as usual. The fullest information can be had of Messrs. Harring and Co., 40, Aldersgate-street, London; of Mr. Graham, No. 13, Cope-street, Dublin; and of Messrs. Grattan and Co., Belfast; or at the premises.—16th September, 1864.

TO MEDICAL STUDENTS AND OTHERS.

**Appartments furnished, with attend-**

ance, in the house of a professional gentleman, in a central and agreeable part of London, close to the British Museum, and less than half-a-mile from the Middlesex University College, Charing-cross, and King's College Hospitals. Terms average £1 per floor weekly; single rooms, 10s.—Address, 13, Caroline-street, Bedford-square.

LONDON, 2ND OCTOBER, 1854.

# MR. CHURCHILL'S LITERARY ANNOUNCEMENTS

FOR THE

## PRESENT PUBLISHING SESSION.

### I. A Manual of Pathological Anatomy.

Illustrated with numerous Engravings on Wood. By C. HANDFIELD JONES, M.B., F.R.S., Assistant-Physician to St. Mary's Hospital; and EDWARD H. SIEVEKING, M.D., Assistant-Physician to St. Mary's Hospital. Foolscap 8vo. [Ready First Week in October.]

\*.\* Mr. Churchill is happy to announce this additional volume to his Manuals, and believes it will be found fully to sustain the high reputation which the Series has attained.

### II. Principles of Comparative Physiology.

Illustrated with numerous Engravings on Wood. By W. B. CARPENTER, M.D., F.R.S. The Fourth Edition. 8vo. [Ready First Week in October.]

\*.\* "The whole work has been most carefully revised, and the Author ventures to think that the present Edition more completely represents the state of the Science at the period of its publication than any of its predecessors have done. He can honestly say, that he has spared no time or labour in its preparation which it has been in his power to bestow."—EXTRACT FROM PREFACE.

### III. Medical Anatomy. Illustrated in a

Series of Coloured Plates from original Drawings, with Practical Commentaries. By FRANCIS SIBSON, M.D., F.R.S., Physician to St. Mary's Hospital. Fasciculus I. Imperial folio. [Ready 1st January, 1855.]

\*.\* The delay in the appearance of this work has arisen from the desire of the Author to avail himself of the best subjects to illustrate the Normal and Abnormal Condition of the Viscera; and also that such progress should be made with the Drawings as to ensure regularity of publication.

The work will be issued in the same form, and at the same price, as Mr. Macleise's Surgical Anatomy.

### IV. Clinical Lectures on Certain Diseases

OF THE URINARY ORGANS, AND ON DROPSIES. By R. B. TODD, M.D., F.R.S., Physician to King's College Hospital. Foolscap 8vo. [In the Press.]

\*.\* This will form a second volume of Dr. Todd's Clinical Lectures. The first volume, "On Paralysis and Diseases of the Brain," was issued in the spring of this year, and has been most favourably received by the Profession.

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inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Selditz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Cologne, Arquebuzard, and Foreign Mineral Water Depot, 22a, Henrietta-street, Cavendish-square.—N.B. Halls and evening parties supplied with German and Struve's Artificial Seltzer Water on advantageous terms.

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Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

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Best and Cheapest for the Purification of Dwelling-houses, Stables, Dog-kennels, Ships' Holds, Cesspools, Drains, Water-closets, &c.; the Disinfection of Sick Rooms, Clothing, Linen, and for the Prevention of Contagion.

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It is sold by all Chemists and Shipping Agents in the United Kingdom, in Imperial quarts, at 2s.; in pints, at 1s.; half-pints, at 6d.; and in larger vessels, at 5s. per gallon.

Manufactured at H. G. GRAY'S, Commercial Wharf, Mile-end, London.

Agents: Messrs. Drew, Heyward, and Barron, Bush-lane, Cannon-street, City.

## Dissolution of Partnership.

66, Farringdon-market, London, 30th Sept., 1854.

SIR,—We beg leave to inform you that the Firm of Potter and Hailey has this day been dissolved by mutual consent, and the Business of this Establishment will in future be carried on by Mr. Potter, who is charged with the liquidation of all claims upon the Firm, and the collection of Debts owing to the same.

In making this announcement, allow us to express our grateful acknowledgments for the very liberal patronage with which we have been honoured, and to subscribe ourselves,

Your obliged obedient Servants,

HENRY POTTER,

GEORGE HAILEY.

SIR,—With reference to the above, permit me to observe, that in conducting this Business on my own account, it shall be my constant study to merit a continuance of that confidence and support so liberally awarded to the late firm and my deceased Uncle, during a period of more than forty years.

Again soliciting your patronage, and assuring you that all your Orders shall be executed with promptitude, and at moderate charges, I beg to subscribe myself

Your obliged obedient Servant,

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celebrated Nursing Bottles, the best Artificial Mother ever invented, enabling the most delicate infant to feed from its birth with the greatest comfort and ease, are adapted to milk, biscuits, and all kinds of food. The Nipple, of novel material, is elastic, soft, durable, very cleanly, and so beautiful an imitation of nature, that no infant ever refuses it.—BENJAMIN ELAM, 186, Oxford-street.—7s. 6d.—Each is stamped with my name and address.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Pre-payment,

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NEW WHITE MOULDED VIALS.

APSPLEY PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

1 oz., 1 oz., & 1½ oz. per Gross, 6s.	
2 oz. " 7s.	
3 oz. " 8s.	
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In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

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## Cotyledon Umbilicus.—Epilepsy

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 26th, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 6s. 4d. per lb.

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Taraxacum (Davenport's) Liquor, or Fluid Extract, prepared by Spontaneous Insipiation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce stranguary or troublesome after-sore. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1852.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction."

60, Grosvenor-street, London.

"Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicator, when carefully applied, and has not been productive of any degree of Stranguary.

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Prepared by Thomas B. Brown, Pharmaceutical Chemist, 42, Admiral-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

## Introductory Address,

DELIVERED AT

ST. THOMAS'S HOSPITAL,

October 2nd, 1854,

By SAMUEL SOLLY, Esq., F.R.S.

MR. PRESIDENT, TREASURER, AND GENTLEMEN,—The 1st of October is a date which has long been hallowed in the memories of the medical profession. The mention of it brings back a crowd of mingled feelings. It is the date of a day which first ushered us into the serious study of our profession. With many of us, years have rolled by since the advent of our initiatory day: with none of us can the memory of that time have faded altogether. The fears and hopes, the longings and yearnings after a position in our profession by which we might obtain a noble name in science, must still rise to our recollection when, on the 1st of October, we revisit the scenes of our youth, either with our sons or our friends' sons, to embark them in the same career which we, with varying success, have so long pursued.

I am confident that these reunions are useful to us all. It is pleasant for old students to meet together and recal the joys of their pupilage. It is pleasant for teachers to meet their old pupils again, and learn from their own lips some details of the result of their mutual labours. It is pleasant—it is more than pleasant, it is gratifying and encouraging to the profession as a body—to find the wealthy governors, men in high positions in the commonwealth of trade, meeting us on these occasions to testify by their presence the interest they feel in the success of our Medical School, and the progress of scientific attainments.

It is a privilege, my friends, to meet in this grand old hall, hallowed by the memories of the great and good men who founded with their wealth, and ennobled by their deeds, this glorious Institution.

In these days of reform, when the march of intellect is really making a visible progress, there is great danger of the good which our ancient institutions have effected being lost sight of, and only their faults and deficiencies remembered.

The ancient Corporation of London has undoubtedly much that requires amendment; but we, gentlemen, as officers of St. Thomas's Hospital, must never forget that the Lord Mayor and citizens of London founded this Institution. Edward the Sixth, of pious memory, took his part in the noble undertaking; but without the munificent liberality of the much-abused Corporation of London, St. Thomas' Hospital could not have been established.

It is true that, 700 years ago, St. Mary Ovarie, with the money which she inherited from her father, the Charon of the Thames, laid the foundation of an eleemosynary establishment, from which has sprung the present valetudinarium of St. Thomas; but in the fifteenth century it was seized by Henry the Eighth as church property. After his death, the citizens of London, with the sanction of Edward the Sixth, formed a board of inquiry as to the best mode of relieving the misery of their more unfortunate brethren. The result was, that they purchased of Edward the Sixth the Manor of Southwark, including the site of this Hospital, for £647 2s. 1d. The Hospital, having been unoccupied for a short time, was fast falling into decay, so the worthy citizens in 1551, at an expense of 1000 shillings, repaired and fitted it for the reception of 300 patients. In 1552 they appointed a

Chaplain, with an annual fee of £10	0	0
Clerk	10	0
Steward	6	13
Butler	5	0
Cook	8	0
Physicians and Chirurgeons, each	15	0

You see, therefore, by the relative amount of salaries, and the difference in the value of money, that the founders of the hospital considered their medical officers entitled to remuneration.

About a month before the demise of Edward the Sixth, he incorporated, by Royal Charter, the Lord Mayor and Commonalty of the City of London in succession, as perpetual governors of this hospital, affording unmistakable evidence of the credit which this monarch gave to the corporation of London for their charitable deeds.

Let honour be to whom honour is due.

Yes, gentlemen, the church and its votaries, the citizens of London, the monarchs, and the nobles of England, have given No. 1623.

their money to found this noble institution; but, without the medical profession, it would have remained as in the days of St. Mary Ovarie, an almshouse, not an hospital.

The thousands of pounds which private charity has expended on the building in which we are now assembled, and the thousands more which have been paid to support its unfortunate inmates, would have been comparatively useless if men had not been found to study medicine and dispense the healing art.

Before the existence of Medicine as a science, St. Thomas's Spital was in being, but it was only as a resting-place for pilgrims, and a place of refuge for the destitute.

But you must not suppose, my friends, that the erection and endowment of this and other hospitals was sufficient to educe the science of Medicine. No, something more was wanting. Many years subsequent to the reign of Edward the Sixth we find the practice of Medicine in a miserable state. Macaulay tells us, in his account of the death of Charles the Second, that fourteen doctors deliberated on his case, contradicting one another. "Some of them thought his fit was epileptic, and that he should be suffered to have his doze out. The majority pronounced it apoplectic, and tortured him like a wild Indian at the stake. Then it was determined to call his complaint a fever, and to administer bark. One physician, however, protested against this course, and assured the queen that his brethren would kill the king among them."

Let me now ask you, gentlemen, why the physicians of that day were so ignorant of their profession, why they could not tell of what disease the king was labouring? The answer is an important one to those who are entering the profession: they were ignorant of anatomy, physiology, and pathology. They had patients enough under their care at St. Thomas's and Guy's, but they had no anatomical schools.

The governors of these noble establishments had then only half understood their duties and responsibilities. They paid their medical officers for their services, but they did not provide for their proper and efficient education, without which their practice was empirical and their services imperfect. The ignorance of the surgeons also of the art of prescribing, even a few years later, (in 1689), may be presumed by the following minute in the records of this hospital:—

"General Court.—"Ordered, that the ancient rule of this hospital, that no chirurgeon shall give any physic to any patient admitted into this house, but that the doctor alone be left to prescribe physic to all patients, be confirmed, and for the future strictly observed."

But strange to say, gentlemen—and the fact is one amongst others which might be adduced to show how rules adopted in times of darkness, are often absurdly continued unto days of light—this rule has only been abolished within my own time. I remember, when I was attending the physicians' practice with Dr. Scott, in 1824, Mr. Green's book being handed to him to sign, as a permit for the dispensing the medicines he had provided for his patients, Dr. Scott remarked contemptuously, "These surgeons have quite a *cacoethis scribendi* now-a-days." This observation was not justly applied to our respected consulting surgeon, for I can say, without fear of contradiction, that his knowledge of medical surgery was only equalled by his power as an operator. He never said "Thank God, gentlemen, I know nothing of medicine!"

There are none of us, however long we may have been engaged in the study and practice of our profession, who do not feel that we occasionally require reminding of the weighty and solemn character of the duties we have undertaken to fulfil. If this observation applies to men who, in the active discharge of their duties, necessarily, from the very fallibility of human intellect, meet with severe losses to stimulate them to constant study, how much more will it apply to those who are only commencing their career, and who cannot possibly conceive the difficulties to which they will one day be exposed?

Our profession must not be embraced merely as a source of emolument. The alleviation of the distresses of our fellow-creatures ought to be our first consideration. We are not irresponsible agents. We are the servants of the public, and by our ignorance or knowledge may scatter misery or diffuse blessings. If a man in trade fail in his undertakings he suffers the penalty of his ignorance, not necessarily involving the happiness of others. But with us the health and happiness of our fellow-creatures are more or less in our hands; and if we, through ignorance, sacrifice the lives of our patients, we commit crimes for which we shall be accountable to an All-wise Judge hereafter. It is, then, my friends, a matter of the deepest moment to you at this season of your lives, so to study

your profession that, in future years, you will be able to look back without regret upon this the seed time of your education.

All that the student of medicine can obtain by the study of his profession at any hospital, however large its wards and excellent its school, is a knowledge of *general principles*. It would be absurd to suppose that he could, in the limited period allotted to his studies, see each individual shade and form of disease to which this flesh is heir, or that his instructors have it in their power to bring before his imagination, by description, the symptoms and treatment of all the Protean forms of morbid action which occur in the human frame. What memory is so retentive as to treasure up for immediate use even the limited number of facts and observations presented to his notice during his studies at the hospital? *None*, I venture to assert, without fear of contradiction. How then should you be prepared to meet the difficulties which the private practice of your profession will inevitably involve? What is the *armour* we should prepare in the time of peace, in this our workshop, to combat successfully the awful, and frequently appalling, diseases which meet the superficially educated man like horrid spectres, from which retreat is impossible and defeat fatal? I am sure my friends that, as travellers into a new country, you will not despise the advice of one who has travelled the same road.

Thirty-two years ago, on this very day, I commenced the same journey, with high hopes and lofty aspirations. Some have been crushed, some crumbled into dust, some faded away; but with all this I would, if I could retrace this portion of my life, start again with joy and hopefulness on the same track. The improvement which has taken place in the general education of the medical student in the course of the last thirty years is so great, that your course is comparatively plain before you. The idle, the dissolute, and the profligate medical student is now the *exception* to the rule. The time when ribaldry and profane language could be uttered in the library or the dissecting-room, without bringing on the utterer the contempt and disgust of his fellow-students, has passed away. Gentlemanly demeanour and steadiness of conduct in the wards is now as characteristic of the great body of the students of St. Thomas's Hospital, as courtesy and kindness of manner is the distinguishing feature of the British physician. Most freely and frankly can I say that the medical students, as a body, have advanced greatly in all the essential qualities of gentlemen. I wish I could say as much for the advance which has been made in the practical study of their profession, but I cannot. I am convinced that of late years the dissecting-room has been seriously neglected. I know that there have been some noble exceptions; but these are exceptions; they do not form the rule. You would all acknowledge, if you were asked, that anatomy is the corner-stone on which all your knowledge must be reared; yet many students seem to forget that anatomy can only be learnt in the dissecting-room. Lectures and demonstrations teach you *how* you ought to learn it, but that is all. No man ever learnt his anatomy, so as to serve him in the hour of need, without constantly dissecting during the winter sessions. There is no study so interesting, I can honestly say so fascinating, as anatomy. Some of the happiest hours of my life I have spent in the dissecting-room. If you do not like dissecting you will never make a surgeon. The committee of lecturers, strongly feeling the importance of devoting many hours every day to practical anatomy, have so arranged the order of the lectures that you will now have four clear hours for that purpose. This arrangement has not been made without personal sacrifice and inconvenience on the part of the lecturers, and I trust therefore that you will all show, by your future conduct, how much you appreciate their consideration.

Next to practical anatomy in the order of your studies comes physiology—the science of life. If the study of the mere machinery of the human frame is interesting, what must be said of that science which teaches us the laws by which that machinery is worked? The laws which regulate disease are at present but little known, and the obscurity which envelops them is still a great drawback to the successful practice of the healing art. John Hunter, the most profound genius our profession could ever boast of, considered that the backward state in which he found the art of surgery—for previous to his time it could not be called a science—was owing to a shallow and theoretical physiology; that the ignorance of his contemporaries regarding the practice of surgery was due to their still greater ignorance of the laws of life. He therefore first devoted all his energies to the study of physiology, not confining himself to the narrow limits of the human frame, but extending his researches to vital phenomena, as exhibited by all living beings. And you, my young friends, must do the same; for the study of physiology is not merely necessary to the great pioneers of surgery, to those who live to extend our knowledge of its

truths, but to all and each of you who would understand them for the purpose of practising the healing art.

John Hunter, from an accurate and substantial knowledge of universal, not mere human, physiology, was enabled to establish those most important doctrines of inflammatory action which have raised surgery from an art to a science, and which have enabled both physician and surgeon to act with decision as in the light of day, where before they were trembling in the dark or rushing forward in blind and rash ignorance. Yes, gentlemen, though we can none of us expect to do for surgery what John Hunter did, we must all pursue the same course, or we shall do nothing, even for ourselves. It is principles, not phenomena—laws, not isolated, independent facts, which you must study. If you do not begin by taking a pleasure in investigating the causes of disease you will do nothing. A habit of reasoning on the facts which present themselves to your notice is essential to success in our profession. The widest field of observation, rich in medical phenomena, is utterly useless without this habit. The experience of years in the most extensive practice is vain and valueless to the individual who has neglected to acquire it; and I believe that without the study of physiology it has never yet been obtained. But the study of physiology alone will not give it. It is not to be acquired in a day; it must be sought for with earnestness and determination. Attention, constant unremitting attention, will alone give it. The time has been when you might meet two physicians, the one prescribing for symptoms, the other viewing the symptoms only in so far as they were indications of the disease from which they sprang. The latter a physiologist, the former ignorant of the science, except in name.

I consider, then, anatomy and physiology the essential groundwork of the profession. Pathology springs from them, and they are of little use if they do not lead you to its study. Materia medica and chemistry are essential, and I have always observed that the man who ridicules the power of medicine, does so because he is ignorant how to use the tools which have been graciously bestowed upon us by a bountiful Providence.

The division of labour which takes place in a large capital like London is useful. It is advantageous to the public that certain men should especially devote their attention to the performance of operations, for constant practice as an operating surgeon alone gives dexterity. I cannot agree to that cant which would decry all operations as the *opprobria medicorum*. A carefully-considered, judiciously-contrived, and skilfully-performed operation is a noble act. It requires a combination of qualities which are not often met with.

"No surgeon," as the immortal John Hunter remarked, "should approach the victim of his operation without a sacred dread and reluctance; and he should be superior to that popular *folat* generally attending painful operations, often only because they are so, or because they are expensive to the patient." But, on the other hand, he must never shrink from his duty as an operating surgeon, either from the fear of inflicting pain, or from the fear of being blamed if his operation is unsuccessful. If by the performance of an operation, dangerous, difficult, and therefore deeply anxious to himself, he sees a reasonable prospect of being able to save the life of a fellow creature, he must not weigh in the balance for one moment what the world or even the profession will say, if that operation after all his care and skill should prove fatal.

The introduction of chloroform has, it is true, saved the surgeon much of the pain of seeing his patient suffer, but in some respects it has added to his anxiety. He has to contend with the danger of chloroform as well as the danger of hemorrhage.

There are no words by which I can express the true feelings of a conscientious, humane, though bold and skilful surgeon, when called upon to decide, perhaps in the dead of the night, alone, and without the power of consultation, between the loss of a limb and the loss of life. He feels how sad a thing it is for any man, but especially a labouring man, to lose a portion of his body—one of the instruments whereby he gains his daily bread. On the other hand, he cannot but think of the orphan and the widow, and hope that the Almighty will guide his hand to save a father's life. It is on these occasions, gentlemen, that you will remember the days of your pupillage at St. Thomas's, and grieve that you did not study more diligently and acquire more knowledge to guide you in your hour of trial. The physician has his hours of care and doubt, but his cares and anxieties are far surpassed by those of the operating surgeon, however great his medical skill, and however deeply fortified by practical experience.

In the dissecting-room you must acquire that knowledge of anatomy, and that dexterity in the use of the knife, by which



alone you can become skilful operators. During the short period that you are able to stop in London you will not have a single hour to spare. You ought always to be in the dissecting-room during the time devoted to that purpose. Whether you have anything to dissect or not, you can still be learning, looking over others; not gossiping and smoking, but studying in serious earnestness.

Do not, however, misunderstand me. The knowledge you are to acquire in the dissecting-room is only a very small portion of the acquirements essential to a good surgeon. It is no use your knowing how to perform an operation skilfully, if you cannot treat your patient skilfully afterwards. This knowledge must be acquired in the wards of the hospital, not alone in the surgical wards, but in the physicians' as well. You must study medicine most diligently. You will meet with ten medical cases in private practice to one surgical, and that one surgical case you cannot treat properly if you are ignorant of medicine. No doubt there is more to catch the eye in the surgical wards, and the results of surgical treatment are more easily understood and observed; but that is no reason for devoting exclusive or even greater attention to surgery. The advance which the science of surgery has made in this country, during the last thirty years, has been most remarkable; most gratifying to humanity in its results. It is not merely that the great body of surgeons are better operators than they used to be; it is not merely that the deaths from operations are on the whole fewer than they used to be; but it is this,—that more limbs are saved by the judicious and early interference of the surgeon. Many a foot and hand, many a leg and arm, have been saved in the last ten years, which even, twenty years ago, would most certainly have been sacrificed. These especial operations constitute what has been fairly called conservative surgery, which, like true conservative politics, consists in the removal of abuses, but without the removal of time-honoured institutions. In either case the object is to correct and improve, not to uproot and destroy. In the science of surgery, chloroform has enabled us to perform many operations which, previous to our knowledge of it, we should have regarded as cruel, lest they should not be final. But chloroform alone has not established conservative surgery. Without medicine it never could have advanced as it has done. The surgeon is no longer a mere chirurgeon, or handy craftsman. He must be a sound pathologist, he must be a good physician, or he is no surgeon in the proper meaning of the term.

Surgery and medicine are one, and there must be no distinction, gentlemen, between them in the study of your profession. It is with feelings of pride and pleasure that I remind you that one of the late surgeons of St. Thomas's Hospital, I mean my old master, Mr. Travers, has done as much, if not more than any single individual, to improve medical surgery. He was one of the first to rescue the diseases of the eye from the hand of the empiric, and ophthalmic surgery at that time was so much neglected that he ran great risk of injuring his surgical reputation by even touching it. In this department of surgery, Mr. Travers was ably succeeded by our late colleague, Mr. Tyrrell; and any one who reads Mr. Tyrrell's inestimable work on "Diseases of the Eye," will see how entirely his treatment rests on the pathological employment of internal remedies. There is no branch of surgery which has thrown so much light on the value of medicine in the treatment of disease as ophthalmic surgery. I feel confident, as I have stated elsewhere, that if the same line of treatment had been adopted in the treatment of diseases of the brain as was pursued so judiciously by Mr. Tyrrell in diseases of the eye, much greater success would have attended the treatment of the insane. The benefits which Mr. Travers conferred on surgery were not confined to ophthalmic diseases. His works on "Constitutional Irritation" rank only second to John Hunter's on "Inflammation." When you read them carefully, which I trust you will, you will see more clearly demonstrated than has been done by any previous surgeon, that the attempt to treat external diseases by mere external treatment is idle empiricism. The connexion between local injury and constitutional disturbance is most powerfully illustrated. The chart which he has produced of the pathology and treatment of constitutional irritation is so clear and definite, that no honest surgeon would think of launching into the troubled sea of surgery without having studied it carefully, and deeply imbued his reflective faculties with its truths. Mr. Travers' work on "Injuries of the Intestines," though not so generally known, or so peculiarly medical, is one of the most useful of modern contributions to the science, and one of which this hospital may justly be proud. "Medical surgery," says Mr. Travers, "is the offspring of the scientific study of our department of medicine; and I am disposed and desirous to believe that it is the characteristic distinction of the surgery of this

country. Wherever the local disease is important, from its seat, its character, or its origin, the constitution, its powers and habits, become so intermingled with it, that to regard either exclusively, or to assert that they admit of being so regarded, is the worst, because the most dangerous, empiricism."

The diagnosis and treatment of hysterical affections of joints, constitutes a most important section of medical surgery, and most ably has this subject been treated by Sir Benjamin Brodie, who justly ranks as one of the first, if not the very first, surgeon of the present day.

Injuries of the head strictly come under the dominion of the surgeon, but how soon the external treatment of these injuries sinks into nothing, as compared with the medical treatment of the brain and its membranes—how soon the surgeon has to balance, especially if his patient is amongst the inhabitants of a large city, between those symptoms which are the result of the injury, and those which follow the effect of antiphlogistic measures on a shattered constitution, or that nervous depression which is caused by the withdrawal of a hard drinker's accustomed stimulus. In this stage of the treatment an ignorant man may soon hurl his patient into eternity. Those of my hearers who are about to leave the hospital, having employed their time diligently in the medical wards, will recognise the truth of my words with pleasure, and rejoice that they have studied the treatment of diseases of the brain under the physician, with the same care that they have watched the progress, both pathologically and physiologically, of injuries of the brain under the surgeon; while those whose time for study is expired, whose money is spent, and who must now provide for their own subsistence, but who have neglected the wards, and still only know of diseases by their names, will mourn over their wasted time and ill-spent hours. From both these classes you may learn something—you may learn what to aim at and what to avoid.

There is no profession which holds out such noble marks to aim at. There is no member, if he will study it diligently and practise it conscientiously, who may not advance its progress. Much, very much, has been done in late years, but our science is still imperfect. More, perhaps, may be done to stimulate to the good work, by calling your attention to the progress that has been made, than by any attempt to show its deficiencies. Let us glance rapidly at some of our improvements. Take the motive organs of the body—bones, joints, muscles:—

Caries, or ulceration of bone, whether involving the bones of the shoulder-joint, the elbow, wrist, hip, knee, or ankle-joints, used formerly to be an almost certain cause of mutilation. It was supposed that this gnawing disease, which crumbles away the bone and wastes the body, pouring forth from the crimson current of the blood, the elements of nutrition, could only be removed by the amputating knife. In the present day, we limit our operation to the removal of the disease, and preserve the sound portion of the limb. Nature proves herself a most kind and able assistant in these conservative operations. Take, for instance, the shoulder-joint. A patient comes to you with an arm, useless, painful, and debilitated from disease. He tells you—and I am now referring to no hypothetical case—that he was told in the country that he must have his limb removed, or die from the disease. He had heard of St. Thomas's Hospital in London, and he walks up, above 200 miles. He is admitted, and he has all the advantages which this institution can confer. The shoulder-joint is cut into, the diseased bone is removed, the soft parts soon heal, and nature actually models for him by her absorbent vessels a new joint, and the man returns home with an useful limb.

This description, true to the letter as regards this hospital, is, I am sure, equally true in its main features in regard to every hospital in the United Kingdom. The operation of excision of the shoulder-joint was first performed in 1769 by a provincial surgeon, Mr. White, of Manchester.

Then, again, take the elbow-joint; its structure is more complicated, but still we do not hesitate to remove the diseased parts, and in process of time a new and useful joint is formed.

This operation was first designed by Moreau, a Parisian surgeon; but we are immensely indebted to Mr. Syme, of Edinburgh, for having perfected this proceeding, and, by the frequent repetition of its performance, showing us how safe an operation it may prove in the hands of a good and skilful medical surgeon.

Mr. Anthony White, of the Westminster Hospital, in 1818, succeeded in curing disease of the hip-joint by excision of the head of the thigh bone. The second successful case was in the practice of my friend, Professor Fergusson, of King's College; since then it has been performed sufficiently often to establish it as a recognised operation in suitable cases. I performed it a

few years ago on a patient in this hospital, with every prospect of success. The case went on well in every respect for several days, when erysipelas, that dread foe of operating surgeons, attacked my patient with fearful intensity, and he died in a few days.

From the hip-joint we may descend to the knee. This beautiful and complicated joint is, I think, more frequently the subject of that amount of severe disease requiring amputation of the limb than any other joint in the body, but still how seldom are we obliged to amputate this joint to save life. It is indeed true that many a limb is now saved by medical surgery which formerly was sacrificed, and I must give my esteemed friend, the cod-liver oil, considerable credit for his assistance in the good cause. More than fifteen years ago, I first prescribed this medicine for strumous disease of joints, and I soon found its value. I have no hesitation in saying that we are able to carry out our conservative operations with this ally which would be quite impracticable without it.

With regard to excision of the knee-joint, I can give you no personal experience, but the cases which have been published encourage me to believe that it may be performed with success. And there can be no doubt that the living limb, even if shortened and the knee-joint obliterated, is more useful and more agreeable to the patient than any artificial limb, however beautifully that limb is made. I must bear my testimony to the perfection to which these mechanical contrivances are brought. This operation was first performed by Mr. Fitkin, of Northwich, and was in his hands successful. Again you see, my younger friends, an instance of an important improvement in surgery being introduced by a provincial surgeon. Most of you, in all probability, will be provincial surgeons; let these facts encourage you to emulate such bright examples. Those who aspire to become London surgeons, let it stimulate to support the character of the London School of Surgery. The next operations were by Mr. Park, of Liverpool, in 1783; by Moreau and Mulder in 1809; by Crampton, of Dublin, in 1823; Syme, of Edinburgh, in 1829 and 1830. Then the operation was discontinued until it was revived by Professor Fergusson, of King's College, in 1850. Since then it has been performed thirteen times:—three times by Mr. Fergusson; six by Mr. Jones, of Jersey; once by Mr. Page, of Carlisle; once by Mr. Stewart, of Belfast; twice by Mr. R. J. Mackenzie, of Edinburgh. Of these thirteen cases, three died; one of dysentery. These facts are enough to demonstrate that the operation has not been performed without a fair result. Nevertheless, there are very few cases in which such an operation should be thought of. From my own experience of the treatment of diseased knee-joints, I am convinced that there are very few cases where ankylosis may not be obtained without any operation at all. The older students will remember some cases in this hospital which justify me in making this assertion.

In passing from the consideration of excision of the knee-joint to the conservative surgery of the rest of the leg, I find it impossible to tell you all that has been done. I must only attempt a rapid sketch. When I first came to this hospital in 1822, almost every amputation for disease of the leg and foot was performed a little below the knee. The value of a long lever in the use of an artificial limb was not understood, but now we save as much as possible. Amputation at the ankle-joint was never thought of. This operation was first proposed and performed in France, by Sedilier, Velpeau, and others; but the credit is due to Mr. Syme for having shown its frequent application. The retention of the firm cushion of the heel for the surface of the stump has been of immense practical importance; and there are many men now who have been subjected to this operation who might go into any ball-room in London without the deformity being discovered. The operation is required in extensive disease of the tarsus, and it is an improvement on the old mode of amputation; but still there is an improvement upon this. Many of you have seen this carried out successfully within these walls. I refer to the removal of the diseased bones instead of a removal of the whole foot.

I now show you two casts of the right and left feet of a boy who lately left this hospital, quite well, able to walk firmly and painlessly, in whom I removed the whole of the articulating surfaces from both ankle-joints, and a considerable portion of the astragalus, os calcis, and navicular bones. He was in the hospital about two years. I have had many other cases, both in private and public, very similar in result. One of these interested me exceedingly. The patient was a young lady, fifteen years of age. The disease involved the whole of the centre of the foot, all the cuneiform and cuboid bones. A simple sprain when dancing was the sad cause of this mischief. Amputation seemed inevitable; but as an operation under

chloroform involved no pain, I determined to try the effect of removal of the diseased bones. I operated first, on the 13th of August, 1852, and on the same date this year, I received a note from her father, in which he says, "I have just returned from church with my daughter, where she walked a distance of half a mile, and returned without crutches or stick. She did not lean on my arm more than a sound person would have done, and no one would have remarked that she was at all lame."

These are the cases, gentleman, which will reward you for many years of anxious unrequited toil. They are God's mercies to encourage us in the performance of our duty.

The operations which of late years have been performed for the cure of deformities are in the highest degree laudable to surgery.

Emanating from Professor Stromeyer, of Hanover, they have been most successfully carried onward in this country by Dr. Little, the founder of the Orthopædic Hospital, by Mr. Tamplin, his successor there, and by a host of other surgeons. These operations consist mainly in the division of tendons, the muscles of which have contracted unnaturally, drawing together portions of a limb, so that the foot, so straight and perfect in a state of health, is drawn into a club-like form. In most cases of club feet, the division of the contracted tendons, with the application for some period of instruments which keep the distorted parts in their natural position, is sufficient for a cure. But there are cases in which the deformity is so great, the bones as well as the tendons and muscles being at fault, that it had occurred to Dr. Little and myself, that the removal of one of these bones of the foot would expedite the cure. This operation, the removal of the cuboid bone, I performed, with the advice and in the presence of Dr. Little and my colleague, Mr. William Adams, of the Orthopædic Hospital, during the course of the past summer. The result has been most satisfactory. The entire case shall be published; but I am glad to have the opportunity of putting this fact first on record within the walls of my alma mater.

In an address like the present, when I am honoured with non-professional auditors, I cannot attempt to refer to all the improvements which have taken place in operative surgery, but I must say a few words on the subject of the urinary organs.

I think that the profession is much indebted to my friend, Mr. Cock, for having re-introduced an operation for the relief of retention of urine which had fallen into disuse. I refer to puncturing the bladder through the rectum. Mr. Cock published some time ago details of thirty-eight cases in which this operation was successful. I have followed his plan on several occasions, and I am perfectly satisfied that the operation is one of the most useful in surgery. I cannot say the same of Mr. Syme's, in which he recommends the division of the stricture upon a director, and for this simple reason, that I have never failed in curing a stricture by bougies, after having once succeeded in passing one, however small that one may be in the first instance. If you can pass a director, you can pass a bougie; and when you can do that, the operation, in my opinion, is unnecessary. I am bound to say that I find the cure in these cases much accelerated by the use of a long bougie and a tube passed over it, as recommended by Mr. Thomas Wakley, jun. I prefer the catgut bougie, coated with elastic, and a conical elastic catheter over it. I have been much indebted to Mr. Bigg and Mr. Millikin, of St. Thomas's-street, for the beautiful instruments they have constructed for me on this principle.

Time reminds me that I must not overwhelm you with surgical details. I trust that I have said enough to encourage my young friends to love and admire the profession which they have this day commenced. May they show their love and admiration of it by devotion to their studies, by attention to their teachers, and by respect on all occasions to the authorities of the hospital. I trust that I have said enough to convince the authorities of the hospital that our profession is worthy of the interest that they take in it, and I hope it will encourage them to continue that liberal support which of late years they have so willingly bestowed.

I must not conclude this address without adverting to the fearful pestilence which has devastated the land: first, to express my deep regret that so little has been done by those who now possess the power to suppress the fearful causes of cholera, which still exist in the suburbs of London and the Borough; secondly, to congratulate you on the signal success which has attended the exertions of our physicians; but still more the constant, unremitting labour of our resident medical officer, Mr. Whitfield, to whose care may be attributed the relatively small mortality which has occurred in this hospital.

## Abstracts of the Introductory Lectures

DELIVERED AT THE

## VARIOUS MEDICAL SCHOOLS IN LONDON,

AT THE OPENING OF THE SESSION 1854-55.

## ST. BARTHOLOMEW'S HOSPITAL.

## INTRODUCTORY LECTURE BY DR. BURROWS.

In the evening, Dr. G. BURROWS delivered an appropriate lecture to a crowded theatre. Previously to the address of the lecturer, the Treasurer, in feeling terms, condoled with those present on the severe loss the hospital had very recently sustained by the death of Dr. Roupell, whom he warmly eulogised for his uniform kindness and amiability, and the zeal he had ever manifested in the exercise of his profession for the aid of suffering humanity. The Treasurer took occasion to add, however, that great cause of satisfaction and thankfulness existed in the hospital, inasmuch that, although 300 cases of cholera had been treated there, not one of the officers or nurses had fallen a victim to the disease in consequence of the performance of duties within its walls. Dr. Burrows, whose delivery is clear, deliberate, and agreeable, addressed his observations mainly to those who are entering upon their studies: he reviewed medicine in its chief aspects, cautioned students against expecting to reap wealth and honours easily by the practice of the profession in which they had embarked, but endeavoured to impress upon them how much more pleasure the cultivation of the highest powers of their minds would confer upon them through life, than could be enjoyed by the heirs to wealth who had unfortunately no occupation. He praised the collegiate system, as established at St. Bartholomew's, and to it he in part ascribed the higher tone of feeling and better manners which characterized medical students of the present day than had been attributed to them by popular writers not many years ago. He gave a sketch of the various subjects which would successively occupy their attention throughout the curriculum of their studies; pointed out by what means they would be assisted in their labours; and canvassed the comparative merits of the three modes of acquisition of medical learning—by lectures, by clinical observation, and by books. His remarks on all these heads we considered very judicious. In the course of his lecture he quoted a very eloquent and impressive passage by Professor Bowman, inculcating in the dissecting-room a respect for the dead; and in announcing that the distribution of prizes at the College had been postponed on account of the sudden and unexpected decease of Dr. Roupell, he again paid a tribute of respect to the memory of that physician. The names of the medical tutor, of Mr. Paget, and Dr. Black, mentioned in the course of the lecture, called forth vehement applause, and at its end Mr. Paget, Mr. Skey, and others were heartily cheered as they left the room.

## CHARING-CROSS HOSPITAL.

## INTRODUCTORY LECTURE BY DR. CHOWNE.

DR. CHOWNE commenced his address by remarking that the resuming of duties which partake of an academical character is necessarily an occurrence of interest both to the teachers and to the students; and that amongst other agreeable features of a new session was the evidence of zeal and industry evinced by the classes after a short but salutary vacation, and, on their return, to participate afresh in those exercises of the mind which, during the medical session, are required.

He proceeded to say: the student of a former year may be presumed to have his plan for that which is now commencing arranged in his mind. That the benches of this theatre, however, are not wholly occupied by pupils to whom these remarks could apply, but by others to whom the incidents of an opening session are wholly new; who, although seated amongst those whom they may now call fellow students, can recognise no familiar faces. The pupil who is but on the threshold of this curriculum might be deemed to have a far less defined view of the path before him, and his position might well occupy consideration in an introductory address.

He is generally not only new to the epoch, but new also to the social circumstances in which he is placed in this great metropolis, and new to those with whom he must almost daily mix. Although such young men may not have wanted for the parental guardianship, nor for those invaluable precepts which constitute the moral training of youth; although proper sentiments have been impressed, and proper habits inculcated,

and have, in the routine of home occupations and of home associations, been preserved, yet men who have watched through a series of years the results of early removal of young men from the salutary influences of judicious discipline and control, suddenly, and at once, into a region where they find themselves in a state of almost absolute freedom, to choose their companions, their occupations, and their amusements at will, cannot fail to know that in such a change of circumstances a change of habits often lurks. Hence the immediate object which brings them within these walls, the study of an abstruse and difficult science, is not the only matter which either deeply interests their nearest and dearest friends, or concerns their own advancement in their profession, and, indeed, their welfare and happiness through life.

The lecturer, after making some further remarks upon this subject, and offering some suggestions of advice, adverted to the advantages of a high standard of education, as improving the capabilities of the medical student and elevating his character, proceeded to say, he should be only following a spontaneous impulse, in submitting to those students who are either now entering upon, or continuing what might technically be called one of the last stages in their medical studies—viz., the medical curriculum, that the undertaking might not inappropriately be called a first step in life—that is to say, how to live; how to embark in life on their own responsibility; to acquire good standing in their profession, and honourable positions in the world; and, finally, in the course of events, to extend to others the support, and care, and help they had themselves received. Such a position cannot be secured upon a firm basis in the absence of correct conduct and good principles; even wealth acquired in the absence of these does not produce happiness, does not bring respect, does not confer social elevation. The young man's first care, then, should be, to maintain a character founded on the constant propriety of his conduct, and on the strict integrity of his principles.

The lecturer, after urging the propriety of care in the formation of friendships, and the dangers of bad example, directed the attention of the students to the course of study before them, to the well-arranged order in which, according to the injunctions of the examining bodies, they are arranged, and especially to the fact, that the period of time allowed is not too long, proceeded to say, Let the students then keep constantly in their mind, not only that they have much to achieve, but that the step of time is stealthy and fleet; let them not forget, that although they take their places on the benches of this theatre, youthful in years, youthful in position, and youthful in feeling, they aspire to the attainment of a high station. It is their hope and their ambition to quit these benches members of one or more of the learned, and great, and honoured, institutions of the country; that their names shall be recorded in the archives, and certified in the diplomas, of these institutions, as having been admitted into co-membership with some of the highest men in our profession; and as being, like them, empowered to take rank and position; and, more important still, to exercise functions consistent only with manly intelligence and mature reflection. This is the transition desired; these are the ambitions indulged; and the better the judgment of the candidate, the more conscious will he be that the prize is such that it cannot be, and, indeed, should not be, of easy attainment, and that therefore he should seize the very first opportunity, and every opportunity, of proceeding in anxious and sedulous earnest.

The Doctor gave illustrations of the bearings which the different branches of medical science have upon each other, and of the advantages to be derived from the resources afforded by natural philosophy; and adverted to the constantly advancing tone and position of medical science as it presents itself to each successive generation; and concluded by observing, that "It is one of the advantages of an education for our profession that the student has always before him highly-interesting occupations. In the study, for example, of anatomy and physiology, embracing the various structures and phenomena of the human system, he enters at once upon a track which daily unfolds to his view the elements of researches in natural history, researches which constantly tend to enlarge the foundation for future progress and larger views, and to qualify him for the attainment of knowledge extending over the whole range of animal and vegetable structures, and of animal and vegetable life; while, in the laboratory of the chemist, he becomes familiar with the productions of nature in their inorganic forms, thus supplying the basis for future prosecution of the purely physical sciences. Let those young men, then, who have not had already a perception of the valuable information to be acquired in the course of their medical education, draw no apprehensions nor misgivings from the seemingly arduous

course of study before them; let them, on the contrary, regard the road they are travelling as an instructive and useful excursion, rather than as an irksome journey; let them go cheerfully to work in the full assurance that their labour will abound in interest, not only in the pursuit, not in the immediate possession of the knowledge acquired, but in the foundation it will lay, and the capabilities it will confer, for after-advances in science far beyond their present aim.

### ST. GEORGE'S HOSPITAL.

INTRODUCTORY ADDRESS BY DR. J. A. WILSON.

DR. J. A. WILSON, on taking the chair to inaugurate the commencement of the Winter Session, stated that great efforts had been made to obtain some member of the aristocracy to deliver the opening address; they had even sent as far as Newcastle, but in vain. Apart, however, from the honour conferred, he considered little benefit would be likely to accrue from the distinction, for although those elevated personages were very civil, they seldom afterwards manifested any particular interest in the prosperity of the establishment. On delivering the prizes and certificates to their recipients, Dr. Wilson spoke in terms of great praise and encouragement to each, and when presenting Sir Charles Clarke's award for general conduct to Mr. Dickinson, he feelingly alluded to the gentleman who had first received that honour, M. Theodore Dukin, a noble Hungarian refugee, who, when pursued by the Austrian police to England, after enduring the greatest privations, had become a student at St. George's Hospital, and by perseverance and industry had greatly distinguished himself, and now held a prominent position in a foreign service. On each branch of medical science Dr. Wilson made some appropriate remark; he repudiated the notion that midwifery had become a neglected department of the profession, and counselled the different prize-men not to devote themselves too exclusively to those subjects which might constitute their favourite study, and in which they had excelled. He urged them not to be content with arriving at the boundaries of knowledge now attained in their profession, but seek to extend them; and he trusted that the eminent practitioners of 1880, some of whom were doubtless before him, would far exceed in scientific knowledge and practical resources those who were now their instructors. On arriving at chemistry, Dr. Wilson regretted that some other word had never been found as an appellation of distinction between such men as Sir Humphry Davey, and others of the highest scientific attainments, and the ordinary shopkeeper to whom the name was equally applied, who had a blue bottle in his window and sold soda-water, yet who, perhaps, beyond this had a very limited knowledge of the vast science of which he was misnamed a cultivator. In conclusion, the professor strongly advocated the observance of a strict discipline in medical schools, congratulated the pupils upon the improvement in the *morale* of medical students generally, recommended abstinence from tobacco and cigars, and proposed the establishment of a large boarding-house in the vicinity expressly for their accommodation, by which the discomfort of casual lodgings might be avoided. His somewhat lengthy address was very warmly received by a well-filled room, and to many of the students he seemed associated both by a most friendly feeling and personal acquaintance of long standing.

### SCHOOL OF ANATOMY AND MEDICINE,

ADJOINING ST. GEORGE'S HOSPITAL.

INTRODUCTORY LECTURE BY DR. LANKESTER.

AFTER some introductory remarks on the nature of education generally, the lecturer alluded to medical education. This was examined from two points of view: Firstly,—That demanded by colleges and universities for conferring diplomas and degrees. Secondly,—That demanded by the State for the licence to practise. He spoke of the former as being good or bad, according to the college or university; and of the latter, as having no fixed standard in this country, varying with the characters of the examining bodies which had power to confer licences to practise. The lecturer hoped that the present anomalous requirements of the State would be abolished, and that a fixed standard would be required of all who practised any department of their profession. The preparatory education of the medical student was then examined, and the present system of demanding Latin and Greek condemned as unnecessary to the practice of the medical profession, on the ground that one language was sufficient to afford a training in philology, and that nothing material could be acquired by reading a classic

author, beyond what could be obtained by translations. He commended the study of modern languages and mathematics, but more especially the natural sciences, as being useful in aiding the medical student to practise successfully his profession. Such an education was desirable not only for medical men but for all. Legislators, bishops, barristers, and town-councillors, would all fill their duties better if they knew more of natural science. The great majority of the community belonged, with Lord Derby, to the pre-scientific school. The special education of the medical man was then spoken of, under the following heads:—

1. Physics in relation to healthy and diseased actions, and illustrations given from the laws of dynamics, as developed in the muscular system and the production of the phenomena of life in plants and animals by the agency of heat and light.
2. Chemistry in its relations to health and disease, which was illustrated by the great law of deoxidation in plants and oxidation in animals.
3. Comparative and vegetable physiology and pathology, as furnishing the most facile means of investigating the nature of cell-formations and cell-life in the higher animals and in man.
4. The action of inorganic and organic bodies on the healthy and diseased functions of the human body.
5. The indications of disease as presented by deranged functions and abnormal conditions of the tissues of which the organs of the body are composed.
6. Natural actions requiring manual aid and superintendences, as the reproductive function.
7. The relations of death and disease to inquiries arising out of the moral character and social condition of man.

In order to ascertain how far these objects could be obtained, the London Medical School system was examined. The system of teaching in public and that pursued in private were alluded to. The latter, the system of catechising and preparing for examination, was traced, first, to the routine nature of the examinations of the public bodies; and secondly, to the neglect of personal superintendence by the teachers in medical schools. Our teaching was regarded as too much *professional* and too little *tutorial*.

The lecturer then stated the plans about to be adopted in their own School to remedy this defect in the present system of teaching. The alterations in the School were then glanced at, and each new professor was introduced to the audience with his appropriate claims.

### GUY'S HOSPITAL.

MR. BIRKETT'S INTRODUCTORY ADDRESS.

THE introductory lecture was delivered to a very numerous audience by Mr. BIRKETT, who, after a few remarks respecting the importance of the task he had undertaken, expressed himself in the following terms:—"The object, then, of this address appears to be to interest those of my auditory more especially who now for the first time occupy the benches of an anatomical theatre; to endeavour to incite them to pursue the right course; to encourage others to follow the path they have selected; and to deter a few from continuing in the error of their way, in order that all may attain an honourable and distinguished position in the profession they have selected to follow. To impress strongly upon the mind of the medical student the exalted duties of his calling, and to lead his thoughts to the contemplation of the objects and the intellectual and moral influence of the study and practice of medical science, will, then, form the subject-matter of this address; and although I know I am not competent to do it full justice, I rely upon your forbearance, your courtesy, and kindness, (loud applause.) Your presence here to-day is evidence of the path you have selected to follow, and your next object is to qualify yourselves for those duties which more peculiarly belong to the practice of the medical profession—duties which, indeed, involve an immense amount of sacrifice of all personal comforts and interest. Have the younger members of my auditory ever contemplated the responsibilities attached to the profession of medicine, the anxieties, the cares, and the best method of meeting them? Has the thought ever struck them that upon their knowledge may depend the valuable life of the head of a large family, or that permanent deformity may result from their ignorance or neglect? If not, I would have them pause upon the threshold, and before they enter the temple of medical science, examine themselves to see if they are prepared to devote all their energies, all their labour, and all their strength to the acquisition of knowledge! Now, as medical knowledge is devoted to the restoration of animal health, when impaired by disease or injury, it will be at once manifest that a study of the animal

organisation in a condition of health is essential to the comprehension of the changes which occur as to the result of disease. Anatomy and physiology, including chemistry, form, then, the bases upon which all medical science ultimately rests. It seems scarcely necessary to urge this point, so self-evident does it appear; and, perhaps, it is more from thoughtlessness than from design that anatomy is so little prosecuted by the majority of students. Anatomy, gentlemen, is essentially a science of facts—facts incontrovertible and incontestable, clearly and easily demonstrable by those who seek for them, and of such a nature as to lead the mind of him who contemplates them aright to the highest and most profound considerations that can occupy the mind of man, (loud cheering.) The science of physiology must become the study of your whole life; every practitioner of medicine is necessarily a physiologist, that is, one who reasons and discourses upon the phenomena of nature; and since this science embraces a range so wide, your attention must be early devoted to it, and no opportunity should be neglected for acquiring a method of prosecuting physiological studies. The ultimate source of our knowledge of nature and its laws is experience,—by which is meant, not the experience of one man only, or of one generation, but the accumulated experience of all mankind, in all ages, registered in books or recorded in traditions. But experience may be acquired in two ways; either, first, by noticing facts as they occur, without any attempt to influence the frequency of their occurrence, or to vary the circumstances under which they occur: this is observation; or, secondly, by putting in extra causes and agents over which we have control, and purposely varying their combinations, and noticing what effects take place: this is experiment.” After some general observations on the necessity of close, careful, and methodical observation to be obtained at the bedside, the lecturer thus proceeded,—“All that you are now learning will become of essential importance and utility to you in after life. It is an opportunity of acquiring just that practical knowledge which you will most require; and I have no hesitation in adding, that all those gentlemen who have left this hospital the most highly-informed and the most competent to practise have been those who spent the largest proportion of their time in the acquisition of medical knowledge at the bedside, (applause.) You must not, however, forget that the investigation of morbid action is to be prosecuted in a place to which we have not yet introduced you. We have only as yet spoken of disease as witnessed during life; but when the vital flame is extinguished, there is a moment when the effects of disease upon the animal organs may be examined with the most valuable results. Gentlemen, if it be necessary to urge any of you to prosecute this study with diligence and activity, I might perhaps induce you to do so by pointing out the distinguished professional and social position occupied by some of those who have most diligently cultivated pathological anatomy. I would mention the names of Sir Astley Cooper, Dr. Bright, and Dr. Addison of your own school, (three rounds of applause followed the utterance of the last name,) those of Sir Benjamin Brodie, Mr. Paget, and there are many others to whom medical science is indebted for original research and important discoveries, (renewed cheering.) There are, gentlemen, I believe, few subjects so conducive to the pleasure and happiness of life as the study of nature and her laws, and this, I have already said, is the constant pursuit of the practitioner of medicine. It has been already observed that ‘science is the knowledge of many, orderly and methodically arranged, so as to become obtainable by one,’ and doubtless many of you will be anxious to add to the stores already accumulated. Indeed this would almost appear to be a duty which the members of a liberal profession owe to each other. Before you do this, however, the habit of prosecuting inquiries of this nature must be diligently enforced. In the observation of facts and in collecting instances much caution and care are demanded. It is necessary that you should follow some regular system, and especially in the record of the natural history of diseases you must collect the facts of every case according to a definite arrangement, if the cases are to be finally compared one with another, in order to arrive at the due appreciation of one fact over another, or to pursue a process of generalization. I would, however, here remark, that the statistical knowledge derived from a comparison of a large number of cases is important in adding to our knowledge of the natural history of any class of disease, rather than as affording any accurate guide in the medical treatment of any individual case. In the treatment of any individual case, the facts of that case, singly and alone, should be first clearly sought for and established, and then the science which has been acquired by experience in the treatment of many cases possessing like general characters becomes available in the practical treatment of the

case immediately under observation. Blindly, and without due regard to the peculiarities of each case, to follow out any particular line of medical treatment in certain classes of cases, having near affinities to each other, because a certain number of cases have recovered under the adoption of one mode of treatment, is to pursue a line of practice closely bordering on the worst form of empiricism, and one which cannot be supported by any rule of scientific inquiry. On the other hand, it must be admitted that all our knowledge of the natural history of diseases has been acquired by them, and the absence of all medical science must always keep pace with the accumulation of facts relating thereto. To observe with industry and attention, to record with fidelity and accuracy, to arrange with order and method, and to be guided in our generalisations by facts alone, are the rules which must direct you in the investigation of the phenomena of disease which may fall under your observation. Truth, gentlemen, is the gem you seek; and like all other inestimable possessions, it is only to be discovered by perseverance, grasped by industry, and held with devotion, (cheers.) There seems to be scarcely any study so likely to improve the moral feelings as that of medical science. It is as much an inciter to the highest moral sentiments as it is, at the same time, a sustainer of them. ‘And if there be any other commandment, it is briefly comprehended in this saying—Thou shalt love thy neighbour as thyself.’ The practical evidence of this love is daily afforded by the generous sympathy with which the profession at large devotes itself to the relief of suffering humanity. Even the constant intercourse with pain and misery, instead of dulling the sympathies, only serves to excite to fresh exertions to render that torture more endurable and that misery less appalling. To me it seems that we should be proud indeed of being members of a profession the chief incitement to activity and energy in which is the pleasure afforded by relieving the necessities of our fellow-creatures, for under innumerable circumstances there can be no sordid feelings goading to the action, (cheers.) The wide range of scientific inquiry involved in the study of medicine enables the student to indulge in those delightful recreations which result from the contemplation of nature and her works, (cheers.) And this is, in fact, one of the great sources of delight which the study of natural science imparts to its votaries. A mind which has once imbibed a taste for scientific inquiry, and has learnt the habit of applying its principles readily to the cases which occur, has within itself an inexhaustible source of pure and exciting contemplations. One would think that Shakspeare had such a mind in view when he describes a contemplative man as finding

‘————— Tongues in trees,  
Books in the running brooks,  
Sermons in stones, and good in everything.’

Accustomed to trace the operation of general causes, and the exemplification of general laws in circumstances where the un-informed and uninquiring eye perceives neither novelty nor beauty, he walks in the midst of wonders; every object which falls in his way elucidates some principle, affords some instruction, and impresses him with a sense of harmony and order. Nor is it mere passive pleasure which is thus communicated; a thousand questions are continually arising in his mind, a thousand subjects of inquiry presenting themselves, which keep his faculties in constant exercise, and his thoughts perpetually on the wing, so that lassitude is excluded from his life, and that craving after artificial excitement and dissipation of mind which leads so many into frivolous, unworthy, and destructive pursuits, is altogether eradicated from his bosom, (cheers.) Many of you are here, in London, for the first time, and perhaps also this is the first time you have been left alone, and uncontrolled, to seek amusements and companions. The influence of the study of the science to which you have devoted your lives will, in all probability, guide many of you to select as amusements some one or other of the sister sciences, or branches of natural history, the arts, or literature, and some resource of this kind is absolutely necessary to revive the drooping spirits after fatiguing exertion in medical practice. Whatever your amusements may be, however, never forget that you are members of a body, in which the ill conduct of one has, more or less, an influence with the public in the estimation of the whole class, and that it is much more difficult to eradicate an evil habit when once firmly established, than to withstand temptation when prepared to meet it, and to be proof against the seductive allurements of folly and vice, (loud cheers.) As regards the selection of companions, this is a matter in which great circumspection is required, for my experience has led me to observe that by far the majority of those young men who have diverged from the right path have been led away and entrapped by an artful and designing companion, rather than by any innate in-



stigation to folly on their own part. If you at once determine to take science as your lamp, to be guided by the light she will afford, you need not fear the dark and treacherous path along which vice would conduct you, nor the call of him who would allure you from her fair companionship; but you may be induced hereafter to exclaim, 'In my youth, and through the prime of manhood, I never entered London without feelings of pleasure and hope. It was to me as the grand theatre of intellectual activity—the field of every species of enterprise and exertion—the metropolis of the world of business, thought, and action. There I was sure to find the friends and companions of my youth, to hear the voice of encouragement and praise. There society of the most refined kind offered daily its banquets to the mind, with such variety that satiety had no place in them, and new objects of interest and ambition were constantly exciting attention either in politics, literature, or science.'

The lecture was frequently interrupted by loud applause, and the conclusion marked by general cheering.

### KING'S COLLEGE HOSPITAL.

#### DR. ROYLE'S INTRODUCTORY ADDRESS.

THE introductory discourse was delivered by Dr. ROYLE, the Professor of *Materia Medica*. The audience was not so numerous as on former occasions, but most of the lecturer's colleagues were present. The former began by stating that, exactly nine years before, he had performed the same task as that on which he was now entering; and he felt great difficulty in selecting a subject for his discourse, as most of the topics which would naturally be brought forward on such an occasion had been repeatedly and eloquently treated in the same lecture-room.

One subject, however, possessed just now the interest of novelty, namely—the hospital, which had just been constructed on a large and liberal scale for the reception of the suffering poor, and where the pupils of King's College could worthily prosecute their medical studies. The lecturer then entered into some details respecting the improved plan upon which the hospital had been erected, and showed that no pains or expense had been spared to render it adequate to its objects. Dr. Royle then took a survey of the various branches of learning of which medical education is composed, and dwelt rather largely on the historical bearing of the subject, especially as regards the early efforts made by the Hindoos in promoting medical knowledge. The pupils present were earnestly entreated to devote their time sedulously to the studies upon which they were entering, to cultivate their intellectual powers; and, as an incentive to zeal and exertion, the lecturer cited the names of several students of King's College who had lately obtained, through merit, assistant-surgeons in the East India Service.

### LONDON HOSPITAL.

#### INTRODUCTORY LECTURE BY DR. LITTLE.

THE new Medical College of this Institution was inaugurated, and the autumnal session opened, with an interesting oration by Dr. LITTLE.

After an able and rapid history of medical teaching, and the means of its cultivation amongst the various peoples of the world from the remotest antiquity down to the present time, the lecturer vindicated the claims of his alma mater as the first, the original, medical school of this metropolis. "The London Hospital," said he, "has the merit of having first set the example, A.D. 1785, of a complete medical school in connexion with a hospital upon the model of the medical faculty of an university, but independent of an university. A similar train of circumstances, no doubt, and the force of example, afterwards led to the formation of complete medical schools at other metropolitan hospitals.

"The printed prospectus of the London Hospital Medical School for the year 1792, is on the table before me. It shows that lectures on all the subjects before mentioned were there delivered, and that a course of lectures on Clinical Medicine was at that time given in this school. Clinical lectures were subsequently discontinued until successfully revived in 1823, by Dr. Billing. I am particular in referring with precision to these dates because a priority of date as a medical school has been erroneously claimed for St. Bartholomew's.

"In one sense only is this claim of St. Bartholomew's correct, viz., its *students*, having been mentioned in 1662; but the attendance of students upon the practice of the surgeons and

physicians does not constitute a medical school, in the modern and full acceptance of the term. We understand by a complete medical school an institution where the several courses of medical lectures usual at an university, or required by the examining bodies, are delivered. In the present case the palm of priority belongs of right to the London Hospital."

Dr. Little here quoted the language of "An Address to the Friends of the London Hospital," published in 1783, to the effect "that a hospital depending on public favour should be able to make every possible plea of public utility," and that "if public lectures on the various branches of medicine are delivered at the hospital its reputation will be raised and its fame extended," and further, "the giving of public lectures at the hospital will conduce to the good of the patients and to the interests of the charity, and the greater number of gentlemen who will receive their education at the hospital, and who from that circumstance will have formed an attachment to it, may be a means of greatly promoting its interests. This effect has already been experienced from gentlemen formerly educated at the hospital, through whom a considerable number of governors have been added to the charity."

"So far the language of the address," said Dr. Little; "and in passing let me express the earnest hope that the students of the London Hospital will never neglect any opportunity they may in after life possess of legitimately influencing the benevolent members of society within their several circles on behalf of the funds of their alma mater, remembering in relation to even the smallest aids, that 'sands make the mountain, moments make the year.'"

The lecturer concluded his remarks with the following earnest admonition:—

"I would advise every man proposing to enter on the study of medicine with a view to following it as a profession, to consider well whether he is prepared to make the necessary abnegation of the hope to realize the one great stimulus to the world's exertion—*opulence*. Competence he may attain, but wealth rarely, if ever! He must often see his path overshadowed by the lofty rank or substantial emoluments of other professions. In a few years, after engaging in practice in our thriving commercial emporiums, the medical man may often see the companions of his youth, by the exercise of no greater industry, ability, and self-denial than he has himself evinced, raised by successful exertion in the field of commerce to commanding positions in society, and in the possession of riches and luxuries which he can never hope for, even if he could enjoy them. And if after quitting these halls you should fail to keep alive the ardent love of philosophical medical research, and should degenerate into the mere '*Bread-learned*' practitioner, the sight of such contrasts cannot but embitter your lot.

"It would be quite beyond my province to exhort you on higher grounds to take a juster and loftier view of your position, to ask you to suppress in your hearts the odious sentiment whether of jealousy towards your actual competitors in practice who may appear more fortunate than yourselves, or of envy towards those who in the ordinary careers of professional, commercial, or official pursuit; but it is strictly within my province to urge upon you my own heart-felt conviction that your profession can amply compensate you not only for the time and labour that you devote to its acquisition, but even for the privations from which it is inseparable.

"In proportion to the zeal with which you follow it will you reap its rewards, amongst which are the happiness of relieving the afflictions of others—the inexhaustible mental treasures furnished by the tributary sciences—the esteem of the public—the love of many, many friends, and the approbation of your fellow-practitioners. And these are rewards, less brilliant perhaps, but nobler and far more precious, than any other profession in the whole scheme of social existence has to offer."

As usual at this hospital, there was a numerous gathering of practitioners as well as students. The new theatre was crowded to excess, and Dr. Little was greeted throughout with animated and cordial applause, which was enthusiastically reiterated as he concluded his address.

### ST. MARY'S HOSPITAL.

#### INTRODUCTORY LECTURE BY DR. ALDERSON.

ON Monday, Dr. ALDERSON, F.R.S., delivered the inaugural address of the Medical Collegiate Establishment attached to the hospital, of which we give the following extracts:—

He opened the address by some remarks on the analogy between the feelings of men when making the first step in any

fresh course of duty, and those which accompany their first entrance upon life and action; that a new future, new powers, and new opportunities for service in their generation, renovate the elasticity of earlier vigour. He stated that his colleagues had already acted vigorously, and had surmounted serious obstacles, resulting in the complete organisation of the school, and in the erection of a noble building, replete with the most perfect accommodation both for lecturers and pupils in the prosecution of medical study and all the collateral sciences. He adverted to the commencement of clinical lectures in the theatre of the hospital, which two years before had been the initiatory step to the present complete school; and, having glanced at hindrances which had required the utmost energy to surmount, dwelt on the sources of encouragement which promise a successful career, and which justified the conviction that the new institution would be calculated to exercise an elevating influence on the medical profession—that it will help to enlarge the general scale of acquirements, to raise the standard of morality, and refine the manners of the younger members, and so lay the foundation for obtaining the world's increased respect, and for establishing a still more honourable position for our profession in the social scale, giving it thereby a wider influence, to be exercised for philanthropic purposes. He looked to the collegiate form of the establishment as a chief means for procuring these advantages, and alluded to the completion of a building or hall for the residence of students as likely to be shortly effected. The supervision of a principal would then have a beneficial influence both on the character and habits of the students.

Dr. Alderson bore testimony to the high qualifications of his colleagues for the work of instruction, forming a body in whom no feature of professional eminence is wanting; and alluded to the experience and success in teaching already gained by most of them, especially noting Mr. Lane's ability as a lecturer, and the advantage which would be derived from his experience in all the arrangements necessary for the prosecution of the study of practical anatomy. He announced that a chair for military surgery had been added to the usual courses, to be accompanied by practical demonstrations; and congratulated the school that, even in its incipient form, it had furnished no less than three assistant-surgeons to the regiments of Guards. He enlarged on the necessity of this branch of medical education, which had already been brought under consideration by Mr. Guthrie's able and most valuable exertions. He insisted also, at some length, on the necessity of enlarging the course of forensic medicine, so as to place the rising generation of practitioners in a firmer position when they are obliged to give evidence in the courts of law.

Dr. Alderson then alluded to the local advantages of St. Mary's, situated in a district which combines a large pauper population on the one side, and multiplying habitations of the wealthy on the other. The elevation of the ground and the nature of the soil making it an unusually desirable residence for young men while going through the trying ordeal of a course of education, part of which cannot by its nature fail to be depressing to the vital powers. In these respects of local advantages, St. Mary's is pre-eminently favoured above all the more ancient schools of the metropolis. He then very briefly reviewed the present state of medical inquiry, and from thence impressed upon the students that institutions for medical education were intended more for the acquisition of solid elementary knowledge than for scientific speculation. He recommended the cultivation of every possible accessory to the accumulation of facts in investigating natural phenomena; and mentioned photography as new in its application to medical science, and far from trivial as a means of collecting examples and bringing them together for mutual illustration, seizing thereby the living physiognomy of disease, and fixing its most fleeting characters. He also alluded to meteorology as a subject on which facts have yet to be accumulated, and one on which the scientific labours of the rising generation are likely to be especially engaged, with a hope that a revelation of the laws which govern the changes on the human body will result from it. On the subject of the professorial and tutorial modes of teaching the lecturer expressed himself strongly on the superior advantages of the tutorial, and regretted that the custom of multiplying lectures was obtaining ground in the older universities. In the professorial method, he said, the teacher alone is active, the listener merely passive. The intellectual power of the student may not be even roused to action, and he may leave the lecture-room with mind as vacant as he entered it. In the tutorial, on the other hand, the teacher supplies the information, and then requires that each student should demonstrate that he has realized it, making him an active agent, not a passive recipient of the work. He an-

nounced his intention to cultivate the form of tutorial instruction at St. Mary's, as far as opportunities would allow. He then spoke of the responsibilities attached to the work which he and his colleagues were beginning. It is, he said, a significant reflection that, according to the efficient or deficient performance of our work, men who are in future to be intrusted with the care of other's lives, and whose conduct may influence a vast amount of domestic happiness, will be sent into the world capable or incapable of meeting the duties of their important calling. It is true that before they can assume their responsible position the law requires that it shall be ascertained that they have acquired a certain amount of knowledge, but no examination can test the height of mental culture they ought to have reached, still less can it try the fitness of the character for their intended course of life. Examinations are the letter of the law of preparation, the spirit to animate that law and elevate the standard of acquirements rests with us. It is one thing to obtain sufficient knowledge to sustain examination, another to grasp a philosophic view of the principles of medical science, and to have laid a sure foundation for all subsequent research; and even were it possible to test the existence of these higher qualifications, still no examinations can approach those moral requisites, that serious sense of responsibilities to be assumed, that love of duty for conscience-sake; that foundation, in short, of the especial virtues—industry, temperance, charity, unselfishness, forbearance—which will be needful in the future course. If all these qualifications are not perfected, they should at least be cultivated; and according to the manner in which they may fall short we shall have failed in the work intrusted to us. "And from our own responsibilities I may now turn," said the lecturer "to those which peculiarly attach to this new School of St. Mary's, precursors, as we hope, of a numerous band, who will hereafter adorn their profession, and do good to society. Their position has its special duties, arising from that peculiar influence which attaches to a good or bad beginning; their progress in knowledge may form the standard of acquirements; their tone of morality and manners may become the type of character for many a succeeding set of students. It is an inspiring motive to their high exertion to know that their individual success may stamp the reputation of the institution; that their influence and example may make hundreds of successors wiser and better men. And let us, therefore, all, teachers as well as learners, not forget the grave responsibilities we now assume whilst, with cheering hope, we set about our duties."

## MIDDLESEX HOSPITAL.

### DISTRIBUTION OF PRIZES, ETC.

At the opening of this School, the students assembled in the theatre at eight o'clock in the evening, when several of the professors each briefly addressed their auditory, and introduced the pupils of their own peculiar class to whom the prizes and certificates of the past session had been awarded. All these gentlemen spoke in eulogistic terms of the attention and regularity of conduct observed by the students generally, and amongst other exhortations, the pupils were reminded that the time devoted to the study of medical science was disproportionately small for the magnitude of the subject, while it was to be regretted that the College of Surgeons had now dispensed with one year of hospital practice. They were enjoined to remember that, while the most rigid application to the course of study was requisite to insure success, yet it had been observed that, in nearly all the rejections on examination before the Hall, the failure could be attributed to either indolence or the seductions of society; and on the principle of Mr. John Hullah, that every one could be taught to sing, and of Mr. Butler Williams, that every one might be made a draughtsman, so the difficulties of the medical profession might be mastered by a sufficient determination and even average capabilities.

Mr. William Hawes, who took the chair and distributed the prizes, alluded, in a conclusive address, to that office having been previously performed by Lord Carlisle, the Bishop of Oxford, and Sir Robert Inglis, and trusted that the value of the memorials awarded would not be depreciated on the present occasion by being presented through less distinguished hands. He recalled to mind the depressed condition of this School in 1847 and 1848, when it was attended by only ten or a dozen pupils, and his gratification at its improvement now, when they could number between ninety and one hundred. On a vote of thanks being proposed, and unanimously responded to, it was remarked by the gentleman who proposed it, that this change for the better he (Mr. Hawes) had been mainly instrumental in bringing about.

## WESTMINSTER HOSPITAL.

## MR. BARNARD HOLT'S INTRODUCTORY ADDRESS.

THE medical officers of this institution have been untiring in their efforts to make the means of instruction which this hospital (the eldest sister of all the subscription charities in Great Britain) affords equal to the advantages furnished by other establishments.

The customary anniversary address was delivered by Mr. BARNARD HOLT, F.R.C.S., Senior Surgeon and Lecturer on Clinical Surgery to the Hospital, to a numerous *clientelle* of pupils and friends. The lecturer truly observed there must be a great sameness in all these addresses; it is necessary to recommend the same great moral principles, love of truth, active benevolence, untiring industry, and a desire for the acquisition of knowledge, which form the basis of professional excellence. Professional excellence Mr. Holt considers to depend upon personal excellence; the best man makes the best practitioner. "The most important and the unceasing task of the medical man ought to be self-culture, to study yourselves, to learn the possible excellences of your own nature, and by study and reflection to develop them." The lecturer earnestly impressed on his auditory the necessity of manly virtues and social sympathies as the substratum of the medical character. "In this highly-civilized and religious community," he proceeded, "every one that has the slightest tincture of education has imbibed notions, more or less distinct, of his moral duties, probably some taste for literature, and perhaps some feeling for art; but these acquirements go but a little way towards the accomplishment of that moral and intellectual culture which has won for the profession its present social elevation. Even the fortunate possessor of the most comprehensive preliminary education will find that he has very much to effectuate by his own efforts at self-cultivation. There is an education desired from self-discipline and reflection which no school or college can bestow. By habitual efforts at improvement, the less-favoured student soon neutralizes these adventitious advantages, and stands with equal chances on the race-course of fortune. The more disciplined the mind of the medical practitioner, the more his intellect is sharpened by rationalistic exercises, the more his moral perceptions are developed by a vigilant conscientiousness, the more his nature is softened by an indulgence in æsthetic pleasures, so much the more efficient will he be in the practice of his art; the greater will be his perspicuity in discriminating nice shades of disease, the richer will be his invention of remedies, the more persevering his zeal for the welfare of his patient, and, above all, the more liberal and just will his bearing be towards his professional brethren, whom his enlightened understanding will have taught him to regard, not as rivals, but as colleagues and allies, in the great crusade against pain, disease, and death." Regarding still the general education of the practitioner, Mr. Holt drew a humiliating picture of the ignorant and neglected mind, and pointed out the three chief sources of improvement as available to the zealous student,—reading, conversation, and reflection. He demonstrated with perfect truth and considerable humour the difference between methodized reading and the desultory perusal of books, and inculcated some excellent maxims for the guidance of the student in this practice. The value of conversation depends on the companions chosen, as much as the temper and conduct of the student. The best-instructed are the best companions, but there is room for skill in extracting knowledge. To question rightly, implies acuteness of mind and agreeable manners; questions are not to be put in a captious and Socratic manner, but in a way indicating modesty and a real desire to be instructed. The successful use of the two sources of reading and conversation implies the unceasing exercise of thought and reflection. "Contemplation," proceeded the speaker, "is the peculiar attribute of man, who alone dives into the causes of things; without it, memory and observation are useless. It alone arranges facts into systems, as the architect classifies his materials, and reduces into harmony and order the discordant and confused. What is acquired either by the tutoring of others, or by our own observation, must be digested in the alembic of thought before it is reduced and converted into our own intellectual property." Contracting his view to proper professional subjects, the lecturer applied the principles already indicated as necessary to the acquisition of general knowledge, to the subjects of medical study. He reviewed the several sciences subservient to the purposes of the healing art, and illustrated by well-chosen examples the applicability of chemistry, botany, *materia medica*, and natural philosophy, generally, to various purposes of diagnosis, prognosis, and treatment of diseases, as well as in assisting the administration of justice in the shape of what is called "medical jurispru-

dence." The lecturer enlarged on the great science of physiology: "Wide and comprehensive, including the whole doctrine of life, and levying tribute either by direct application of principles, or by analogical inferences, from experimental philosophy and all the natural sciences, physiology is the great reservoir from which the several conduits of the various departments of the healing art are derived; it deals with facts of a transient and subtle nature, and demands for its mastery the energetic exercise of the attention and reason. A knowledge of its principles is indispensable, not merely to the physician and surgeon, but to the general practitioner, and to the healer of special diseases."

The lecturer also exhorted the student to a close attention to descriptive and relative anatomy, as well as to pathology in all its respects, particularly alluding to the ingenious views lately propounded by Dr. Radcliffe. He enumerated the opportunities which the school and the hospital afforded for the acquisition of knowledge and practical skill in all branches of the art. Medicine, surgery, midwifery, ophthalmic surgery, military surgery, aurral and dental surgery, all occupied a due degree of attention and care: instruction in all these subjects was communicated in clinical and systematic lectures. Opportunities for obtaining manual dexterity in all departments, were afforded by the occurrence of numerous cases. Dr. Bird's "Maternity Charity," and Mr. Guthrie's Ophthalmic Hospital, were both open gratuitously to the students of the Westminster Hospital.

Mr. Holt concluded an animated address amidst much applause, reiterating in an impressive manner his exhortations to the student, to establish his professional accomplishments on a broad basis of general excellence. The evening concluded with an agreeable "conversazione," at which microscopic and other objects of interest were displayed.

## UNIVERSITY COLLEGE.

## INTRODUCTORY LECTURE BY DR. CARPENTER.

DR. CARPENTER delivered the lecture here, to between two and three hundred auditors. At this School, the plan adopted has frequently been, disdainful of common things, to strike out of the more beaten track of opening addresses, for the sake of taking up some special subject, occupying for the time being the mind of the lecturer himself. Thus, we have heard in the same place, an introductory lecture consisting of arguments to show why pathological phenomena could not be predicated from a knowledge of physiology; and at another time, an address full of mathematical disquisitions—matters interesting enough to the more advanced in science, but scarcely fitted for the young student, the first year's man, for whom, we suppose, addresses at the commencement of the session are chiefly useful, and who palpitates with hope and eagerness to be presented with words of encouragement and counsel how best to pursue his studies. On the present occasion, the lecturer, after enumerating the various styles which might be adopted for introductory addresses, chose for his subject, the relation between cause and effect. He illustrated his views by many apt examples, drawn from both art and nature, inorganic and organic. In particular, he impressed upon his audience, that they must not consider the cause as the immediate antecedent of any effect; that the cause of an effect was compounded of several conditions, all of which must be taken into account; and that confusion had arisen from separating too widely predisposing and exciting causes, as these might change places and designations under different circumstances. The subjects of fermentation and zymotic diseases came in for a share of attention, and Dr. Carpenter gave his views on the nature of cholera; this disease he considered to be caused by a specific poison entering the blood, which was prevented from being eliminated by whatever impeded the great depurative functions of respiration, &c., amongst which sources of evil he classed the use of alcoholic liquors. He stated it as his opinion that an individual furnished with proper food and drink, respiring adequately, and unaffected by circumstances calculated to depress the general health and to cause the effete products which ought to be eliminated to be retained in the system, as by no means liable to an attack of choleraic disease. The Doctor's peroration we consider to have been the best portion of his lecture.

A large proportion of the audience consisted of young men; whether they were fresh students there we cannot say, but at the termination of the lecture there seemed to be little recognition between the professors and those on the benches behind them,—few hearty greetings such as might be expected between old friends, or teacher and pupil; although several of the professors had been applauded as they had entered the theatre.



# The Medical Students' Guide to the Fees and Days of Operations at the Hospitals, &c., of the Metropolis.

LECTURES, ETC.	ST. BARTHOLOMEW'S HOSP. AND COLL.			CHARING-CROSS HOSPITAL.			ST. GEORGE'S HOSPITAL.			SCHOOL ADJ. ST. GEORGE'S HOSP.			GUYS HOSPITAL.			KING'S COLLEGE HOSPITAL.			LONDON HOSPITAL.		
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NATURAL PHILOSOPHY ...	...	—	—	—	...	—	—	—	—	...	—	—	—	...	—	—	—	...	—	—	...	—	—	
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HOSPITAL PRACTICE:	Dr. Alderson	6 13	Per mths	—	Watkinson	6 18	Per mths	—	—	Mr. Huxley	6 13	Per mths	—	Dr. Barker	6 13	Per mths	—	Dr. Wailes	6 13	Per mths	Dr. Hamilton	6 13	Per mths	
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# ON THE TREATMENT OF CHOLERA BY CASTOR OIL.

BY EDWARD J. COMPLIN, Esq.,

RESIDENT MEDICAL OFFICER TO THE "DREADNOUGHT" HOSPITAL SHIP.

In consequence of the very strong manner in which castor oil has been recommended by Dr. Johnson, in the treatment of Asiatic cholera, the physicians to the *Dreadnought* hospital ship considered it their duty, both in justice to Dr. Johnson, and also to their patients, to give the reputed remedy a fair trial in a series of cases. They were not selected, but taken

indiscriminately for several days together. Immediately on admission each patient had a salt and water emetic administered, in order to clear the stomach of any medicines or other liquid that might previously have been taken. After copious vomiting had taken place the castor oil was begun. The medicine was given regularly, under my own superintendence, and I can conscientiously assert, that in no case was there any neglect or mismanagement on the part of the nurses. Constant friction to the extremities, by means of flesh brushes or coarse towels, was also employed, and an abundant supply of iced water was given to all of them. The following is a brief but correct account of the cases thus treated:—

No.	NAME.	Age.	Country.	Date of Admission.	State on Admission.	Dose given.	No. of Doses Taken.	No. of Doses Vomited.	RESULT.
1	Antonio Hamalt	18	Dane	Sept. 2nd, 10 A.M.	Collapse extreme	Half an ounce of castor oil every half hour	9	None	Died collapsed, five hours and a half after admission.
2	Peter Neuhans	15	Dutchman	Sept. 2nd, 11 A.M.	Collapse slight	Ditto	46	None	Had consecutive fever slightly, but recovered.
3	William Hill	26	Englishman	Sept. 2nd, 11 A.M.	Collapse great	Ditto	21	None	Had such intense reaction as to require a full bleeding. Recovered.
4	Martin Casperan	22	Dutchman	Sept. 10th, 10 A.M.	Collapse great	Ditto	48	17	Died of consecutive fever four days after admission.
5	Thomas Wright	16	Englishman	Sept. 10th, 1 P.M.	Collapse great	Ditto	28	6	Died collapsed fourteen hours and a half after admission.
6	John Britten	38	Englishman	Sept. 10th, 1 P.M.	Collapse great	Ditto	70	27	Died collapsed three days after admission.
*7	Watson Eberg	16	Englishman	Sept. 10th, 2 P.M.	Collapse slight	Ditto	48	6	Had slight consecutive fever, but recovered.
8	Joseph Zerney	27	Austrian	Sept. 11th, 7 A.M.	Collapse extreme	Ditto	24	None	Died collapsed, thirteen hours after admission.
*9	Andrew Santig	27	Austrian	Sept. 11th, 10 A.M.	Collapse slight	Ditto	72	12	Died of consecutive fever four days and a half after admission.
10	Joseph Groom	18	Englishman	Sept. 11th, 1 P.M.	Collapse extreme	Ditto	8	None	Died collapsed seven hours after admission.
11	Edward M'Obin	19	Englishman	Sept. 11th, 1 P.M.	Collapse slight	Ditto	76	13	Recovered without any consecutive fever.
12	George Lewis	22	Englishman	Sept. 11th, 2 1/2 P.M.	Collapse slight	Ditto	9	1	Died of consecutive fever four days after admission.
13	Merincovich	26	Austrian	Sept. 11th, 4 P.M.	Collapse great	Ditto	67	6	Recovered without any consecutive fever.
*14	Laurence Musan	25	Austrian	Sept. 11th, 6 1/4 P.M.	Collapse great	Ditto	60	10	Died collapsed two days after admission.
15	Chris. Golischen	28	Norwegian	Sept. 12th, 6 A.M.	Collapse great	Ditto	29	13	Died collapsed seventeen hours after admission.
16	Carl Branen	26	Norwegian	Sept. 12th, 9 A.M.	Collapse slight	Ditto	49	13	Died of the consecutive fever six days after admission.
17	Valentin Cartuich	26	Austrian	Sept. 12th, 9 A.M.	Collapse great	Ditto	24	None	Died collapsed eighteen hours after admission.
*18	William M'Muller	19	American	Sept. 12th, 11 A.M.	Collapse slight	Ditto	43	13	Had slight consecutive fever, but recovered.
19	John Cooper	18	Englishman	Sept. 13th, 3 P.M.	Collapse slight	Ditto	34	19	Recovered without any consecutive fever.

Thus, out of nineteen cases, twelve terminated fatally, and seven recovered.

Of the twelve fatal cases, eight died during the stage of collapse, and four of the consecutive fever.

Case No. 16 was but a slight case of collapse, but became afterwards the worst case of consecutive fever we have had to treat.

Of the seven that recovered, in one the reaction was so great as to require a full bleeding, three had the consecutive fever slightly, and three recovered without any febrile symptoms.

In the four cases marked with a star, calomel was given, after the oil appeared to have produced no beneficial effect, and the patients were getting worse.

Of the four cases thus treated, two recovered, two died. The two that recovered had consecutive fever slightly, the third died of consecutive fever, and the fourth died during the stage of collapse.

Judging from the result, I think we are not justified in giving any credit to castor oil in Asiatic cholera.

September, 1864.

## Reviews and Notices of Books.

*The Diseases of the Fetus in Utero, (not including Malformations,) with an Outline of Fetal Development.* By HENRY MADGE, M.D., M.R.C.S., &c. Fcp. 8vo, pp. 200. London: Renshaw. 1854.

A WORK devoted to the elucidation of so novel a theme as the diseases of the fetus in utero demands more considerate treatment at the hands of the reviewer than the majority of publications which are submitted to his notice, since, as far as we know, it forms the first attempt which has been made in this country to bring together in one volume all that is known on the subject. Not, however, that it is necessary to make much allowance, seeing that the author has not only produced a useful volume, but has also done good service by simply drawing attention to the matter. It is certainly much to be regretted that medical men, as a rule, neglect to avail themselves of the numerous opportunities which they must so frequently have presented to them of investigating more closely the diseases of the fetus, especially so far as such diseases are the causes of abortions, miscarriages, or premature labours. Simpson and Graetzer have attempted to account for this indifference by the difficulties which surround the diagnosis of foetal diseases; but they add that, if it is impossible to become acquainted with the actual condition of the fetus in utero, or the effect of medicines upon it, by post-mortem examinations of the still-born, yet we are often made aware of latent disease in the parents which would otherwise have been unsuspected, and thus a new path of therapeutical investigation may be opened. The reproach that we are deterred from a duty by the difficulties we are likely to encounter must not be allowed to remain; and, as Dr. Madge proves that the impossibilities alluded to by Graetzer are feasible possibilities, we shall have no excuse for future idleness.

After a preface and an interesting introductory chapter, our author proceeds to the consideration of the proper subject-matter of his essay, which he divides into two portions,—part the first being devoted to a *résumé* of the development of the fetus, the plan and some of the materials of this division being taken from the article “Œuf,” by Ollivier, in the “Dictionnaire de Médecine;” while, in the second section, the chief foetal diseases are reviewed, much of this part being made up of translations from those authors who have paid particular attention to the subject, and the views of Mauriceau, Dubois, Depaul, Ricord, Goodair, Simpson, and others, being especially canvassed. As an example of Dr. Madge's method of treating his subject, we may quote the following passage from his concluding remarks:—

“So long as obscurities surround the subject of foetal nutrition and development, we can hardly hope properly to understand foetal diseases. Correct pathology must be preceded by correct physiology. It is true we are able to arrive at pretty correct general views on each; but if we wish to follow the complex operations of the foetal economy very narrowly, there is yet a great deal to be done. We know that the fetus is supplied with nourishment from the maternal fluids, and that through the same channel it may become diseased, or receive a check to its healthy development. If, however, we desire to interrogate nature as to all the agencies by which these are effected, we must be prepared to enter an unexplored region, full of interest and difficulties.”—p. 193.

It only remains for us to recommend Dr. Madge's work to the attentive perusal of our readers, since it contains much valuable and interesting matter.

*On the Triple Aspect of Chronic Disease; having especial reference to the Treatment of Intractable Disorders chiefly affecting the Nervous and Muscular System.* By WILLIAM BAYES, M.D., &c. &c. London. 1854. pp. 56.

WE are sorry to find a physician of the Brighton Dispensary having both time and inclination to write such quackish nonsense as he has here placed before us. The first quotation represents his anatomy and physiology, the second his patho-

logy and practice, and the third demonstrates the very sorry purpose of which Dr. Bayes makes assumed religious feelings the media:—

1. “Some [bones] are seen dovetailed and rabbeted almost immovably into each other, forming arches, chambers, and basins; others are so arranged as to allow the semi-rotatory motion of the socket-joint; some, like hinges, move freely in two directions, while others partake of both movements. . . . The living arch of the diaphragm covers the various intestinal organs as with a cupola, while it forms the floor of the yet more worthy chamber above—the camera vite, the hall of animal life, the dwelling-place of the blood, with its heart and lungs. . . . And lastly, as the air is above the earth, &c., so the soul envelops and penetrates his body.”—pp. 1 and 15.

2. “There is a first step always to be taken before we can commence our course, of more direct remedial means. This preliminary treatment consists in a thorough purgation and purification of the whole man; not a mere vulgar purge through the bowels, but a casting out and washing away of mental prejudices, as well as of accumulated debris of nerve, muscle, and bone, which have lain long, impeding healthy function. . . . Thus, phoenix-like, man may arise from the invalid, his whole unhealth destroyed in the combustion of his lethal envelop. This is physical regeneration.”—p. 27.

3. “Unless this first step be taken, the attainment of perfect health is impossible. . . . it is the expression of the highest and holiest aspiration after health, and has faith for its foundation. The very fact of prayer for health argues both faith and fervency of desire, and how fully can the true and trustful christian appreciate the healthful aura which accompanies the soothing and satisfying communion with his God.”—p. 29.

This is the first trumpet to blow the quackery of kinesipathy (for it is this which Dr. Bayes advises) and bring patients to the old Steine at Brighton. We trust it will be followed by no other.

*Medical Formulæ:* Reprinted from the “Manual of the Practice of Medicine.” By T. H. TANNER, M.D., Licentiate of the Royal College of Physicians, Physician to the Hospital for Women, &c. London. Renshaw. 1854.

DR. TANNER's “Manual of the Practice of Medicine” having had a large sale, and having been highly praised by reviewers and purchasers, Mr. Renshaw has been induced, in the hope we suppose of increasing his profits, to re-publish the Formulæ separately, and accordingly we have a compact little volume, which must prove useful to most practitioners. Having only very lately reviewed the Manual itself, it is unnecessary to say more, than that the several prescriptions are quite up to the knowledge of the present day; that they are concisely written, though free from barbarous abbreviations; and that when the physician or surgeon is in doubt, he cannot do better than consult Dr. Tanner's Formulæ.

## TREATMENT OF CHOLERA BY SUGAR.

To the Editor of THE LANCET.

SIR,—In the replies to questions addressed to you on the subject of cholera, I meet with the following in THE LANCET of Sept. 16th:—“All experience has hitherto shown that in nearly every instance, if the diarrhoea and vomiting be stopped at the commencement, a cure is effected.” The following is a simple West Indian remedy for checking diarrhoea, and as the ingredients are not nauseous, vomiting, if not allayed, cannot be excited or increased. Its simplicity will no doubt lead many to reject, and others to spurn, it; but a sense of this does not deter me from bringing it under your notice, feeling assured that, if tested in the premonitory stages of cholera, it will be found the safest and most effectual remedy hitherto tried:—Refined lump sugar, two ounces; best olive oil, an ounce, or a sufficient quantity to form a thick syrup: half an ounce to be given every two hours, or more frequently if the purging be violent.

If under similar circumstances, any one had sent me this simple remedy, I should have rejected it as not worthy of notice; but, Sir, I have tested its efficacy in many very severe cases of dysentery, where calomel and opium and the usual astringents had previously failed. I never knew but one instance of failure, and that was in a case of ulcerated bowels.

I am, Sir, your obedient servant,

Marfield, Clonmel, Sept. 1854.

EDWARD MARSHALL.

# THE LANCET.

LONDON: SATURDAY, OCTOBER 7, 1854.

DURING the present week some dozen introductory lectures have inaugurated the openings of the various metropolitan Medical Schools for the session 1854-55. Of all of these abstracts are given in another part of this journal, and as the precepts laid down in them are for the most part exceedingly good, we beg to direct our readers' attention to them. Nevertheless it may be regretted that some of the lecturers seem scarcely to have borne in mind the nature of the audiences they were addressing; and it may be therefore excusable if we briefly show to whom such discourses should be especially directed.

There are three classes particularly likely to be benefited by general remarks introductory to the business of the session. In the first place, such a discourse should be addressed to those young men who, in a strange place, perhaps in a city remote from their homes, surrounded by strange faces, and alarmed by the apparently insuperably difficult studies at which they have to work, need all the encouragement, and feel the value of every helping hand held out to aid them in their first steps, to bid them be of good heart, and to show them that steady, moderate industry, perseverance, and a correct use of their powers of observation, are alone necessary to enable them to overcome all difficulties—to wrestle successfully with all obstacles, and ultimately to become attached to the most useful of all public bodies—the guardians of the health of the people. Who can not conceive the inflexible determination, the high aspirations, the manly resolutions, which were formed by pupils when first sitting upon the lecture-room bench?—how they regarded their future teachers almost in the light of superior beings, guarding those portals of knowledge which were to be opened for their benefit, and how the height of human happiness must consist in belonging to such a body? Happy is it that many of them can look back and see that all their good endeavours were not scattered to the wind, and can feel that they are now reaping the fruit of the seed then so diligently sown!

In the second place, words of admonition and advice are especially adapted, at the commencement of a new session, to those who have already gone through a portion of their studies, and who still need encouragement to plod on, in order to reach with credit that goal which may be just in view. Many of this class require reminding, not only of how much remains to be done, but also how little they have accomplished of what is already to be expected from them. The old proverb of the destination of many good intentions may be not inaptly addressed to those who have been led away from the hospital and dissecting-room by frivolous and empty amusements, and who are better acquainted with the rules of whist or billiards, than with the laws of health and disease. A few timely, well-meaning, and kind words to such may be the means of increasing their industry, and reclaiming them from their follies—follies which would, perhaps, be excusable in youths of their age, were it not for the lamentable consequences that must ensue from a continued practice of them. Any man may be enabled to pass the examinations at the College of Surgeons and Apothecaries' Hall by a few months' grinding or coaching;

but to become a practitioner of Medicine, such as a man of average abilities ought to become with the advantages which are placed before him in the present day, he must literally be content to fulfil the poet's injunction,

"To scorn delights, and live laborious days."

And this leads us to say that, in the third place, remarks may well be addressed, on such an occasion, to those who, having just completed their studies, are about to try and gain the confidence of the public—to endeavour to settle themselves as practitioners of the healing art. Such men stand especially in need of advice, and when it is given by one who has successfully trodden the same path, and overcome the difficulties which beset most beginners, it is indeed valuable. The mere fact, that the practice of Medicine arose from an instinctive impulse to relieve the pains and sufferings of others, is sufficient to show that the physician, of all men, must be free from that vice which is the besetting sin of mankind—selfishness. He must, indeed, be thoroughly contented to live, not for himself, but for others; not to look to his own interests, not to be guided in his actions by motives of policy; but to let the rule of his life be, to do as much good to others as possible. The physician, to be successful, must not only possess a sound practical knowledge of his profession—such a knowledge as can only be acquired by long attendance at the bedside—but he must also be careful that his moral character be free from blemish; that his general conduct be not only above vulgarity, but such as to excite the respect of his friends and neighbours; that he be conscientious, attentive, careful of the secrets of those who consult him, unmindful of the worldly condition of his patients, sympathizing, calm, and circumspect in his behaviour generally. As it is his object to prolong life, so he must leave no means unpursued in order to attain such object, remembering that the mere prescribing of medicines is often the least part of his duty. A man who practises his profession conscientiously will never be unmindful of the duties which he owes to his colleagues—to those treading the same path as himself. He will carefully avoid all such short-sighted proceedings as may tend to elevate himself by depressing others; he will strictly eschew those disgraceful methods of obtaining notoriety, newspaper puffing or prescribing; and he will hesitate at giving, as a rule, gratuitous advice where such is not needed by the circumstances of the patient, and where such a course of proceeding must injure those whose daily bread depends upon their obtaining a fair remuneration for their labours.

Were we not afraid of passing the limits assigned to us, we could easily enlarge upon these points, and especially upon the blame which those men deserve who try to gain a fleeting reputation by daily opening their doors to all who like to seek their services free of expense; such conduct does incalculable mischief to our body. But this is not the time to enter on such subjects; our object is more to show that, practised in a proper spirit, with a high regard to those obligations which are due to the public and the medical profession, the healing art is indeed a noble calling, with rewards and honours for all its followers; and that its duties may be so performed, let each remember the words of HUFELAND:—

"Thine is a high and holy office; see that thou exercise it purely; not for thine own advancement, not for thine own honour, but for the glory of God and the good of our neighbour. Hereafter thou wilt have to give an account of it."



We regret that any writer, sanctioned by a journal possessing such a vast circulation and influence as *The Times*, should have fallen into the mistake of rashly advocating a system of treatment of Cholera, hastily and unwisely propounded, and as hastily received. Surely the past experience of numerous pretended cures for Cholera should have made the writer more cautious. There is a speciousness about the idea of assisting nature to get rid of a poison, that is admirably adapted *ad captandum vulgus*. But in phthisis, is not the expectation an effort to get rid of the *lethal matter*, the tubercle lodged in the lungs? and what physician, in his senses, would think of increasing the discharge in such a case? Under the plea of "assisting nature, such phrases are peculiarly adapted for the popular ear, and we regret that a paper possessed of the immense influence of *The Times* should even appear to endorse them. But when the alleged success of the treatment by castor oil has been thoroughly exposed and refuted officially by the Council of Health, what are we to think of the statement of the writer: "That a mode of treatment which saves three-fourths of the patients to whom it is applied, is far preferable to the old system, which confessedly loses 65 out of 100?" What a monstrous deception! If cases of diarrhoea be taken into account as Cholera, (and all pretenders to cures do take them into account,) hardly one in 200 dies of Cholera. The writer of whose conduct we complain may feel assured that the medical profession is well-disposed and determined to do its duty; but we must remind him that there is such a thing as the calculus of probabilities; and it by no means follows that because out of fifteen cases a certain proportion recovered, the same would hold good of 1500. The treatment of Cholera by castor oil is condemned by the whole of the influential portion of the profession.

### Correspondence.

"*Andi alteram partem.*"

#### CHOLERA IN ST. JAMES'S, WESTMINSTER.

To the Editor of THE LANCET,

SIR,—The extraordinary severity of cholera in the northern portion of St. James's parish, during the recent outbreak, is so universally known, that any additional evidence respecting such an occurrence is superfluous. One person in every fifty-five residents, who were alive and well only a few weeks ago, in the Golden-square and Berwick-street districts, having already fallen victims to this scourge, incontestably proves its great virulence, and a long time must elapse ere the melancholy effects of the pestilence can be, if ever, forgotten. My immediate object, in adverting to this subject, being, however, to mention some collateral circumstances connected with the general health of the inhabitants dwelling in this district during the past month, rather than to discuss cholera specifically, I would now crave permission to state, through your pages, an interesting feature having reference to the particular spot where the malady raged so violently,—that other diseases then prevalent appear to have been less frequent, and also showed a milder type, than during previous parallel seasons. This assertion may, at first sight, seem somewhat bold, but being based upon ample experience, obtained at St. George's and St. James's Dispensary, which is situated in the affected neighbourhood, and from whence many patients labouring under the prevailing complaint were attended by the medical officers, the subjoined statement therefore deserves attention. On examining the registers of this institution, to which numerous sick poor of St. James's parish have been accustomed to resort for medical advice during many years, I find fewer patients were attended by the physicians and surgeons of that charity, in the four weeks ending last Thursday, the 28th of September, than throughout any similar period, also terminating on the same Thursday of every September, during the past ten

years; and this result actually occurred notwithstanding the extensive prevalence of cholera in the immediate vicinity. Compared with the corresponding month of 1853, the late diminution of patients admitted is very curious; but the number is more especially remarkable, if contrasted with the same season of 1852, when the admissions were more than double in amount, 825 cases of all diseases having then come under treatment, whilst 17 died, 5 being by diarrhoea and dysentery; whereas, during the four weeks of the current year, ending last Thursday, only 359 patients of every description applied for assistance, the deaths registered being 15, of which 12 arose from cholera.

The above facts are instructive; and as an analogous diminution in the gross admissions was likewise recorded at the same dispensary, throughout the parallel four weeks of 1849, although cholera also prevailed to an unusual extent, when the total patients treated were 364, or only five more than recently, such coincidences cannot altogether be received as accidental. From these figures it may be reasonably deduced that, however severe the recent pestilence actually proved, other diseases seemed, in this locality, less prevalent and fatal than in former corresponding seasons. In short, cholera and its precursory diarrhoea, like the faded dragon of antiquity, appear to have swallowed up most other maladies, and hence acted, for a time at least, as the chief destroyers. Not only was the aggregate number of patients at the dispensary in King-street considerably diminished, but the type of most complaints, with the exception of cholera, appeared also materially modified. Very few of the usual inflammatory maladies were noticed: debility was the ordinary characteristic of disease, whilst tonic remedies and strengthening treatment became almost invariably requisite. Only three deaths, besides the twelve by cholera, having been reported amongst all the patients treated, of which one was from phthisis, another by convulsions, and the third from pertussis. This clearly indicates the mild form of most diseases recently prevalent, as also the absence of any severe malady, except the prevalent epidemic. Whether results similar to those just detailed were noticed, at other public institutions appropriated for the reception of sick persons, I am unable at present to specify, but hope the information will in due time be obtained by other observers, so that our stock of accurate information regarding the late sanatory condition of the metropolitan population may be augmented, and thus we shall arrive at correct conclusions on the question here mooted. As the data contained in previous paragraphs were derived from the records of an establishment connected with the district where cholera recently proved so remarkably virulent, they consequently possess much value; and if so considered by the profession, I trust this communication will be deemed worthy of perusal by the readers of your widely circulated publication.—I remain, Sir, &c.,

October, 1854.

JOHN WESTER, M.D., F.R.S.,  
Consulting-Physician to St. George's and  
St. James's Dispensary.

#### GALVANISM IN CHOLERA.

To the Editor of THE LANCET.

SIR,—Allow me to call your attention to a treatment of cholera which has of late come under my observation, the results of which are in my opinion sufficiently satisfactory to call for the most speedy and careful investigation. Let me premise, however, that I have always considered the treatment adopted in cholera too exclusively directed to the organs immediately attacked, whereas our present want of knowledge as to the cause and nature of the phenomena of this disease would certainly indicate it to be more prudent merely to allay the irritation of the mucous membranes by simple means, while our principal attention should be directed to keep up the vigour of the whole system, and to preserve as far as possible the normal action of all the other functions. It is certainly true that several of the medicines which have been employed are intended to act less on the mucous membranes than on certain organs supposed to possess an influence over the disease, but the general results have been anything but satisfactory. The difficulty of applying stimulants of the usual description in a disease in which the "digestive functions" are so entirely suspended, had caused me, in common with many of my professional brethren, to give up speculating on this distressing subject, leaving it to those medical men who had greater opportunities of investigating it to suggest a remedy on which more dependence could be placed than on those at present administered. My attention has, however, been again called to the subject by my friend, Mr. Meinig, of Piccadilly, some weeks ago, who assured me that he had seen several persons

cured in a very short time of most virulent diarrhoea and vomiting simply by the application of the "Electro-Generator," of which he is the inventor. One of the poles of the generator was applied to the spine, and the other to the abdomen, thereby keeping up a continuous mild current of electricity through all the intervening parts of the body. He also stated that he had cured himself of a similar attack, using no remedy whatever except the "Generator." I cannot shut my eyes to the great value of continuous currents of electricity in keeping up functional action independent of the "digestive organs," and it is my firm conviction, from a long experience of the influence of "galvanism" on the system generally, that for cholera, in the stage of coldness, and even collapse, a strong continuous current (*not shocks*) from a battery through the cramped parts would speedily restore the circulation and allay the spasm, as every medical man knows that for preserving the vitality of a limb electricity has no parallel. I have only had an opportunity myself of witnessing its effects in five or six cases of cholera, (one with severe cramp in both legs;) in these, however, the results exceeded my anticipations, more particularly in the effect on the urinary organs, and the simultaneous ceasing of the diarrhoea. I have been induced to offer these remarks in the hope that those of the profession who have more frequent opportunities, from their connexion with cholera hospitals, &c., than myself of so doing, will give the subject their attention, and test a remedy which has reason and legitimacy in its favour, does not preclude the use of any medicine, and is attended with neither trouble nor risk. Mr. Meinig's apparatus is a most ingenious contrivance for the aid of medical science. The only thing I have found it necessary to alter has been to substitute a rather large, thin metal plate to communicate the current to the abdomen, instead of the small disc usually connected with the poles of the battery, by which the current is diffused over a large surface, and a warmth produced that is most satisfactory.

In conclusion, I have only to observe that Mr. Meinig has (with a liberality that does him the greatest credit) placed at my disposal any number of batteries that I may require, and I shall be happy to give my services (night or day) in assisting any of my professional brethren, by applying the battery for them in any cases of cholera that may come under their care, so that they may satisfy themselves and the public as to the merits or otherwise of the apparatus.

I am, Sir, your obedient servant,  
Piccadilly, Sept. 1854. GEORGE SPRY, M.R.C.S., &c.

## CHOLERA WITHOUT PREMONITORY SYMPTOMS.

To the Editor of THE LANCET.

SIR,—As a few of your correspondents appear to doubt the fact of Asiatic cholera sometimes commencing without premonitory diarrhoea, I hope the following instances will be sufficient to show them that such a thing does occasionally take place. The first case I shall narrate occurred during the last epidemic of cholera:—

Mary H—, aged forty-three, a married woman, was suddenly seized with cholera during the morning of 2nd September, 1849, while fast asleep in bed beside her husband. A sudden and profuse discharge of rice-water took place from the bowels, of so copious a nature as to completely deluge the bed. Collapse immediately ensued, accompanied with such intense lividity of body, as to justify the remark of her friends, that she had got the "black death." Life lasted just one hour from the commencement to the end of the attack.

In this case there were no premonitory symptoms whatever. I saw the patient the night previous to her illness. She was then in good health, and expressed herself to be so. The bowels had been relieved during the morning; the appetite was good, and the system intact. Shortly after I left she retired to rest, slept soundly, and did not awake till the discharge from the bowels disturbed her. There was but the one evacuation, amounting, as nearly as I could estimate it, to two gallons.

The second case occurred a short time since, and took place in the person of a child two years old. The boy at the time was enjoying good health, and playing in his mother's kitchen. A sudden discharge of rice-water took place from the bowels, followed by vomitings, cramps, and collapse.

This patient recovered. The boy had no motion from the bowels for two days previously.

These, Sir, are the only cases of which I am personally cognizant; but you may depend upon their authenticity. The profession at large, I have no doubt, can furnish many others. Allow me, however, to protest, *in limine*, against any man, or

bodies of men, laying down, in medicine, dicta of their own, as infallible rules of faith. Each member of the profession, however great his experience may be, ought to remember that he is but an unit in the great body corporate, and his experience alone a drop in the ocean, proving nothing. Truth, the brightest gem in the diadem of Nature, must be patiently and diligently sought for, not in scattered and isolated efforts, but in a well-directed and concentrated research; each student of Nature feeling himself to be, like Sir Isaac Newton, "but a child gathering pebbles on the sea-shore of the great ocean of Truth."

I am, Sir, your obedient servant,  
Kennington, Oct. 1854. J. R. OLIVER, A.M., M.D.

## CHOLERA IN EDINBURGH.

To the Editor of THE LANCET.

SIR,—Since the outbreak of cholera here, there have been, as far as I can learn, 205-10 cases treated, of this number 150 have died. As far as I can ascertain, the castor oil plan of treatment has not been generally had recourse to; in some few cases where this plan has been tried, it has failed entirely. The cholera hospital here is, I believe, under the charge of Dr. Warburton Begbie. On the day of my visit to the hospital two new cases were admitted. After trying to ascertain from the patients the period of their seizure, &c., Dr. Begbie ordered the administration of a mustard emetic, and then directed that the patient should have a scruple of calomel at once, and one grain should be given every hour, leaving directions that (if necessary) hot bottles should be applied to the feet, and that the legs and spine should be well rubbed with turpentine. This plan seemed rational, and in accordance with Dr. Ayre's suggestion.

Dr. Dyce, who was sent to take charge of the cholera cases in the Lunatic Asylum, Perth, tells me that, before his arrival, the castor oil plan had been tried by the physician to the Asylum, and had been abandoned as not being of the slightest use. Dr. Dyce treated all his cases by tincture of rhubarb at first, and after that by administering the vegetable astringents, and with partial success. In a week or two I hope to be enabled to send a table of the seizures, deaths, and recoveries, with the kind of treatment.

I am, Sir, your obedient servant,  
Edinburgh, October, 1854. W. H. B.

## THE WAR.

DÉPÔT INVALIDÉ CAMP, GALATA,  
Sept. 13th, 1854.

BEFORE leaving England, you desired me to send some account of the health of the troops, &c., and as I am left behind in charge of some of the sick, the army having gone, we believe, to Sebastopol, I shall endeavour to do so. The health of the men was good until they landed in Bulgaria, nothing of any consequence having occurred in the first division previous to their encampment at Varna, where diarrhoea first showed itself, in some of a choleraic type. From hence they removed to Aladyn, where several cases of low fever occurred; and toward the end of July and beginning of August, cholera of a most rapid and fatal form, at the same time nearly all the men more or less suffering from diarrhoea, appearing listless, without appetites, many falling out on any parade, even roll parade, and when asked what was the matter with them, the invariable answer being, "Looseness of the inside, headache, sickness, weakness, and want of appetite." It was now thought advisable to move us to a more elevated spot, the Aladyn encampment being rather in a hollow, and surrounded by low woods. This was done, and we went to Gevrecleek, some high table-land about four miles distant, and in a northerly direction, and from its appearance it looked most healthy; a large, clear, open space, with a plentiful supply of water. But, alas! we had barely arrived, when a man belonging to one of the regiments was seized with cholera, and was dead within a few hours. He had marched with his regiment. I dread to look back on our stay at this place; let it suffice to mention that men were reported sick at every hour during both day and night; in fact, there appeared to be a constant stream of corporals taking one or more men to hospital; men were dying right and left from cholera of a most malignant form. I will imagine a case. A man is seen at the tent of a medical officer, complains of diarrhoea having existed for some days, with loss of appetite, and weakness; he is sent to the hospital, and when seen again,

in five minutes, found in a state of collapse, blue, with all his features altered, voice a mere whisper, constant sickness, cramps, and rice-water evacuations, and at first you could hardly believe he was the same man that had been seen a short time previously, and in from four to six hours he would be a corpse. Fever still existed, and many of these cases were frequently found in the collapse of cholera, it having come on very suddenly, and so carried off. This state of things continued up to the middle of August, when it began to occur at longer intervals; diarrhoea, however, prevalent the whole time; some of which passed into dysentery; and now, also, fevers became again in the ascendent. It is not to be supposed that the officers escaped; many had diarrhoea, some few cholera and fever; but on account of greater prudence, fever and diarrhoea did not prove so fatal. The non-commissioned officers suffered very much. Many of the medical officers also went away on sick-leave, or incapacitated for work. Indeed, it was and is, difficult to find men for the work. With us, every known, and some unknown remedies have been tried in the cholera, with but little success. Of those who have recovered, the treatment in general, as far as I can speak, has been a mustard emetic, friction, solid opium and calomel for first dose, and then three grains of calomel every ten, or half a scruple every twenty, minutes. In only one case were the gums at all affected. Those who have seen the same disease in India say this form was more fatal and rapid. Here, though the collapse was always so great, if they survived, the subsequent fever was often very slight, and in some hardly perceptible; the sickness was the most persistent symptom; micturition was always followed by improvement. Some men were so conscious of it, that nothing short of the introduction of a catheter would convince them that their bladder was empty. We have now been free from cholera for some time, but low typhoid fever, followed with abscesses, diarrhoea, with or without blood; simple diarrhoea, dysentery, pneumonia, and catarrhs, are most frequent. The days are getting cold, and the nights bitterly so.

In looking for a cause for the former diseases, I think that much must depend on the country being so wild and uncultivated. There is always decay going on; all manner of animals left to decay and "stink" wherever they may fall; even along the shores of the lakes there is a most unhealthy odour, and the heat has been most intense, acting on its boggy margins, as on all damp ground. Otherwise, how could we have disease in so fine a country? The mode of living, no doubt, has much to answer for. On first landing, the men had capital cocoa served out to them. With this they were not satisfied, but begged for coffee, which they got, but in a raw state, so that they had to roast and grind it, without roasting machine or mills. The latter they do between stones, &c. Now they cry out about it, but there is no further change. The allowance of meat is 1½ lb., consisting sometimes of beef, and at times of mutton, and now and then salt pork; also a portion of rice-bread or biscuits, grog, and sometimes porter, for which they pay 1½d. per pint. But they will not be content with this, but buy all sorts of horrid things, and eat unripe fruit off the trees, with which the country abounds. Illness, death, and persuasion have not the slightest effect on them; they will even stroll away from the hospital when in for diarrhoea, and eat away at apples or pears. The ambulance corps have already done good service. I fancy the waggons the best, as the carts have several times been upset, perhaps because the drivers are not yet used to them.

P.S. Cases out here are placed in tents, and consequently under very unfavourable circumstances. The cold is telling dreadfully on all cases in hospital.

## THE CHOLERA.

RELATIVE to the progress of cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar-General for the week ending September 30th:—

Districts.	Elevation above water mark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	50
Central (St. Giles, &c.).....	49 "	393,256	62
Western (Kensington, &c.)	28 "	376,427	113
Eastern (Shoreditch, &c.)...	26 "	485,522	146
Southern (St. Saviour's, &c.)	6 "	616,635	353
Lambeth, &c.)			
			754

Of these 223 were under 15 years of age; 409 were above 15 and under 60; 121 were above 60 years old; 1 the age was unknown. 165 are stated to have died from diarrhoea.

It is thus very evident that the cholera is now rapidly declining in London, the deaths by it having fallen from 2050 in the first week, to 754 in the last week, of September.

The present epidemic eruption began later than the eruption of 1849, and it has latterly been more fatal; but the aggregate mortality will yet probably be less than it was in 1849; for the deaths by cholera in that year down to September 29th were 13,098, while the deaths in the present epidemic down to September 30th have been 9707.

Our attention has been directed to some errors in the Registrar-General's Returns of last week and a few weeks back. With respect to the first, we may observe that it was, as our correspondent remarks, a "clerical error," which was soon discovered by the printer, and corrected accordingly. The proof was right, (we have reason for knowing,) and so was one of the copies we ourselves received. It was so evident, too, that scarcely any mistake could arise, as by reference (if necessary) to the tabular portion the truth would be at once discovered. Relative to the other mistake, the reference of our correspondent has not been sufficiently definite to lead us to discover it on a cursory examination. In justice to the official department concerned, it should be remembered how much more work is thrown upon it during such an epidemic as the present, and that no additional hands are brought into operation. We think it surprising everything is as accurately and as punctually carried on, as it is well known to be; still, we quite agree with our correspondent that merely clerical errors are often "very erratic in effect," and should be noticed accordingly, to avoid further trouble.

We have received Dr. F. W. Richardson's pamphlet,\* in which the opinions are expressed, that "the Report on the Treatment of Cholera [of the College of Physicians] is the most mean and meagre that was ever issued from any Royal College or scientific body;" that "the Asiatic cholera is as curable, even in cases of collapse, as any other disease;" and that "the plan of treatment I have adopted, and found more successful than that of Dr. Ayre's, will prove equally serviceable in the hands of others." This plan is to administer an emetic; to repeat it every ten minutes, if necessary; to give calomel in ten, fifteen, and twenty grains, every ten, twenty thirty, or sixty minutes, and a piece of ice or a teaspoonful of very cold water every five minutes.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following members of the College having undergone the necessary examinations, were admitted Licentiates in midwifery, at the meeting of the Board on the 3rd inst:—

BENNETT, EDWIN, Dorchester, diploma of membership dated February 27th, 1852.

JONES, JOHN, Duffryn, Merionethshire, August 5th, 1851.

MAY, EDWARD HOOVER, Tottenham, April 21st, 1854.

STEDDY, EDWARD AUSTEN, Chatham, April 3rd, 1854.

THORP, HENRY JOHN, Maldon, Essex, June 23rd, 1854.

WISE, AMBROSE BLITHE, Holbeach, Lincolnshire, April 21st, 1854.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, September 23th, 1854.

MILLER, THOMAS CORNE, Bedworth.

O'CONNELL, PETER, Waterford, Ireland.

PAUL, JAMES THOMAS, Southsea, Hants.

TREW, THOMAS NEWLAND, West India.

INAUGURATION DINNER OF THE LONDON HOSPITAL MEDICAL COLLEGE.—On Monday last about 200 gentlemen dined together at the London Tavern, to inaugurate this new medical college. The company consisted chiefly of the medical officers of the institution, the teachers of the school, former and present pupils, governors, and well-wishers of the London Hospital, and a few visitors, amongst whom we noticed the Presidents of the College of Physicians and of the College of Surgeons, and the Master of the Apothecaries' Company. Mr. Luke, senior surgeon to the hospital, was in the chair, and

\* The Rational and Successful Treatment of Asiatic and English Cholera and Epidemic Diarrhoea, &c. &c. London and Woolwich. 1854. pp. 18.

from his allusions to the new college, as well as from the remarks of Mr. Smith, chairman of the house-committee, we learn that the building till lately used as the medical school of the hospital had been found, both by long use and the greater importance of the establishment, inadequate for its purposes; and that the committee had generously come forward and undertaken to build a school which was to prove worthy of the modern requirements of such an institution. On the south-western extremity of the ground, upon which stands the London Hospital, a building was therefore erected, at a very large expenditure, which is remarkable both for the architectural taste displayed, and the admirable internal arrangements, calculated to make it one of the most convenient, salubrious, and handsome schools in this metropolis. Mr. Luke expressed his warm acknowledgments to the house committee and governors for their liberality, and especially singled out Mr. Smith as having zealously promoted the erection of the new college. The health of the army and navy, as may well be imagined, was, under the present circumstances, enthusiastically received; and Mr. Guthrie, as the veteran army surgeon, acknowledged the compliment in a short, forcible, and suitable address. Both the President of the College of Physicians and the Master of the Apothecaries' Company returned thanks for respect paid to their corporations. Professor Quekett acknowledged the health of the former pupils of the hospital; and after a few other toasts the company separated with the heartfelt and loudly-expressed wish that the London Hospital Medical College might be very prosperous.

**APPOINTMENT.**—Mr. Henry Goorle, M.B. and L.M. Cantab., has been appointed physician to the Derbyshire General Infirmary.

**SURGEONS IN THE BLACK SEA FLEET.**—It has been stated in the House that the ships of the Black Sea fleet were not short of medical officers. Compare that statement with the following facts:—"All the line-of-battle ships, with two exceptions, are short of one assistant-surgeon each. Two fifty-gun frigates, the *Leander* and *Arethusa*, are also short of one assistant-surgeon each. During the fearful raging of the cholera, it was well known that there was but one medical officer doing duty on board a three-decker, with 950 or 1000 men, a sick-list of nearly 200, and upwards of forty deaths. Some ships were left completely at the mercy of the dreadful epidemic, as their surgeons were required for the service of more infected vessels. The disease is still going on in the fleet. Only two days ago, a steamer having no doctor made a signal for medical assistance. Before it was given to her, three men had gone to their last account. Out of 100 transports now at sea with the fleet, there are only seven or eight ships with medical men, the others depending for assistance on the over-worked doctors of the men-of-war. Is it, then, to be wondered at that, with such an inadequate medical staff, so many of our best sailors have met with miserable deaths? and it is notorious in the fleet that the cholera nearly always attacked the best men. One line-of-battle ship alone lost more than 120 men, and the panic was such, that the crew went aft, and begged that they might leave the ship, and it was accordingly deserted. Many more cases might be quoted, if necessary, but the above will be enough to show the niggardly supply of medical assistance in the naval service. We are now on the eve of a great engagement,—in fact, on our way to attack Sebastopol by both land and sea, and in case of many casualties occurring, which in all human probability must happen, Heaven help the wounded and the dying.—*From a Correspondent.*

**BOARDS OF GUARDIANS AND THE CHOLERA.**—The parish of Lambeth contains a population of 140,000 inhabitants, and cholera has been rife amongst them, notwithstanding which, the sanitary measures adopted by the Board of Guardians are of the most inefficient character. Not only have they refused to adopt the suggestion of the General Board of Health with respect to house to house visitation, but they have been most remiss in carrying out the usual cleansing and precautionary measures. Some idea of the condition of this parish may be gathered from the following facts:—Up to a very recent date, 2 lbs. only of chloride of lime had been used over the whole parish by their inspectors of nuisances for disinfectant purposes; but little lime-whiting has been done—scarcely any by the inspectors of nuisances, although urgently required in many localities. The inspectors of nuisances have had but one man each under their directions for the whole parish during the whole of the pestilence. For nearly six weeks there has been no dust-contractors, and the consequence of this is that the heaps of dust and other refuse matters have not been, in many

cases, removed for from six weeks to two months. Lastly, the condition of the streets with respect to scavenging is disgraceful. Now, all this neglect cannot proceed from ignorance, but the determination to avoid expense, and this at the sacrifice of many valuable lives and at the risk of incurring public indignation. A few inquests in this parish, held in accordance with the instructions of Sir Benjamin Hall, would go far to bring the parish authorities to a sense of their responsibilities and duties.

**RESIGNATION OF AN HOSPITAL SURGEON.**—Mr. Archibald Dalrymple, of All-Saints'-green, Norwich, has resigned his post of surgeon to the Norwich and Norfolk Hospital, solely on the ground of ill health, as he feels himself quite incompetent to the proper discharge of his duties.

**SUSPENSION OF A LONDON PAROCHIAL SURGEON.**—The Board of Guardians of the Holborn Union held a special meeting last week, at the Union Workhouse, Gray's Inn-lane, to investigate a charge of neglect against Mr. Edward White, of Lamb's Conduit-street, one of the parochial district medical officers, for not attending upon a cholera patient, named Mary Macarthy. Mr. White was in attendance, and, after offering an explanation, the Board considered the charge proved, and passed a resolution,—"That Mr. White be suspended from his office for one month from this day." Mr. Cuff, surgeon, of Great James-street, Bedford-row, has been appointed to perform the duties of the district. The evidence taken upon the inquiry has been forwarded to the Poor-Law Board, agreeably to the general order applicable in such cases.

**ALLEGED "MYSTERIOUS" CASE AT NEW BRIGHTON.**—An inquiry, which was headed in the morning London journals "Mysterious Case," has just terminated at New Brighton. The investigation, which took several days' hearing, was held in the sessions-house of that town before the local magistrates. The inquiry was relative to the death of Mrs. Emily Watts, wife of Mr. William Watts, surgeon, of Nottingham, who was charged with having made false returns to the registrar as to the cause of death of his wife, which occurred September 4th. Mrs. Watts, it will be recollected, took an injection of tobacco-water on that morning, which produced death in the afternoon; and on the Wednesday, her husband, who is a surgeon, made a return to the registrar that she had died from constipation of the bowels and effusion into the abdomen. On the Saturday following, an inquest was held upon the body, before Mr. Churton, coroner, when the jury returned a verdict of "Died from an overdose of tobacco." Informations were subsequently laid against Mr. Watts, at the instigation of the brother of the deceased, Mr. Barkworth, of Hull, for having made a false return to the registrar; and the case was partially heard on Wednesday and Thursday. Evidence at great length was then heard, but nothing transpired to directly implicate Mr. Watts in having administered the tobacco-water as an injection to his wife, or even that he had been cognizant of the fact until the Wednesday evening after the death, when he was informed by their servant, Esther Winn. The magistrates decided that there was not sufficient evidence in support of the information to justify them in sending the case to trial.

## Obituary.

**DEATH OF DR. ROUPPELL, F.R.S.**—It is with deep regret that we have to announce the death of Dr. Roupell, by cholera, on the 29th ult., after a few hour's illness. The sudden loss of this amiable and accomplished physician has cast a gloom over a large circle, by whom the remembrance of his name will long be cherished. It were needless, in this short notice, to recall to mind his contributions to medical science, which evince industry, learning, and observation. Long will his loss be deplored by all connected with St. Bartholomew's Hospital. To every one he was kind, affable, and generous; the feeling, humane physician, the perfect gentleman. Although not of robust constitution, Dr. Roupell could endure a considerable amount of mental and bodily labour. His great activity, his simple and temperate habits, and his constant cheerfulness of disposition, gave promise of a lengthened honourable career; an ornament to his profession, a solace to his family, the charm and comfort of his friends. Amongst the latter, the writer of these few lines feels a soothing gratification (amounting almost to pride) in the remembrance of the close attachment and brotherly affection which had existed between the deceased and himself during more than a quarter of a century, wellnigh a life-long testimony to his many virtues. In the death of

this honourable and high-minded man, we can with truth aver that the medical profession has sustained a most severe loss, such, indeed as can be ill afforded from its ranks.

On the 3rd inst., at his residence, Vittoria House, Cheltenham, COURTLAND S. SHAW, M.D., aged forty-two years. The deceased gentleman was the only surviving son of Col. Shaw, of Tenby. He was a magistrate and deputy-lieutenant of the county of Pembroke, and a Fellow of the Horticultural Society.

THE LATE DR. STOCKS, F.L.S.—Dr. J. ELLERTON STOCKS, of the Bombay medical staff, in the service of the Hon. East India Company, and a highly accomplished botanist, died a few days ago at the place of his birth, Cottingham, near this town. Dr. Stocks is best known to the scientific world by his travels and explorations in Beluchistan and Scinde, in which latter country he spent the greater part of the term of his service, at first as vaccinator, and latterly as inspector of drugs. So great was Dr. Stocks' knowledge of the native character, and such was the confidence he inspired in those around him, that he was enabled to penetrate further into Beluchistan than any previous traveller had done since our armies had quitted Afghanistan, his singleness of purpose and remarkable tact disarming suspicion even amongst the most jealous of the native princes. Dr. Stocks was appointed by the Bombay government to the important office of conservator of forests, during Dr. Gibson's absence on furlough, and on that gentleman's return he visited Europe on furlough, chiefly for the purpose of publishing the result of his scientific investigations. He arrived in England during the winter of 1853, bringing extensive collections of plants, which were temporarily deposited at Kew, where he resided for some time, devoting much of his time to the arrangement of his herbarium, and the preparation of a work on the geography, natural history, arts, and manufactures of Scinde. Having completed the arrangement of his herbarium, he started upon a tour in the north of Europe, hoping to return with improved health and renewed vigour to his winter's labours. At the expiration of the period he had assigned to his absence, his friends were anxiously looking forward to his return to Kew, when they received the sad intelligence of his decease. During his stay at Cottingham he was seized with an apoplectic stroke, from which he partially recovered; but a second, after an interval of ten days, carried him off. He was thirty-two years of age, and was son of the late B. Stocks, Esq., formerly manager of the Hull branch of the Bank of England. Dr. Stocks was distinguished for literary and scientific attainments, and was most sincerely loved by all who knew him.—*Hull Packet*, 22nd Sept. 1854.

On the 14th ult., at his residence at Twyford, Berkshire, C. E. ARMSTRONG, Esq., surgeon, in the seventy-fifth year of his age. Mr. Armstrong has not been in practice for the last twenty years, having retired in 1834. He was greatly beloved in his locality on account of his kindly disposition and his untiring practical benevolence, which will long render his name dear to the poor of the neighbourhood, by whom his absence will be greatly felt. He was stated to be the best friend which Twyford has known for many a day.

On the 23rd ult., at Newport, Isle of Wight, GEORGE THOMPSON, Esq., surgeon. The deceased gentleman was an L.R.C.S. in the service of the East India Company, and was superintendent of the Madras Eye Infirmary.

On the 29th ult., at his residence, 72, Norfolk-street, Glasgow, Mr. WILLIAM MUIR. The deceased gentleman was a Licentiate of the College of Physicians and Surgeons, Glasgow, 1831.

On the 25th ult., at his residence, Old Market-street, Bristol, aged seventy-three years, CHARLES JENKINS, Sen., Esq., surgeon.

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## TO CORRESPONDENTS.

*Anti-Bellman.*—Under this signature, a correspondent states that the number of beds in the Birmingham General Hospital is not 230, as stated in the Students' Number of THE LANCET. The number he states to be 190, and at present those occupied amount to only 127. This number, he says, will, in all probability, be reduced, as the funds are derived chiefly from the annual festival, the receipts from which are necessarily precarious.

*Mr. E. C. Summers.*—Conduct such as that detailed is quite unjustifiable. It may be questioned, however, whether any good results would follow from publishing such branches of professional etiquette.

*An Inspector of Nuisances.*—Either Sir W. Burnett's or Crews's disinfecting liquids may be employed. Both of these valuable agents are calculated to afford the most important benefit in all cases requiring the use of chlorine.

*W. B. N.*—Thanks for the information, which has been made use of.

*A Sufferer.*—Reference to the advertising pages of THE LANCET will testify to the value of the preparation.

*Mr. C. Smith.*—We know nothing of the person named.

*Dr. Robert Lee's* important memoir, on the "Ganglia and Nerves of the Uterus," shall appear in THE LANCET of next week.

*A Subscriber.*—No medical school is justly entitled to be considered "the first in the United Kingdom."

DR. LEWIS'S ANSWER TO MR. HORATIO G. DAY.

To the Editor of THE LANCET.

SIR,—I am gratified to learn that my communication in THE LANCET, on Cholera, has gained the approbation of Mr. Day, as well as that of many other professional men of experience and extensive practice. I have never tried the "inspissated ox-gall in small and repeated doses, with a view to its acting as a substitute for the natural bile during the period in which the biliary secretions are suspended," but I think the suggestion is worthy of consideration. I enclose a very instructive note from a veteran in the profession in confirmation of my views.

Very truly yours,

D. LEWIS, M.D.

Finsbury-place, October, 1854.

"DEAR SIR,—I have read your communication to THE LANCET, and I am sure you are right as to the origin of much of the bowel disturbance we have had to do with. In a long practice of forty years I have acted on the same principles, and am satisfied with the result. We have had diarrhoea to deal with largely, and have now about seventy paupers on our list. They have all been treated with magnesia, soda, and carbonate of ammonia, with tincture of opium. Though some few have had cramps and other threatening, only one in our district has died of cholera, and he was an itinerant musician of irregular habits. There has been much pain and discomfort in the bowels, in many cases without diarrhoea, depending upon flatulence of an acid character, (carbonic?) Large quantities have been expelled quite without odour, as many patients have noticed, and all have been relieved by alkalies, ammonia, and powdered rhubarb. I have thought the carbonated alkali somewhat objectionable, owing to the extrication of gas in transit, and have given calcined magnesia in some cases. This seems to reach the large intestine, as carbonate of magnesia I think does, too, without such neutralization as the more soluble alkalies, potash and soda, do in the upper portion of the tube. I have personally experienced this, having suffered from severe pelvic pains at times, only relieved by magnesia, and the expulsion of air from the colon of an acid character, if not arrested by the alkaline earth.

"Cholera has never attacked this place, though it has been several times around us, and is now very rife within six and ten miles, and very fatal. One union doctor has sunk under it. Our exemption has been owing, I think, to an abundance of pure water, its street pumps, to the absence of any gutters with standing water, and to all our houses being built on inclined planes, so that a shower always washes us clean. The disease has been communicated from one to another in the district now affected by it, in the opinion of all professional men who have had to do with it.

"Pray excuse this on the ground of similarity of sentiment. I do not trouble you to acknowledge it, and let me remain,

Yours truly in the bonds of physic, Wm. STOWE.

"Buckingham, Sept. 1854."

*Mr. Stansbury, (Bristol).*—We are obliged for the polite letter, and the information rendered.

*An Occasional Reader, (Maldstone).*—No notice can be taken of any remedy, the composition of which is kept secret.

THE continuation of Mr. Coulson's lecture, on "Suppuration of the Joints," is unavoidably postponed till next week.

THE following original communications—Dr. Marshall Hall on "Tracheotomy in Epilepsia Laryngea;" Mr. Acton on "The Present Condition and Treatment of Diseases of the Urinary and Generative Organs in Paris, compared with those of London;" Dr. R. D. Thomson's "Second Quarterly Meteorological Report for 1854 of St. Thomas's Hospital;" Mr. Sedgwick on a "Case of Hypertrophy of the Heart;" and Mr. Langley on "Bloodletting;" together with the "Mirror of Hospital Medicine and Surgery, and various other articles, which are already in type—are unavoidably postponed.

OTHER correspondents next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marshall Hall; Mr. Coulson; Dr. Robert Lee; Mr. E. C. Summers; An Occasional Reader; W. B. N.; W. H. B.; Anti-Bellman; G. J., (Glasgow); Mr. C. Smith; Mr. E. Marshall, (Marfield, Clonmel); The Lecturers of St. Mary's Hospital; The Lecturers of St. George's Hospital; Dr. Waller Lewis, (Broadlands); Dr. Oliver, (Kennington); An M.D.; Mr. George Allen; Dr. D. Lewis; Mr. E. H. Bishop; Medious; Mr. Hamilton; Mr. J. Z. Cazenave; A Sufferer; Mr. G. D. Wilson; Mr. Hearder; Mr. F. C. Batt; Mr. Green; Mr. George Bodington; Omicron, (with enclosure); Mr. J. S. Dyke, (with enclosure); Dr. McLoskey, (Rothwell, with enclosure); Dr. Williams, (with enclosure); Dr. Walker, (Tunbridge, with enclosure); Mr. A. Wall, (Long Buckly, with enclosure); Mr. T. H. Wardleworth, (with enclosure); A Subscriber; Mr. Stansbury, (Bristol); An Inspector of Nuisances; &c. &c.



**Water Filter for the Pocket, with**  
 DRINKING-CUP and INSTRUCTIONS, and will filter any quantity  
 of Water. Size, 4 inches by 2. Price 3s. 9d.  
 J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-  
 square.

**Poultices superseded by the use of**  
 MARKWICK'S PATENT SPONGIO PILINE.

As a substitute for common poultices and fomentations, the superiority of  
 this article is unquestionable. It is strongly recommended by the most  
 eminent of the Faculty for its cleanliness, economy, lightness, and general  
 efficacy, and is now used in several of the hospitals. Also Markwick's Patent  
 Piline, for Cholera Belts, Rheumatism, Chest Protectors, Respirators, Lum-  
 bago, &c.

Sold, retail, by Chemists and Druggists, and wholesale only by  
 GEORGE TRIMBEY, 41, Queen-street, Cheapside.

**Teeth.—Mr. Alfred Jones, of Gros-**

venor-street, has recently completed a new and important improvement  
 in the construction of ARTIFICIAL TEETH. The superiority of their  
 appearance, and the unerring accuracy with which they are fitted to the  
 mouth, without wires, springs, or ligatures, and the lightness of their con-  
 struction, gives greater facility in mastication and freedom to the speech, and  
 imparts a more youthful appearance to the countenance than has hitherto  
 been attained; they support any teeth that may be loose, and have been tested  
 by many of the first medical men, the nobility, and gentry, from whom he has  
 received the most flattering acknowledgments of success. Supplied only by  
 Mr. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of  
 Gloucester, her late Royal Highness the Princess Augusta, and his late  
 Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street,  
 Grosvenor-square.—At home from Eleven until Five.

**Hooper's Waterproof Sheeting, for**  
 protecting Bedding from Sloughing Sores, Incontinence of Urine,  
 Hemorrhage, &c.

Mr. Hooper has succeeded in obtaining Waterproof Sheeting, at a great  
 reduction in price, soft, and inodorous; it is not affected by Urine, Heat, nor  
 Cold, Acids, nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with Valves, for sitting, lying, or  
 travelling, in any position.

FOR EPILEPSY.

**COTYLEDON UMBILICUS.**—The introduction of this  
 valuable agent has proved a valuable discovery. The satisfactory accounts  
 Mr. HOOPER has received have induced him to pay great attention to its  
 collection and preparation. He cautions medical men against the use of  
 worthless preparations, passed off for his, and as prepared for Mr. Salter, &c.  
 Mr. Hooper has instructions to state that Mr. Salter has never used any but  
 that obtained from him. A copy of Mr. Salter's reports in the "Medical  
 Gazette" sent free by post.

**GALUM APARINE (HOOPER'S) FOR CUTANEOUS**  
**DISEASES, PSORIASIS, &c.**—Dr. Winn, of Finsbury-square, having pub-  
 lished in "The Medical Gazette," October 4th, 1851, an account of the peculiar  
 properties of the Galum Aparine in Cutaneous Diseases, Leprosy, Psoriasis, &c.,  
 Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn  
 finds the inspissated juice the most efficient preparation, which can be had  
 from Mr. Hooper, or direct through the Wholesale Houses.

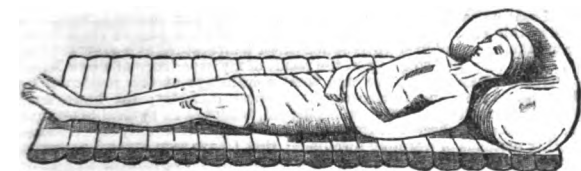
HOOPER, Operative Chemist, Pall Mall East, and Grosvenor-street.

**Mr. Hooper's Water Mattresses or**

BEDS, and CUSHIONS for AIR or WATER, for placing on an ordi-  
 nary Bedstead. Being made of India-rubber, without the admixture of cloth  
 materials, leakage is avoided. (Extract from THE LANCET, Jan. 25, 1851.)



**CUSHIONS FOR BED-SORES.**  
 —Whether threatened with  
 Sloughing, or in which  
 Sloughing has taken place,  
 Fractures, Diseased Joints,  
 Spasms, Lassitude, Typhoid  
 and other Fevers, Rheumatic  
 Affections, Dropsy, Coldness  
 of the Stomach and Feet,  
 Consumptive and all Bed-  
 ridden Patients. They are  
 simply to be placed on an  
 ordinary bedstead. These  
 Cushions and Beds are not  
 affected by Heat or Cold, and  
 will bear water at any tem-  
 perature.



Finsbury-square, February 27, 1852.

I have in several instances employed Mr. Hooper's Water Cushions and  
 Mattresses; they have in all cases afforded great relief and comfort, and have  
 proved much more convenient and manageable than the Water Bed.

JON. PERRIN, M.D., Physician to the London Hospital.

Infirmary, Chichester, March 21, 1852.

Sir,—We are all much pleased with your Cushions, and still more so with  
 the Mattresses.

Yours truly,

THOS. NEWHAM, House-Surgeon.

HOOPER, 7, PALL MALL EAST, and 55, GROSVENOR-STREET.

**Mr. T. H. Wakley's Stricture Instru-**  
 MENTS. Complete Sets of these Instruments may now be had of  
 WEISS & SON, 62, Strand, London.

**Mr. Edwin Osborne, of 24, Savile-**

BOW, LONDON, begs to apprise the patrons of the late Firm of  
 Dodge and Osborne, that he is now the Sole Licensee and Maker of  
 PALMER'S PATENT (American) LEG; and, having had great experience  
 in its manufacture, feels confident of giving comfort and satisfaction to those  
 persons who may favour him with their patronage. References given (if  
 required).

**Orthopædic Mechanism.**—

Mr. NEATHER BIGG begs to invite the attention of the Faculty to an  
 entirely new principle he has discovered for constructing the various apparatus  
 for deformities of the Feet, Spine, &c. It combines mechanical power with  
 free muscular action; avoids the least chance of abrasion or suppuration, (so  
 often resulting from the mechanical appliances hitherto used,) and assists in  
 every respect an increase of development.

Mr. H. Bigg will most gladly show any medical gentleman, who may be in-  
 terested in the perfection of such contrivances, instruments adapted for  
 Talipes Varus, Valgus, Equinus, Spurious, and Calcaneus; also for Lateral,  
 Posterior, and Anterior Curvatures of the Spine, &c. &c.

All cumbersome mechanism being dispensed with, the cost is lessened and the  
 weight diminished at least one half.—PATENTED.

29, LEICESTER-SQUARE.

**New Spinal Support.—Fr. G. Ernst,**

Lamb's Conduit-street, Foundling Hospital, particularly directs the  
 attention of the Faculty to his newly-invented SPINAL APPARATUS, which  
 has met with universal approval. It possesses advantages not yet obtained  
 in any other form of support; the pelvic portion being self-adjusting, it follows  
 the movements of the body; but at the same time an equal support is yielded  
 to the whole spinal column, whatever position the wearer may assume; the  
 excessive constraint which has constituted one great defect in similar appar-  
 atus is thus removed, and muscular development permitted. It is extremely  
 light, can be worn without fear of observation, and is capable of being adjusted  
 to either description of spinal curvature.

To be had only of the Inventor, 43, Lamb's Conduit-street.

**M. Pillischer's Newly-Constructed**

STUDENT'S MICROSCOPE, which, for solidity, portability, and  
 reasonable price, surpasses any Microscope hitherto made by any English  
 or Continental maker. The Student's Microscope, with coarse and fine  
 adjustments, single mirror, one eye-piece, a one-inch and one-quarter-inch  
 French achromatic object-glasses of best quality, the whole packed in  
 mahogany case, 7in. by 6in., £5 10s.; or with M. Pillischer's own-made, 1in.  
 of 16 degs. angular aperture, and 1in. of 60 degs., £7.

The above stand with lever stage, extra eye-piece, double mirrors, animalcule  
 cage, &c., £8; or with Pillischer's glasses, £9 10s.

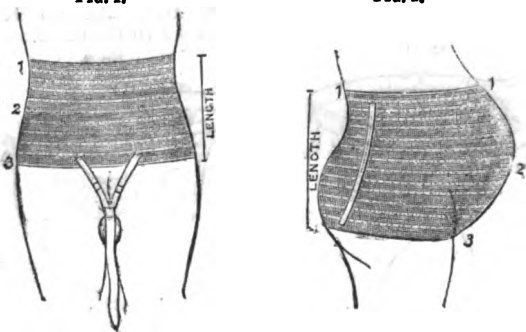
A list of prices will be sent free on application to M. Pillischer, 89, New  
 Bond-street.

**Mr. Bourjeaud's Registered Elastic**

APPLIANCES, acting spirally, and free from Seams, to be obtained  
 only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's  
 Hotel, London; and 17, Rue des Beaux Arts, Paris.

Fig. 1. At home from One till Five.

Fig. 2.



**Fig. 1. BELT AND AIR-PAD FOR PROLAPSUS UTERI OR ANI.**—  
 Mr. Bourjeaud begs to state that the apparatus here figured has been found  
 extremely useful in cases of prolapsus uteri or ani, and with patients, especially  
 females, who require support for the perineum. The compressing agent is a  
 caoutchouc bag, filled with air; it is in the diagram hanging loose in front of  
 the patient, and is fixed in its place by the strips of elastic tissue, the free ex-  
 tremity of which is seen. The latter is fixed to the lower and posterior margin  
 of the belt, and by the elasticity of the bag and straps sufficient compression  
 is made, and not the slightest uneasiness is experienced. This is a most  
 valuable adjunct to surgical and obstetrical practice, and is highly appreciated  
 by the most eminent members of the profession.

**Fig. 2. This is a most useful belt, called the ABDOMINAL SUPPORTER.**  
 It is made of varying strength, to suit the peculiarities of patients, and is  
 most useful during gestation or after parturition, to forestall the uncomfortable  
 state called pendulous abdomen. During gestation, it relieves the veins from  
 the pressure of the distended womb, and thus prevents swelling of the legs;  
 and after the birth of the child it is most valuable to those ladies who are  
 anxious for the look of their waists. This belt is most useful in cases of dropsy,  
 especially when ovarian, as the pressure may be increased so as to conduce, in  
 favourable cases, to the absorption of the fluid. Mr. Bourjeaud cannot too  
 strongly recommend this belt to corpulent people; they will find it a real  
 comfort.

## GOLD CHAINS AND JEWELLERY.—PRIZE MEDAL.

**W**atherston and Brogden's Gold Chains, by troy weight, at realizable value, and the workmanship at wholesale manufacturer's prices.—The Great Exhibition having established the advantage of purchasing from the wholesale manufacturer wherever it can be accomplished, and thereby dispensing with an intermediate profit, WATHERSTON and BROGDEN beg to announce that, in obedience to the numerous calls made upon them, they have thrown open their Manufactory to the public at the same prices they have been in the habit (for the last half century) of charging to the trade in London, India, and the Colonies. The system of weighing chains against sovereigns being one of the greatest frauds ever practised on the public, WATHERSTON and BROGDEN guarantee the gold in their chains, and will repurchase it at the price charged,—the workmanship, according to the intricacy or simplicity of the pattern. Example:—Intrinsic value of a chain of 15 carat gold, weighing 1½ ounce, £3 19s. 7d.; supposing the workmanship to be £2—total, £5 19s. 7d. By this arrangement the purchaser will see at a glance the proportion charged for labour compared with the bullion in a gold chain, and being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of jewellery all made at their Manufactory, 16, HENRIETTA-STREET, COVENT-GARDEN.—Established A.D. 1798.

### The 16s. Trousers reduced to 14s.—

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

### To Professional Men and others.—

The Oxford Mixed Doeskin Trousers, price 21s. The Stratus Cloth Vest, price 10s. 6d. Stock for choice, or to measure.

S. BATTAM, Coat and Trousers Maker, 180, Tottenham-court-road, five doors south of Schoolbred and Co's.

Patterns of the material and Directions for Measuring sent free per post.

### To all who cannot get a Fit; the

Importance of which requires no elucidation to convince the most sceptical how indispensably necessary it is to health, comfort, and appearance. R. T. FIGRAM, while wishing to avoid the present system of puffing, adopts this means of making known his SELF-ACTING INDICATOR of the HUMAN FIGURE. An invention can only be estimated by its results: a trial will not only give satisfaction, but will justify in favouring R. T. P. with their recommendation.

R. T. Figram, Tailor, 51, Lamb's Conduit-street, Foundling Hospital.

### Assistant-Surgeons.—Gentlemen

receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

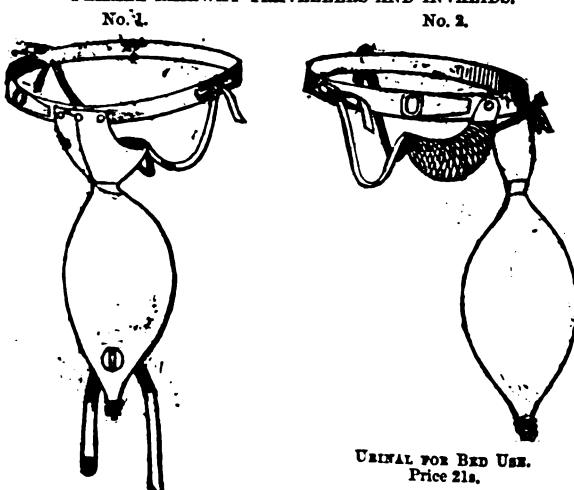
L. PHILLIPS', 28, WEST STRAND, LONDON, the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, on application.

### Cholera Prevented! Rettie's Patents.

SELF-ACTING SEWER AND SINK TRAPS, for Streets and Kitchen Sinks, to prevent all effluvia from Drains, Cesspools, and Urinals. Damp Houses cured at Fourpence per day, giving a dry, warm temperature, for sick or invalids.

PORTABLE CHAMBER CLOSETS, free from all effluvia. Orders to E. M. and M. Rettie, 7, Brompton-road. (Enclose Stamp.) N.B.—Beware of imitations on the above Patents.

### India-rubber Urinals for Male and FEMALE RAILWAY TRAVELLERS AND INVALIDS.



URINAL FOR TRAVELLING.  
Price 15s. and 18s.

FEMALE URINALS FOR DAY USE.  
Price 21s. and 25s.

The above Urinals are made on the most approved principles, and are all fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their construction prevent the objectionable smell complained of in those of other Manufacturers.

Manufactured by W. S. SPARKS, 115, New Bond-street, London.  
A liberal discount allowed to the Medical Profession.

### Improved Invalid Cot Carriages—

the greatest luxury and comfort ever introduced for removing invalids, being fitted up with the patent noiseless wheels. These carriages may be engaged, on moderate terms, for any journey, upon application to H. and J. READING, coachbuilders, 14, Riding House-lane, Cavendish-square.—N.B. A good assortment of new and second-hand carriages for sale or hire.

### Patent Perambulators.

C. BURTON, Inventor, Patentee, and Sole Manufacturer to Her Majesty by appointment.



The distinguished patronage, the flattering encomiums, and the increasing demand, are sufficient proofs of the utility and excellence of these fashionable, safe, and elegant Carriages for adults, children, and invalids, propelled from behind by the slightest effort. Country and Shipping orders. Illustrated Circulars.

OFFICE, 497, NEW OXFORD-STREET.

Also, C. BURTON'S PATENT PERAMBULATOR FOR THE MILLION. Price Two Guineas.

CAUTION.—To avoid unprincipled and dangerous imitations, look for Burton's Label on each Carriage.

### Purification of Linen—Prevention of

DISEASE.—J. BOILESSVE, 55, King William-street, City, London, solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

69, Marylebone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one bushel per day.

I am, Sir, yours truly,

SAMUEL HUBERT,

To J. Boilessve, Esq.

Firm of JOHN WOOLLS and Co., Paper-stainers

### Warming and Ventilating, by Hot

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment—

Highfield, Berkhamstead, Herts., January 24th, 1854.

SIR,—I read some time ago in your valuable paper, an article advocating the need in this climate of warming dwellings with some simple apparatus, giving ventilation, combined with the healthiest temperature, at a great saving of fuel. I am very glad to give you the result of my experience of a new kind of stove, named "Calorifere," erected some months ago at this residence by Mr. J. Boilessve, London; it answers its purpose perfectly; the house and every room to which the ventilation is adapted, is kept at an agreeable temperature, with an entire absence of the oppressive atmosphere usually experienced by all other methods of warming dwellings; that I have seen several persons, some of them highly scientific, who have examined the apparatus and have expressed themselves satisfied, and consider it a most perfect application of warm air and ventilation combined. The cost of warming the house and conservatory attached, has been Eightpence per twenty-four hours, during the late cold weather, and the trouble of attendance is very little. The economy of fuel will cause this stove to be generally adopted, I have no doubt, more especially as the charge for coals is constantly on the increase. The stove in operation should be seen to be appreciated, and I can add, from my experience of its effects during this winter, that it is invaluable for any invalid in so variable a climate as ours, and no one can be aware of the comfort until it is tried.

I am, Sir, yours obediently, a Subscriber,

The Editor of the Times.

R. W. FRASER.

**Allsopp's Pale Ale in Bottle, as**  
supplied to the CRYSTAL PALACE; also in casks of 18 gallons.  
Recommended by BARON LIEBIG.  
Address, HARRINGTON PARKER and CO., 51, Pall-Mall, London.

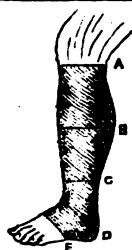
**Soyer's Aromatic Mustard.**—"M."  
Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.  
Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

**Do you bruise your Oats yet?—New**  
Oat-crushers, £2 15s., £4 5s.; Chaff-cutters, £1 7s., £3 7s.; Mangles, £2 10s.; Flour-mills, £4 10s.—WEDLAKE and CO., 118, Fenchurch-street.—One bushel when crushed makes two.  
How to Keep a Horse for 9s. a Week; or a Book on Feeding, 1s 4d.

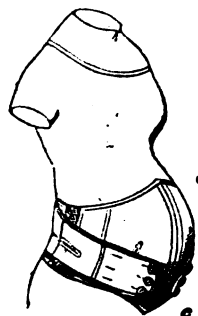
**Pure Water.**—Ransome and Co. beg  
to call the attention of the Medical Profession to their ASCENSION PURIFIERS, more particularly to those for immersion, which afford at all times a constant supply.  
Price 21s. and 9s.—Depot, 71, Baker-street, Portman-square.

**Mr. Mechi wishes it to be clearly**  
understood that he CHARGES the SAME PRICES at the CRYSTAL PALACE as at Leadenhall-street: that his manufactures are varied to suit all classes. For instance, Dressing-cases at 25s., or at £150; Penknives at 1s. or 21s.; Tooth-brushes at 6d. or at 2s.; each article being good of its sort. Mr. Mechi's assistants at the Crystal Palace will attend constantly to receive orders and dispose of his manufactures there.—4, Leadenhall-street, June 20.

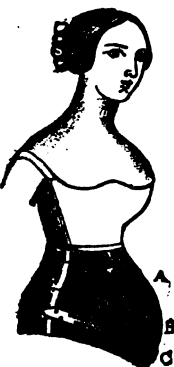
**Anatomical and Dental Repository,**  
45, Museum-street, Bloomsbury, London.—JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands, and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.



**Every excellence which the**  
Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.  
H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D, and D to E.  
HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.



**Huxley's Fulcrum**  
ABDOMINAL BELT will be found, from its mechanical arrangement, (acting diagonally), and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4oz. Price 18s.  
Measures required.—Circumference at A, B, and C; depth from A to C.  
A discount of 20 per cent. to the profession.  
HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.



**Ladies' Belts.—Bailey's**  
ELASTIC LADIES' BELTS are found to be some of the most useful articles in his establishment. They are worn by those who are delicate in constitution, as they support the Back and Abdominal Muscles, giving the greatest possible comfort before and after Accouchement. They are without Buckles or any incumbrances, and easily adjusted. Prices, 18s., 32s., and 42s.  
Those without Elastic are much used by Surgeons for persons immediately after Accouchement, and called Bailey's Compressing Belts. Price 10s. 6d., 15s., and 25s.  
Hospitals and Lying-in Institutions supplied. Females in attendance, and private rooms for trying on. Elastic Stockings and Knee-caps.  
Address, WM. HUNTLY BAILEY, 418, Oxford-street, London.

**Dissecting and Post-Mortem Instruments,** New and Second-hand. Surgical Instruments of the best description; A. URE'S New Urethrotome for Stricture; New Uterine Compress; Newly Improved Pessary; Instruments for Army and Navy Surgeons; DARTNELL'S Patent Truss; Trusses for Union Surgeons; Enema Syringes; New Syphon Enema, as supplied to the Army; New Spinal Machine, pronounced the best ever invented.—at  
PRATT'S, Surgical Instrument Maker, 420, Oxford-street.

**Dinneford's Pure Fluid Magnesia,**  
now greatly improved in purity and condensation.  
"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—PHARMACEUTICAL JOURNAL, May, 1846.

This excellent remedy, in addition to its extensive and increasing sale amongst the public, is now very largely employed in DISPENSING: for which the cheapest and most convenient form is in the STONE JARS; half-gallon, 5s. 6d.; gallon, 9s. 6d.; specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers, DINNEFORD & CO., Chemists, 172, Bond-street, London; and all respectable Wholesale Druggists and Patent Medicine Houses.

**Meinig's Electro-Generator,**



FOR CHOLERA.

TO THE MEDICAL PROFESSION.

Having witnessed personally the greatest benefit, in the first stages of Cholera, derived from the application of weak, continuous currents of Electricity from the spine to the abdomen, by which the warmth and action of the digestive organs is maintained, and the urinary functions stimulated; and feeling confident that in an advanced stage of the disease strong, interrupted Electric Currents passed along the cramped and paralyzed limbs, and along the spinal column, will be found of paramount efficacy in restoring normal circulation, Mr. Meinig earnestly invites the Medical Profession to test and investigate the effects of Electricity in the now prevalent epidemic; and so confident does he feel of the all but marvellous success of his Apparatus in this dreadful disease, that any medical gentleman who desires it may receive Mr. Meinig's warrant, to the effect that he will retake and repay, within one month after the purchase, any Apparatus which, after trial, it might be wished to return.

Prices of the Portable Generator: 5s., 10s. 6d., 15s., 20s., and 30s., according to power. Powerful Pocket Batteries, £3 3s.  
103, LEADENHALL-STREET, and 213A, PICCADILLY.

**Francis L. Puckeridge, Sole Inventor**  
and Manufacturer of the late Mr. R. LISTON'S WATERPROOF TRANSPARENT ISINGLASS MEMBRANE PLASTERS, now patronized by Mr. Liston's successor, Mr. Quin, in his hospital and private practice; patronized likewise by Mr. W. Ferguson, Surgeon, of King's College Hospital; Mr. J. M. Arnott and Mr. Wormald, of Bartholomew's Hospital. Used for amputations and other serious wounds, requiring observation without exposure to the air.

F. L. P. begs to state there are two qualities, and is particularly beneficial for Spinal Complaints, Ruptures, Sprains, or any weakened part; also, a Defensive Skin, to apply between the wound and the lint, and cause less pain in dressing. Likewise, a superior Gauze Lisse, waterproof and not waterproof, of the same adhesive properties as the Membrane; also, superior Tinted Court Plasters and Tinted Goldbeaters' Skin, by the yard and in cases. F. L. P. offers his most grateful thanks for the encouragement and kind patronage he has received from the Medical Gentlemen of England and foreign parts, and hopes to merit a continuance of their favours by manufacturing his Plasters with the same unremitting care as heretofore.

May be had of the Proprietor, 4, York-place, Walworth, Surgical Instrument Makers, Chemists, &c., with improved directions how to apply.

**Hare-Lip.—Extraordinary Application and CURE.**

Communication from Mr. BROADBENT, Surgeon, Ferry Hill, Durham.

MR. BENJAMIN NICKELS,  
SIR,—I wish to state concerning your Plaster to the following effect. About ten days after an operation for Hare-lip, the boy fell against a stone step and ruptured the lip. The day previously I had received your Elastic Plaster, and on being summoned to the boy, (without much hope of success,) I applied three strips of the Plaster, extending from ear to ear, bringing the ruptured edges into apposition. Seven days after the Plaster retained the cheeks in the position I had left them on the day of application. Fresh strips were then applied, and the edges ultimately united. In my opinion, no other plaster could have answered the intention, and I think it specially adapted to wounds on the face.

I remain yours obediently.

(Signed) G. W. BROADBENT.

NICKELS'S PATENT ELASTIC ADHESIVE PLASTER, and ELASTIC ADHESIVE BANDAGES, which are made on quite a new principle, rendering them a cheap, efficient, unvarying support as a spiral covering, or stocking (without the trouble of lacing), for varicose veins, sprains, weak joints, and all rheumatic affections. These Bandages may also be cut and applied as ordinary strapping.

The Patente has had the honour of receiving the highest testimonials in approbation of his ELASTIC PLASTERS from the following most eminent Members of the Profession, and many other Gentlemen, by whom they are patronized and used in their hospital and private practice:—J. C. W. LEVER, M.D., Physician Accoucheur, Guy's Hospital. Mr. FERGUSON, Surgeon to his Royal Highness Prince Albert, Prof. Surgeon, King's College, London; Surgeon King's College Hospital. Mr. HILZOW, Surgeon, Guy's Hospital, Surgeon to the City of London Hospital for Diseases of the Chest.

THE PATENT ELASTIC COURT PLASTERS are found most superior both in appearance and quality.

Sold by all principal Chemists in the United Kingdom, and by Mr. BENJAMIN NICKELS, Surgical Plaster Manufacturer, 9, Camberwell-green, London.

## Medical Society of London.—The

FIRST MEETING of the SESSION, 1854-55, will be held on SATURDAY next, October 14th, at Eight o'clock P.M., when an Address on "Cholera" will be delivered by E. HEADLAND, Esq., the President of the Society.

E. SMITH, M.D., LL.B., } Hon. Secs.  
C. H. ROGERS HARRISON, }

32 A, George-street, Hanover-square.

## University of London.—Notice is

hereby given that the SECOND EXAMINATION for the Degree of BACHELOR OF MEDICINE, for the present year, will commence on Monday, the 8th of November; and that for the Degree of DOCTOR OF MEDICINE, on Monday, the 27th of November.

The Certificates required must be transmitted to the Registrar, fourteen days before the commencement of the Examination to which they refer.

By order of the Senate,

Marlborough House,  
Sept. 25th, 1854.

E. W. ROTHMAN, Registrar.

## Mr. G. Hind, F.R.C.S., resumed his

DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.

Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-recent, Bedford-square.

## Kelvedon School, Essex.

Conducted by Mr. W. WISEMAN, M.C.P.

The Studies of Young Gentlemen intended for the Medical Profession are so arranged at this Establishment as to qualify them, on leaving, for passing the Preliminary Examination at the University of London or Apothecaries Hall.

Terms, from Thirty Guineas to Fifty Guineas per annum, according to the accommodation, &c., required.

## School for the Sons of Medical Men,

CLERGYMEN, OFFICERS OF HER MAJESTY'S ARMY, NAVY, AND CIVIL SERVICE, &c.

ST. JOHN'S FOUNDATION-SCHOOL, Greville-mount House, Kilburn, London.

Head Master—The Rev. Anthony F. Thomson, B.A. Lincoln College, Oxford, (eldest surviving son of the late Dr. Anthony Todd Thomson, of University College.)

Mathematics—Gowan Evans, Esq., M.A. Lincoln College, Oxford.

German—U. Green, Esq., (Nieuwied College, Coblenz.)

French—Hy. Poittevin, Esq., (Paris.)

Music—Dr. Charles Steggall, Trinity College, Cambridge; Professor of the Royal Academy of Music, London.

The system of this School is particularly adapted to prepare Boys for the Medical Profession, the Army, whether Line or Artillery, the Navy, and Civil Service.

The Terms are moderate and inclusive. The House is new, and has been built with a special view to its purpose, at a cost of over £3000. It is situated on high ground, in the most healthy and beautiful position in the north of London.

A Prospectus, with full details, may be had on application to the Head Master, at the School.

## St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION Commenced on October 2nd, with an Introductory Address by Dr. Burrows.

### LECTURES.

Medicine—Dr. Burrows.  
Surgery—Mr. Lawrence.  
Descriptive Anatomy—Mr. Skay.  
Physiology and Morbid Anatomy—Mr. Paget.  
Chemistry—Mr. Stenhouse.  
Superintendence of Dissections—Mr. Holden and Mr. Coots.

### SUMMER SESSION, 1855, Commencing May 1st.

Materia Medica—Dr. Roupell.  
Botany—Dr. F. Farre.  
Forensic Medicine—Dr. Daly.  
Midwifery, &c.—Dr. West.  
Comparative Anatomy—Mr. McWhinnie.  
Practical Chemistry—Mr. Stenhouse.  
Natural Philosophy—Dr. Martin.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to nearly 80,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered weekly; those on the medical cases, by Dr. Roupell, Dr. Burrows, and Dr. Farre; those on the surgical cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skay. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Warden, Dr. BLACK. Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, examinations will be held for two Scholarships of the value of £45 for a year. The examination of the classes for prizes and certificates of merit, will take place at the same time.

Further information may be obtained from Mr. Paget, or any of the Medical or Surgical Officers or Lecturers, or at the Anatomical Museum or Library.

### TO THE PROFESSION.

## Mr. Bowmer, M.R.C.S. Eng., 50,

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with *Assurances*, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

### TO MEDICAL MEN.

## To be Disposed of, a small but well-

established PRACTICE in Berkshire, with club appointments to the amount of about £20 a-year. £280 required, being about one year's returns. So good a nucleus for making a large Practice is seldom met with. Superior house and grounds, rent only £20.—Direct to A. B., care of Mr. Gordon, 17, Hemingford-cottages, Richmond-road, Islington, London.

## To be Sold, the Lease of a most de-

strable and long-established PROFESSIONAL RESIDENCE, in Savile-row, at a low rent.—Apply to Mr. Churchill, 11, New Burlington-street.

### TO SURGEONS.

## On the High Road, Peckham,

between High-street, and New-cross, a Corner HOUSE, first-rate situation for business, of a superior description, to be LET very low. Three or four hundred houses recently erected on the estate, and no medical man upon it. Apply at the house corner of King's-road, from 12 till 4.

## Apartments, Furnished or Unfur-

nished, may be had in the House of a Medical Man, situated in a healthy locality near the South Coast, having every facility of access by railway. The above is peculiarly suitable for a married couple, or a lady, or two sisters. A Boarder would be preferred.—Reference may be made to Messrs. Gale, Baker Warde, and Co., Druggists, Bouverie-street, Fleet-street.

### TO MICROSCOPISTS.

## To be Disposed of, at a great sacri-

fice, by M. PILLISCHER, Optician, 88, New Bond-street, a MICROSCOPE, by ROSS, with a complex set of Object-Glasses and Apparatus, &c.

## Skull, beautifully mounted à la Bau-

chène, under Glass Shade. To be sold cheap.  
Mr. LAWSON, Bookseller, 19, Melton-street, Euston-square.

### TO PROFESSORS OF ANATOMY, STUDENTS, &c.

## Dr. Kahn continues to execute every

description of ANATOMICAL and PATHOLOGICAL WAX MODELS. For a List of Prices apply at 232, Piccadilly.

DR. KAHN'S ANATOMICAL MUSEUM is open Daily, from Eleven till Five, and from Seven till Ten. Admission, One Shilling. Lectures, as usual, by Dr. SAXTON, F.R.G.S., and F.E.S.

## St. Mary's Hospital.—A fourth

RESIDENT MEDICAL OFFICER, duly qualified, will be recommended to the Weekly Board for Election, whose duties will be to take charge of the Patients in the Maternity Department. Apartments and Board will be provided by the Hospital.

Gentlemen desiring to fill the above Office are requested to send their applications with Testimonials to the Secretary at the Hospital, from whom further particulars may be obtained, on or before Saturday the 14th instant.

Board Room, Oct. 2, 1854.

ROBT. J. NEWMAN, Secy.

## General Kent and Canterbury Hos-

pital.—A Vacancy has occurred in the Office of DISPENSER and ASSISTANT to the House Surgeon of this Hospital. He is provided with Board, Lodging, and Washing, and receives a Salary of £40 per annum.

The Candidates, who must be Licentiates of the Apothecaries' Company in London, unmarried, and under forty years of age, are requested to send their Testimonials of qualification and character, with a statement of their previous employment, to the Secretary, on or before Friday, October 27th, after which the day of election will be fixed.

September 29th, 1854.

THOMAS SOUTHER, Secy.

## Calne Union.—The Board of

Guardians of this Union give notice, that on Wednesday, the 15th of November next, at noon, they will elect a MEDICAL OFFICER for the entire Union, who must be duly qualified according to the Commissioners' Order of 12th of March, 1842. He will be restricted from private practice, and will be required to devote his whole time and attention to the duties of his office, and keep a horse. The salary is £200 per annum, without extra fees for Surgical or Midwifery cases. Drugs, &c., will be provided at the charge of the Union, and assistance will be rendered in dispensing Medicines. Vaccination will be paid for at per successful case. Applications, accompanied by testimonials, to be made to the Clerk, on or before Tuesday, the 31st of October instant.

By order of the Board,

Calne, Wilts, October 4th, 1854.

HENRY S. HEATH, Clerk.

## Matrimonial Institution.—Founded

1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUREUX, 12, John-street, Adelphi, London.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS.

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

**Death Vacancy.—Immediate.—A**

Surgeon of standing, with a good-class General Practice of about £1000 a year, situated in a favourite market-town, easily reached from London, has just died. A doubly-qualified Gentleman, about thirty years of age, with £200 or £700 at command, may make a very favourable arrangement with the widow.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

**Lunatic Asylums.—Wanted, by a**

Medical Man well versed with the treatment of the Insane, a SITUATION in an Asylum.—Apply by letter to A. B., 39, Poultry, London.

TO SURGEONS AND APOTHECARIES.

**To be Disposed of, the Shop, No. 17,**

Newington-causway, lately occupied by Mr. Barnes, now deceased. Fixtures to be taken at a valuation. Apply at No. 27, King-street, Borough.

**To be Disposed of immediately, a**

good PRACTICE. Receipts near £400 per annum. An immediate purchaser will be introduced on the most liberal terms.—Address, pre-paid, Beta, THE LANCET Office, 423, Strand, London.

**An M.R.C.S. and L.A.C., married,**

and without family, wishes to take charge of a Branch Practice in the country, or to be Out-door Visiting ASSISTANT. A liberal salary expected.—Address, stating particulars, to Medicus, Post-Office, Brompton, London.

**A Third-Year's Student offers his**

services to a Surgeon in General Practice, whose arrangements would allow him time for study. He can be highly recommended by the gentleman with whom he is now residing. Address, A. Z., Post-office, Torrington-place.

TO SURGEONS.

**Wanted, a Surgeon duly qualified**

by law, in a fine First-class Ship proceeding to Australia.—Apply to John Bonus and Son, 81, Gracechurch-street.

**Wanted, in the Country, an English**

Gentlemen, as Visiting and Dispensing ASSISTANT.—Address, stating age and references, to H. C. S., THE LANCET Office, 423, Strand, London.

**Wanted, in a highly respectable**

Town and Country Practice, a Medical ASSISTANT, of active habits to Visit, Dispense, and attend Midwifery.—Apply, stating terms, references, and qualifications, to A. B., Post-Office, Abergavenny, Monmouthshire.

**Wanted immediately, an active**

Visiting and Dispensing ASSISTANT, competent to attend Midwifery, between twenty-six and thirty years of age. Apply to Mr. Josh. Dakin, Chemist, High-street, Poplar.

**Wanted, by a General Practitioner,**

an ASSISTANT to Dispense, occasionally to Visit, and attend Midwifery.—Apply personally or by letter to F. A. C., 2, Charlotte-row, Walworth-road.

**Wanted, by a Gentleman who has**

been some years in the Profession, a Situation as ASSISTANT, (the neighbourhood of Charing-cross or Middlesex Hospitals would be preferred.) Board and Lodging, with time to attend Lectures, &c., would be considered equivalent to his services.—Address, J. D. F., THE LANCET Office, Strand.

**Wanted, by an M.R.C.S. Eng. and**

L.S.A., aged twenty-five, who has been two years House-Surgeon to a large Hospital, and is well acquainted with Union and General Practice, a Situation as Out-door Visiting and Dispensing ASSISTANT. A liberal salary required.—For testimonials and references, address, Omicron, Mr. Watson's, Long Buckby, Northamptonshire.

**Wanted, by a Surgeon in a large**

provincial town, a Visiting ASSISTANT, who must also assist in Dispensing. He must be above twenty-five years of age, and able to obtain good testimonials of knowledge of his profession and general character. Legal qualifications not essential, but will be preferred. Salary £50, with board, &c. Address to Medicus, care of J. Dale and Co., stationers, Bradford, Yorkshire.

**To be disposed of, in consequence of**

the continued indisposition of the proprietor, Mr. Elijah Pring, the Good-will, Stock, Fixtures, &c., of that well-known establishment, the MEDICAL HALL, No. 30, Westmoreland-street, Dublin, (established in 1821,) now in full working order, and to which a highly respectable and numerous connexion is attached. The business, until disposed of, will be carried on as usual. The fullest information can be had of Messrs. Herring and Co., 40, Aldersgate-street, London; of Mr. Graham, No. 12, Cope-street, Dublin; and of Messrs. Grattan and Co., Belfast; or at the premises.—18th September, 1854.

**Medical Transfer and Partnership.**

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RELINQUISH, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

**Death Vacancy.—The Decease of a**

Gentleman conducting an extensive and highly-respectable Practice, renders an immediate arrangement desirable with a competent Successor, who must possess the English qualifications, and be in every respect fit to conduct a General Practice of the kind.—Apply, giving London references, to M.D., care of Mr. ORRIDGE, 30, Bucklersbury, London.

TO SURGEONS.

**A Practice, with Retail, in St. John's**

Wood, in a commanding situation, with ample scope for securing an extensive connexion, is obtainable for £300.—Apply to Mr. ORRIDGE, 30, Bucklersbury.

**General Practice, Lincolnshire.—To**

be Disposed of, the Succession to a highly-respectable Connexion, in one of the best towns in Lincolnshire.—For particulars, apply to Delta, care of Mr. ORRIDGE, 30, Bucklersbury.

TO SURGEONS.

**A Gentleman, married, (unqualified,)**

is in immediate want of a Situation as General Assistant in town or country. Can produce unexceptionable references, &c. Apply by letter to J. R. R., 76, Railway-terrace, Redhills, Birmingham.

TO MEDICAL PRACTITIONERS.

**The Advertiser wishes to obtain a**

Situation as ASSISTANT to a General Practitioner in a good locality, (without retail.) Salary not a primary object. Apply to A. B., 2, Bessborough-gardens, Piccadilly.

TRAVELLING TUTOR.

**A Clergyman, purposing to spend**

the winter months in the South of Europe, wishes to meet with a Pupil, for taking charge of whom he would require no further remuneration than the payment of his expenses. Address, M.A., Christ-church, Oxford.

**To be Disposed of, a General Medical**

PRACTICE in Devonshire, realizing between £300 and £400 a year. The Advertiser is desirous of leaving at Christmas, and a lower premium than is usual will be taken for the Practice in consequence.—Apply by letter to L. R. Y., Tavistock Hotel, Covent-garden, London.

**General Practice to be Disposed of,**

between thirty and forty years established, in a highly-respectable and populous neighbourhood in the county of Suffolk, with Union Appointments, Clubs, &c. Receipts about £500 per annum.—Address, F. G., 1, Norton Folgate, London.

TO DENTISTS.

**A Practice to be Disposed of, esta-**

blished a number of years, satisfactory reasons can be given by the present Practitioner for resigning.—For further particulars, apply to A. B., 9, Bridge-terrace, Harrow-road, Paddington.

TO MEDICAL AND OTHER STUDENTS.

**A Surgeon, whose house is larger**

than he requires, can accommodate three or four Gentlemen with Bedrooms and Breakfast, use of Sitting-room and attendance, at Two Guineas per Month each, and additional Board if required, at equally moderate terms. Central for St. Bartholomew's, University, Middlesex, King's College, and the Royal Free Hospitals.—M.R.C.S., 18, Hunter-street, Brunswick-square.

**A Visiting and Dispensing Assistant**

wanted by a Practitioner, in a small town within forty miles of London, competent for Union Practice and Midwifery. To reside in the house. Salary from £40 to £60 a year, as the qualifications may be.—Address, by letter, C. D., at Messrs. Corbyn and Co., 300, Holborn, stating age, qualifications, and references or testimonials.

MEDICAL.

**A Student, desirous of attending**

Charing-cross Hospital, is willing to engage with a Gentleman in that neighbourhood, requiring the services of a Dispenser and Junior-Assistant, competent to visit occasionally, and perform minor operations in Surgery. For his services board and lodging will be considered equivalent. For further particulars address C. D., Messrs. Gale, Baker, Warde, and Oldfield, Bouverie-street, Fleet-street.

**In an Establishment three miles**

west of London, YOUNG LADIES are RECEIVED to BOARD and EDUCATE, at 30, 35, and 40 guineas per annum, inclusive terms. A garden of nearly two acres in extent.—For prospectuses, address M. X., Barker's Library, Dorcas-terrace, Hammersmith.

# DR. DE JONGH'S LIGHT-BROWN COD-LIVER OIL.

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY,  
AND PUT TO THE TEST OF CHEMICAL ANALYSIS.

THE MOST EFFECTUAL REMEDY FOR CONSUMPTION, BRONCHITIS, ASTHMA, GOUT, CHRONIC RHEUMATISM,  
AND ALL SCROFULOUS DISEASES.

**A**pproved of and recommended by **BERZELIUS, LIEBIG, WOEHLER,**  
**JONATHAN PEREIRA, FOUQUIER,** and numerous other distinguished scientific Chemists.  
Prescribed by the most eminent Physicians, and supplied to the leading Hospitals of Europe.  
Specially rewarded with Medals by the Governments of Belgium and the Netherlands.  
Has almost entirely superseded all other kinds on the Continent, in consequence of its proved superior power and efficacy—  
effecting a cure or alleviating symptoms much more rapidly.  
Contains iodine, phosphate of lime, volatile acid, and the elements of the bile—in short, all its most active and essential  
principles—in larger quantities than the Pale Oils made in England and Newfoundland, deprived mainly of these by their  
mode of preparation.

*The following Extracts are selected from some of the leading Medical and Scientific Testimonials in favour of*  
**DR. DE JONGH'S COD-LIVER OIL:—**

**BARON LIEBIG,**

Professor of Chemistry at the University of Giessen, &c. &c.

"You have rendered an essential service to science by your researches, and your efforts to provide sufferers with this Medicine in its purest and most genuine state must ensure you the gratitude of every one who stands in need of its use."

The late

**Dr. JONATHAN PEREIRA,**

Professor at the University of London, Author of the "Elements of Materia Medica and Therapeutics," &c. &c.

"I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I am satisfied that for medicinal purposes no finer oil can be procured."

**Dr. FOUQUIER,**

Professor at the University of Paris, Physician to his late Majesty Louis Philippe, &c. &c.

"You have preserved to science the use of a medicine that might have fallen into utter discredit, in consequence of its unaccountable inaction in some cases."

**Dr. E. RINGEL,**

Of Carlsruhe, Grand Duchy of Baden.

"This analysis has convinced me that Dr. de Jongh's Oil is not only prepared with greater care than the ordinary Cod-liver Oil, but that it contains in larger quantities those principles which are generally admitted to be most active and essential, so that it ought to be considered the most efficacious kind."

**Dr. SEGNIß,**

Of Gelnhausen, Duchy of Hessen.

"I AM bound to state that this Oil is greatly superior to all other kinds previously used by me, and that, therefore, the object aimed at by the use of this remedy is more surely attained by this Oil than by any other kind."

The

**INTENDANT OF THE CIVIL LIST OF BELGIUM.**

"THE King has charged me to return you his very particular thanks for the homage done to him, by the presentation of your most valuable researches concerning the Cod-liver Oil: as an expression of his utmost satisfaction, he has given me the order of presenting you with the accompanying large Gold Medal."

**Dr. VAN DEN STIGEN,**

Emmerich.

"I CAN conscientiously recommend it to my colleagues as being superior to all other kinds."

The

**MINISTER OF THE INTERIOR OF HOLLAND.**

"I HAVE the honour of bringing to your knowledge, that it has pleased the King to grant you, by his Decree of the 20th January, 1848, No. 101, a Silver Medal with an appropriate honorary inscription, as a testimony of his Majesty's high approbation for your efforts in securing to this country a supply of the most efficacious Cod-liver Oil from Norway. I have given the necessary orders for the execution of this Medal."

**THE ROYAL POLICE OF PRUSSIA.**

"THE Royal Police of Prussia (Königliches-Polizei-Præsidium) has the honour of informing you that it has caused the sample which you have forwarded to be submitted to an official investigation, and that the result of such investigation has proved it to be not only the genuine Cod-liver Oil, but still further, that it is of a kind which distinguishes itself from the Cod-liver Oil in ordinary use, alike by its taste and chemical composition."

**"THE LANCET,"**

(July 29th, 1864.)

"After a careful examination of the different kinds of Cod-liver Oil, Dr. de Jongh gives the preference to the Light-brown Oil over the Pale Oil, which contains scarcely any volatile fatty acid, a smaller quantity of iodine, phosphoric acid, and the elements of bile, and upon which ingredients the efficacy of Cod-liver Oil no doubt partly depends. Some of the deficiencies of the Pale Oil are attributable to the method of its preparation, and especially to its filtration through charcoal. IN THE PREFERENCE OF THE LIGHT-BROWN OIL OVER THE PALE OIL WE FULLY CONCUR."

"WE HAVE CAREFULLY TESTED A SPECIMEN OF THE LIGHT-BROWN COD-LIVER OIL, PREPARED FOR MEDICAL USE UNDER THE DIRECTION OF DR. DE JONGH, AND OBTAINED FROM THE WHOLESALE AGENTS, MESSRS. ANSAR, HARFORD, AND CO., 77, STRAND. WE FIND IT TO BE GENUINE, AND RICH IN IODINE AND THE ELEMENTS OF BILE."

**"THE MEDICAL TIMES,"**

(August 5th, 1864.)

"We believe that the profession are much indebted to Dr. de Jongh for his laborious researches into the composition and properties of this Oil; and we have the high authority of Baron Liebig and the late Dr. Pereira, in testimony of the value of these labours. In his zeal for investigating the properties of the Oil, Dr. de Jongh made a journey to Norway, and carefully examined its varieties, its mode of preparation, and its adulterations."

Sold Wholesale and Retail, in bottles, labelled with DR. DE JONGH'S Stamp and Signature, by

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Sole Consignees and Agents for the United Kingdom and British Possessions, at the following prices:—

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"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

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FIG. 1. At home from One till Five. FIG. 2.

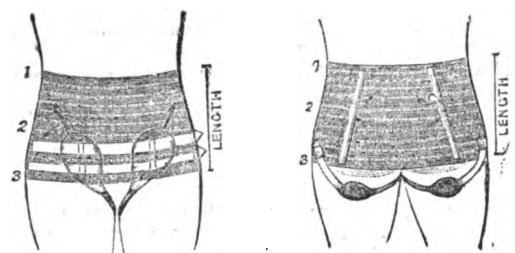


FIG. 1. MR. BOURJEAUD'S NEW BELT AND AIR-PAD FOR INGUINAL HERNIA.—Mr. Bourjeaud begs to state that the smaller ends of the pyriform air-pads are seen below the inferior margin of the belt. The latter is made of elastic strips, about one inch in breadth, which, by being sewn together in a peculiar manner, effect an equable compression around the abdomen. On the internal and front part of the belt two air-pads are attached, exactly on the spot where the belt comes in contact with the inguinal rings; and these yielding pads exercise a gentle compression upon the rings, which compression may be increased or diminished in changing, by means of a small tube and stopcock, the quantity of air contained in the pads. This apparatus is now driving the steel springs completely out of the field; and Mr. Bourjeaud is happy to say that the hernia belt is getting more and more a favourite among the leading surgeons of the metropolis and the provinces. It is plain to all, that two ends should be kept in view as to apparatus for hernia: first, the support of the intestinal mass; and, secondly, prevention of protrusion through the rings, without giving the patient pain, or causing inflammation and gangrene by pressure on the abdominal parietes with unyielding steel springs. These generally acknowledged desiderata the new belt for hernia completely satisfies; and it becomes every practitioner's duty to advise its use to such of his patients who are affected with hernia.

FIG. 2. POSTERIOR VIEW OF THE HERNIA BELT AND AIR-PAD.—This diagram has been drawn in order to illustrate the latest improvement Mr. Bourjeaud has introduced touching this extremely useful apparatus. It had, namely, been found that, in the sitting posture, the pressure of the air-pads upon the inguinal rings became somewhat weaker; to guard against this change, the tubing attached to the lower margin of the belt and terminating in the air-pad, has been made to swell towards its centre, posteriorly. When the patient sits down, he drives the air contained in this kind of reservoir into the air-pad in front; the latter becomes a little larger, and the slight difference alluded to above is compensated without any effort on the part of the patient. This contrivance gives to the hernia belt a most valuable accuracy.

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Specially rewarded with Medals by the Governments of Belgium and the Netherlands.

Has almost entirely superseded all other kinds on the Continent, in consequence of its proved superior power and efficacy—effecting a cure or alleviating symptoms much more rapidly.

Contains iodine, phosphate of lime, volatile acid, and the elements of the bile—in short, all its most active and essential principles—in larger quantities than the pale oils made in England and Newfoundland, deprived mainly of these by their mode of preparation.

*The following Extracts are selected from some of the leading Medical and Scientific Testimonials in favour of Dr. de Jongh's Cod-liver Oil.*

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### "THE MEDICAL TIMES,"

(August 5th, 1864.)

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## OBSERVATIONS

ON THE

GANGLIA AND NERVES OF THE  
UTERUS.

By ROBERT LEE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; PHYSICIAN TO  
THE BRITISH LYING-IN HOSPITAL, AND OBSTETRIC PHYSICIAN TO ST.  
GEORGE'S HOSPITAL.

FROM the functions of the uterus, Galen inferred that it must be supplied with nerves; "but they are extremely small," he says, "compared with the size of the organ." He knew that the uterus and bladder were supplied from the great sympathetic and spinal nerves. In 1559, Vesalius stated that small branches of nerves proceed to the neck of the uterus on each side from the sacral nerves, and that the superior part of the uterus receives minute branches of nerves from the great sympathetic. In 1664, Willis had traced the sacral and great sympathetic nerves to the neck of the uterus, and to the bladder and rectum, but no further. In 1672, De Graaf represented, in an engraving, the trunk of a nerve passing on each side into the posterior surface of the neck of the uterus, and ramifying like the branches of a tree over the body and fundus. In 1765, Haller, in the unimpregnated uterus, described nerves accompanying the spermatic vessels to the ovaria, which emanate from the renal plexus; and other nerves supplying the lower part of the uterus, the bladder and vagina, which proceed from the hypogastric and fourth sacral nerves. In 1783, J. G. Walter, in an engraving of the unimpregnated uterus, delineated a few small filaments of nerves passing into the lower part of the orifice and cervix of the uterus from the upper part of a plexus formed by the junction of the hypogastric and sacral nerves. The fundus and body of the uterus were represented in this plate covered with peritoneum, and the spermatic nerves were not delineated. None of these distinguished anatomists appear to have examined the nerves of the gravid uterus, or to have attempted to ascertain by dissection what changes take place in these nerves during pregnancy.

Dr. William Hunter never examined the nerves of the gravid uterus, and once only made a dissection of the nerves of the uterus in the unimpregnated state:—"I cannot take upon me," he observes, "to say what change happens to the system of uterine nerves from utero-gestation, but I suspect them to be enlarged in some proportion as the vessels are. Upon this occasion I profess only to give the anatomy of the gravid uterus; yet since the description of the nerves of the uterus which I have read seems to me unsatisfactory, I shall so far go beyond my subject as to describe the hypogastric nerves, such as they appeared to me in a female subject carefully dissected for that purpose. All the uterine nerves come from the intercostals, and pass in the form of plexuses with the bloodvessels, as in the other abdominal viscera, so that there is a spermatic and a hypogastric plexus of each side attending the vessels of the same name. They are principally the branches of two large cords of the intercostals, which run down before and on each side of the aorta in the abdomen, much in the same manner as the trunks of the intercostals run down upon the sides of and behind that artery. On the left side this large cord comes down from the semilunar ganglion, partly as a continuation of the anterior cord of the intercostal, from that part where it is forming the semilunar ganglion, and partly as a plexus of nervous filaments coming down more forwards from the ganglion itself. This cord passes down below the beginning of the renal artery, all along the side of the aorta. In its way it receives branches from the intercostal, and gives off branches, so that it has the appearance of a plexus, though the principal cord can always be distinguished.

"It gives off the renal plexus, which is situated upon the side of the uppermost vertebra lumborum, and passes to the sinuosity of the kidney, behind the renal vein, but both before and behind and above and below the renal artery.

"Opposite to the third vertebra lumborum, the cord gives off two pretty large branches, and some small filaments of nerves, which run down with and before the spermatic artery. This spermatic plexus may be distinctly traced, with the artery, into the ovum and adjacent parts, at the upper part of the broad ligament.

"Immediately below the origin of the spermatic plexus, No. 1624.

opposite to the same vertebra lumborum, two large branches come from the trunk of the intercostal nerve, in the common direction of their communicating branches—viz., forwards, downwards, and inwards, which join the great cord, and make it large from this conjunction downwards.

"On the right side, the cord comes down from the semilunar ganglion, close to the root of the superior mesenteric plexus and artery, giving a few branches only to the renal plexus, and runs down on the right side of the aorta, as the other on the left.

"And on the right side, the renal plexus, which comes chiefly from the semilunar ganglion as it passes towards the kidney, behind the vena cava and renal vein,—the renal plexus, I say, sends down the spermatic plexus behind the beginning of the renal, which soon joins and passes with the spermatic vessels of this side.

"The two cords, right and left, may be said to constitute a plexus all along the aorta, which makes the basis of the plexuses which accompany the branches of that artery; or they may be considered as the anterior cords of the intercostals in the abdomen.

"At the upper part of the fourth vertebra lumborum, the right cord gives down a considerable branch with the iliac artery, which, branching, forms a kind of sheath-like plexus upon the artery in its way to the groin.

"At the bifurcation of the aorta, the right and left cords unite upon the fore part of the aorta, and make a plexus from that part directly downwards, as far as the lower part of the fifth vertebra lumborum, and then finally divide into what may be called the right and left hypogastric nerve.

"On the right side, a pretty large branch comes from the trunk of the intercostal, on the side of the fourth vertebra lumborum, which, passing downwards and inwards, behind the right iliac artery, joins the plexus of the two united cords before the last vertebra lumborum.

"The hypogastric nerve passes round the side of the pelvis, between the peritoneum and the hypogastric vessels, and upon the inside of the ureter. At the middle of the side of the pelvis, where the hypogastric vessels divide, the nerves split into a double range of branches—viz., anterior and posterior.

"The posterior range goes to the side of the rectum; some branches passing to the back part, and others to the fore part of the gut, and the first and uppermost of these branches are manifestly reflected upwards upon the gut, directing their course towards the colon. The anterior range of branches is the largest, and may be considered as the continuation of the trunk of the hypogastric nerve in the form of a plexus. Where the hypogastric vessels are passing to the side of the uterus and vagina, this nerve, situated behind them, spreads out in branches like the portio dura of the seventh pair, or like the sticks of a fan, with many communications, which are sent to the whole side of the uterus and vagina. The uppermost branches pass upwards in the duplicature of the broad ligament towards the fundus uteri. The branches, as they go to the lower parts of the organ, pass less obliquely, then horizontally, and the lowest of all run downwards on the side of the vagina. The greatest crowd or number of these branches go to the os tines and the adjacent parts of the uterus and vagina."

This was the only dissection of the nerves of the unimpregnated uterus that Dr. Hunter ever made; and never having examined the nerves of the gravid uterus, "I cannot," he observed, "take upon me to say what change happens to the system of uterine nerves from utero-gestation, but I suspect them to be enlarged in proportion to the vessels." From 1794 to 1833, it does not appear that any other attempt was ever made in Great Britain to dissect the nerves either of the unimpregnated or gravid uterus.

John Hunter denied that the nerves of the uterus ever enlarged during pregnancy in the smallest degree. "The uterus in the time of pregnancy," he says, "increases in substance and size, probably fifty times beyond what it naturally is, and yet we find that the nerves of this part are not in the smallest degree increased. This shows that the brain and nerves have nothing to do with the action of a part, while the vessels, which are evident, increase in size; if the same had taken place with the nerves, we should have reasoned from analogy."† Mr. Hunter left no preparations of the nerves, either of the unimpregnated or gravid uterus, to prove the truth of the bold assertion, "that the nerves of this part are not in the smallest degree increased" during utero-gestation.

In 1822, Professor Tiedemann published a description of the

\* An Anatomical Description of the Human Gravid Uterus and its Contents. By William Hunter, M.D. London, 1794. p. 21.

† J. Hunter's Works, vol. III, p. 117. 1887.

nerves of the gravid uterus, but not at the full period of gestation. In the first plate the spermatic nerves, as described by Dr. William Hunter, are represented on both sides accompanying the spermatic arteries to the ovaria. The spermatic veins, and the nerves which follow them, are not exhibited. The uterine arteries are seen running along the posterior surface of the uterus, and anastomosing near the ovaries with the spermatic arteries. The uterine nerves, proceeding from the hypogastric plexuses, are shown accompanying the uterine artery, and spreading out on the posterior surface of the uterus like the branches of a tree, nearly in the same manner as represented by De Graaf. The fundus and body of the uterus down to a line drawn across, a little lower than the ovaria, are represented covered with peritonæum. In the second plate the same parts of the uterus are represented invested with peritonæum. Some small branches proceeding from the superior part of the left hypogastric plexus are exhibited accompanying the uterine artery, and spreading in an arborescent form on the side of the uterus. Several small ganglia are delineated on the nerves proceeding to the uterus, bladder, and vagina, from the hypogastric and spinal nerves. Tiedemann says, "*Ex inferiori parte plexus hypogastrici lateralis plures rami ad cervicem uteri et vaginam descendunt, ibique, cum ramis anterioribus nervi sacralis tertii et quarti conjuncti magnum constituunt plexum, quem hypogastricum lateralem inferiorem nominò. Nervi in plexum ingressi in vera et genuina ganglia intumescunt itaque plexum gangliosum component.*"

In 1823, Professor Lobstein stated that the uterus, before and after conception, had a very scanty supply of nerves. "*Rarissime in uteri substantiam tum vacui tum gravidi sese immittere videntur nervorum surculi.*"

In 1829, Professor Oslander affirmed that the nerves of the human uterus had never been seen either by himself or by any other anatomist, and that he had been deceived by the authority of scientific persons, when he stated that nerves were spread over the whole uterus. "Although it is very probable that the uterus possesses nerves," observes Professor Oslander, "still, hitherto, they have been very unsatisfactorily demonstrated, either as regards their number or their nature. I myself, like others, deceived by the authority of more scientific persons, formerly stated that nerves were spread over the whole of the human uterus, since I believed that more skilful anatomists than myself had really seen them; for example, Walter, who speaks so confidently of nerves which accompany the larger arteries. But I know now that they have not been seen by others any more than by myself, and I can only assume that the uterus, as an irritable organ, must possess nerves. But I have not seen, and it certainly does not possess, any nerves that are easily demonstrable by the scalpel, and, still less, any large branches. But what we have not yet seen may subsequently be discovered: and those who have sufficient opportunities, and the requisite dexterity, to examine pregnant and unimpregnated uteri, should zealously endeavour, by repeated dissections, to discover the uterine nerves; and especially to trace the lumbar and sacral nerves toward the uterus, as it is probable that if nerves do go to the uterus, they, like the arteries, are much larger during pregnancy than those in the unimpregnated condition."

On the 8th of April, 1838, while dissecting a gravid uterus of seven months, which was immersed in alcohol, I distinctly observed the trunk of a large nerve proceeding upward from the cervix to the body of the uterus along with the right uterine vein, and sending off branches in its course to the posterior surface of the uterus, some of which accompanied the ramifications of the vein, and others were inserted into the peritonæum. A broad band, resembling a plexus of nerves, was also noticed extending across the posterior surface of the uterus, and covering the nerve midway between the fundus and the cervix. On the left side the same appearances were seen, and several branches of the nerve accompanying the uterine vein appeared distinctly continuous with branches of the great plexus crossing the body of the uterus. This preparation was placed in the museum of St. George's Hospital on the 1st of October, 1838. H. C. Johnson, Esq., one of the surgeons, was the first anatomist to whom the preparation was shown, who had no doubt that the plexuses were ganglionic nerves. Several eminent anatomists, to whom I subsequently showed the preparation, thought that I had been misled by appearances, and that they were absorbent vessels accompanying the veins and tendinous fibres spread across the posterior surface of the uterus. They, however, all acknowledged that they had never seen nor dissected the nerves of the uterus, either in the human subject or in the lower animals. I resolved, when another opportunity should present itself, to follow the sym-

pathetic into the gravid uterus with the utmost care, that I might discover the nature of the great plexuses covering its surface.

On the 18th of December, 1838, a woman in the sixth month of pregnancy died in St. George's Hospital, a few hours after the fetus and its appendages had been expelled. The uterus was removed with its bloodvessels and nerves remaining connected with it, and the great sympathetic and sacral nerves were carefully traced to the different parts of the uterus while the preparation was covered with alcohol. With forceps and needles all the structures surrounding the nerves were removed, but the neurilemma was preserved entire, this tissue being considered an essential component part of the uterine nerves. Ten months were spent in making this dissection.

In a communication which I made to the Royal Society, and which was read on the 12th of December, 1839, I described the appearances displayed in these dissections, and also represented by drawings the spermatic, hypogastric, and sacral nerves passing into four great plexuses under the peritonæum of the body of the uterus. From the form, colour, vascularity, and general distribution of these plexuses, and from their branches actually coalescing with those of the great sympathetic, I inferred that they were true ganglionic plexuses, and constituted the special nervous system of the gravid uterus. All the eminent anatomists who examined these dissections admitted that the plexuses were accompanied with arteries, and were continuous with the spermatic and hypogastric and spinal nerves. None attempted to show in any other part of the body bands of elastic tissue assuming a similar plexiform appearance, accompanied with arteries, or continuous with undoubted nervous structures.

Mr. Owen and Mr. Kiernan were the referees appointed to examine and report upon the paper as to its fitness for publication in the "Philosophical Transactions." After a very brief examination with the microscope of small portions of the plexuses, under the peritonæum, which had been upwards of a year immersed in strong alcohol, and consequently unfit for such an examination, they decided, in the most positive manner, that they were not nervous plexuses. The evidence furnished by the actual continuity of these structures with the great sympathetic and sacral nerves, their vascularity, and their plexiform appearance, were considered by them of no weight compared with the microscopic appearances. The microscope alone, Mr. Kiernan affirmed, could decide the question whether these structures were or were not nervous. At this time the referees assigned no grounds for their decision, and they were not bound to state any grounds. The verdict was pronounced by the referees in a manner so unhesitating, that, for a short time, I was almost tempted to disbelieve the evidence of my senses, and even to conclude that the most sensitive and powerful muscular organ in the human body had no nerves, and that sensibility and contractile power did not depend upon nervous influence. The phenomena of human parturition, the pains of labour, and the innumerable local and sympathetic affections of the uterus which I daily witnessed, again forced on me the conviction, in spite of this decision which had been so hastily pronounced, (without any grounds being assigned,) that the new structures displayed really were great nervous centres in the uterus, the chief source of its sensitive and contractile powers,—and that the existence might be denied, with equal reason, not only of the whole sympathetic nervous system, but of all the nerves of the human frame. I could not forget that all the different parts of the nervous system, sympathetic and spinal, had been discovered ages before the invention of the microscope, and that such an instrument had never before been employed in similar inquiries, and to throw doubt upon the evidence universally received since anatomy had first been cultivated as a science. The undisputed continuity of the new structures with the sympathetic and spinal nerves, their form, colour, and vascularity, rendered it impossible that they could be bands of elastic tissue, expansions of the peritonæum, or modification of cellular membrane, or any kind of fibrous matter not nervous. If the structures were not ganglia and nerves, then it followed that the uterus had no nerves.

The Committee of Physiology of the Royal Society was first appointed by the Council in 1837, and during twelve years all the papers on Anatomy and Physiology were referred to its members, to examine and report upon them as to their fitness for publication in the "Philosophical Transactions." In the adjudication of Royal Medals in Physiology, and several Copley Medals, the recommendation of this Committee was almost invariably adopted by the Council. By this system the most important duties of the Council were delegated or transferred to this secret Committee. The names of the referees on papers were usually concealed, and the grounds upon which they

decided respecting the rejection or publication of papers were not revealed to their authors, who had no right to request that the grounds might be assigned. In 1839, when my paper "On the Nerves of the Gravid Uterus" was presented to the Royal Society, Sir Astley Cooper was chairman of this Committee, which has now "ceased to reign" at Somerset House.

Before presenting this paper, I requested Sir A. Cooper to examine my dissections, and give an opinion thereon. Sir Astley saw the preparations only once, and in a foggy November morning, with the light of two small tallow candles, in his back kitchen in Conduit-street. In making the dissections, I had found the bright light of the sun in the spring and summer mornings was required, or the condensed light of a powerful Argand lamp when dissection was carried on during the night. Sir Astley admitted without reserve, that the great plexuses at the cervix and on the body of the uterus were continuous with the sympathetic and sacral nerves, and that they had all the characters of ganglia and plexuses of nerves; but he would not admit them to be nervous structures, because he believed in the truth of the unsupported and erroneous assertion of John Hunter, "that the nerves of the uterus never enlarge in the slightest degree during pregnancy," and because Sir Astley thought that nerves never enlarged in any part of the body under any circumstances. He considered the new structures displayed to be expansions of peritonæum and bands of elastic tissue, similar to those which he said he had observed on the surface of the testis, and which for a time he supposed to be nerves. Sir Astley jocularly called the ganglia and nervous plexuses of the uterus "*the cart-ropes and chain-cables*" of the organ. Subsequently several foreign anatomists were sent to look at "the cart-ropes and chain-cables of the uterus," but they all returned to Sir Astley to report that the new structures were undoubtedly ganglia and nerves, and that they had never before seen them displayed by any anatomist in France, Italy, or Germany. Sir Astley entreated me to send no paper on the subject to the Royal Society, and he even felt offended because I did not follow his advice. He, however, in time forgave the offence, and his last words to me, a short time before his death, were—"I shall call upon you very soon, to make up my mind upon *your nerves*, and shall be most happy to be convinced."

On the 20th of October, 1839, Sir B. Brodie, a member of the Committee of Physiology, with Mr. Tatum and Mr. H. C. Johnson, examined the dissections described in the paper, and they had no doubt that the new structures displayed were nervous structures. Two days before, Mr. Caesar Hawkins had expressed the same opinion. Professor Partridge, of King's College, likewise examined the preparations, and the "impression made upon my mind at the time by your demonstrations," he says, "was, that the structures were ganglia and nerves." Professor Owen likewise examined the dissections, and he thought at first the new structures displayed were nervous structures, but he subsequently changed this opinion, and thought they were bands which "corresponded in structure with the fibrous modification of cellular tissue." Mr. Joseph Swan also examined the dissection twice carefully, and expressed his conviction that the structures displayed were nerves; and he thought them so interesting, in a physiological point of view, that an account of them should be sent to the Royal Society, and he consented to write the description. He afterwards changed his opinion, and has since published a treatise to prove that the uterus is very sparingly endowed with nerves, which undergo little change during pregnancy.

The late Professor Mayo, of King's College, likewise a member of the Committee of Physiology, very carefully examined the dissection of the gravid uterus of six months, and he communicated to me in the letter inserted below, his opinion respecting it. Five days after sending this letter he wrote to me the following note:—"Mr. Tomes, the house-surgeon at the Middlesex Hospital, has one of Powell's finest microscopes, and he is himself well known, through his researches on the teeth, as a good microscopical observer. He is likewise well versed in the appearance of nerves in the microscope. I have begged him to be at home at the hospital on Sunday, at half-past one, in the hope that you will be able to meet me there at that hour with your preparation which I examined. If the microscopic examination be satisfactory, no room for doubt will be left. Mr. Tomes assures me that the microscopic characters of the nerves are quite identifiable."

Mr. Tomes examined portions of the ganglionic plexuses under the peritonæum, both of the unimpregnated and gravid uterus, with the microscope, but he declined giving any opinion concerning them. He thought that a lengthened inquiry on recent specimens of nerves was essentially necessary to arrive at a just conclusion respecting the structures displayed in my

dissections. Mr. Tomes has since informed me that at the time he made this microscopic examination of the uterine nerves, he was almost entirely unacquainted with the microscopic characters of nerves, his attention previously having been wholly confined to the structure of teeth and bone. Mr. Mayo was equally unprepared for such a delicate investigation with the microscope, but the same night he requested that his official letter to the Council of the Royal Society should be returned to him, and urged me in the strongest terms not to send the paper to the Royal Society, a recommendation which I could not comply with. Before leaving England he wrote to me expressing the gratification he had received from learning that I had continued the investigation, and that the correctness of his first impressions, as stated in the following letter, had been confirmed:—

"MY DEAR SIR,—Agreeably with your request, I write to you my impression as to the points of anatomical structure displayed in the dissection of an uterus at the sixth month of pregnancy, which you gave me this morning an opportunity of examining. You have made out the existence of a thin band of firm, white, fasciculated substance, of some breadth, situated at the lower and anterior part of the uterus, prolongations of which extend from thence to the round ligaments, into which they are continued by numerous filaments. To the same parts you have traced the production of a smaller narrow band, that is disposed transversely across the middle of the posterior surface of the uterus, and with the fasciculated terminations of which the prolongations of the anterior band are joined by other filaments. These bands adhere firmly to the peritonæum, and filaments pass from them into that membrane. Larger and more numerous filaments pass from them into the fibrous (muscular) structure of the uterus, to which the bands adhere as firmly as to the peritonæum. Filaments of the spermatic nerves are distinctly continuous with some of the filaments existing at the junction of the two bands behind the uterine ends of the Fallopian tubes. Filaments of the lateral uterine nerves are distinctly continuous with the anterior band above-mentioned, and with its productions upon the side of the uterus. Tiedemann has either disregarded or overlooked the structure which you have displayed. I have no doubt that he overlooked it, considering that he has likewise overlooked the large anterior lateral uterine plexuses derived from the hypogastric plexuses and sacral nerves to contribute to the supply of the fibrous (muscular) texture of the uterus, and to coalesce by filaments with the system first mentioned. I am the more surprised that Tiedemann should have overlooked these nerves, as the filaments which he observed and delineated in his plates appear incommensurate with the size of the plexus from which they proceed. His oversight must have arisen from his following those filaments only which go with the uterine arteries; the great branches which you have shown accompany the uterine veins.

"The reasons which suggest themselves against considering the fasciculated bands which you have displayed in the uterus to be parts of the nervous system, are their firmness of texture, and in co-operation with the peritonæum. But neither of these circumstances appear to me equal in weight to the facts of the continuity of filaments of the spermatic and hypogastric nerves with the bands, and of the production of filaments, after the manner of nerves, from the bands into the substance of the uterus—facts which strongly favour the opinion that these bands are nerve plexuses or ganglia, and that they form the special uterine nervous system.

"I am myself inclined to adopt the latter opinion, and believe that I may safely congratulate you on a discovery of great anatomical and physiological interest.

"I remain, dear Sir, yours sincerely,

"HERBERT MAYO.

"19, George-street, Hanover-square, Nov. 24th, 1839."

This letter was enclosed in an envelope, with the following note from Mr. Mayo:—

"I enclose an official note to you, to append, if you think fit, to your paper. If I have made any mistake, tell me, that I may set it right. I have made none in viewing your discovery as genuine, interesting, and important, and calculated to make up your *lee-way* to the honours of a first-rate anatomist."

Sir Charles Bell, when passing through London, on his way to Italy in 1840, saw this dissection, and said: "You have discovered on each side of the neck of the uterus a great nervous centre—a great ganglion—in fact, the brain of the uterus. This ganglion is the centre of all the nerves of the vagina, bladder, rectum, and lower part of the uterus." He said: "It is not a plexus, but a distinct ganglion, which is

situated over the uterine vein on the left side." The arteries running in the plexuses under the peritoneum Sir Charles Bell said demonstrated that they were not bands of elastic tissue, or modifications of cellular substance or fibrous matter."

(To be continued.)

ON

## TRACHEOTOMY IN EPILEPSIA LARYNGEA.

By MARSHALL HALL, M.D., F.R.S., &c.

I now resume the question of the institution of tracheotomy in epilepsy. In doing this, I present to the readers of THE LANCET the results of several years of careful investigation.

I can conscientiously affirm that my hopes of relief in *this direct* of human maladies, from tracheotomy, are more sanguine than ever. I do not, and never did, expect to *cure* epilepsy, and especially epilepsy in its inveterate stages, or with organic lesions, by tracheotomy. I did not expect much from the use of this measure amongst the "incurables" of the lunatic asylum or the workhouse. I did not expect any good results, except by accident, in the cases in which the patient was subjected to tracheotomy without a just and previous *diagnosis*; for it is still necessary to repeat, that it is for laryngismus, spasmodic or paralytic, and its effects, and *not* for epilepsy, any more than for apoplexy, that I have proposed tracheotomy as a remedy.

In a word, I proposed tracheotomy for epilepsy in its *direct* form, short of inveteracy and organic lesion,—in effect, whilst *hope* still remained. I proposed it for that form—that of the *epilepsia laryngea*,—assuredly expecting it to *reduce* it to some other milder *abortive* form; and my hopes have not been disappointed. In one case,—a case in a lunatic asylum, too,—the fits were reduced, by "a moderate and impartial estimate, fifty per cent. in frequency, and seventy-five per cent. in severity," and were "entirely *changed*, there being not the slightest lividity of the face, or frothing of the mouth," &c. &c.

In the next place, I proposed tracheotomy for the paralytic laryngismus which follows the severest attacks of epilepsy instantly endangering life; and by it life has been preserved already in *many* cases, beginning with that of Mr. Cane, and, for the present, ending with that of Dr. Williams, of Wrexham. I say this, notwithstanding the fact that the latter patient died afterwards; for he was rescued from a first danger to succumb to a second and totally different one.

To render the proof of the efficacy of tracheotomy still more complete, it has been observed that the fits have been alighter or more severe, according as the tracheal tube was freely patent, or obstructed by mucus—an event, from its tenacity, very apt to occur. In one case the tracheal tube fell out, the fit was severe, and the patient expired.

The effect of tracheotomy in spasmodic laryngismus is only discovered in the induced absence of fits, or in the mitigated form of the fits which do occur. In paralytic laryngismus it is different; the lividity of the countenance, the distention of the veins, the dyspnea subside *à vue d'œil*; the effect is immediate, and beyond a doubt. The danger is averted; life preserved.

In this case all depends on the early institution of the operation. The laryngismus arises from paralysis of the laryngeal nerves. But other branches of the pneumogastric are paralyzed, and if this condition has long subsisted, the bronchial tubes become clogged with mucus, and the patient dies of bronchial, after having escaped from laryngeal, asphyxia. This was the event in Dr. Herrick's case. It occurs too, undetected, in many cases in which the laryngismus has subsided, and for whom a vain hope is therefore entertained. I visited such a patient many years ago with my friend, Dr. Webster: the fit had passed away, but a diffused bronchial rattle remained, and the patient died of bronchial asphyxia.

I have much to say hereafter on the subject of *irritation*, and of *paralysis* of the pneumogastric nerve in *all* its branches, events still unrecognised by the profession. But I now resume the topic of this paper.

Amongst the questions in regard to epilepsy, two most important ones have never yet been considered: the *first*, what are the precise forms of the *epilepsia trachea*, and what are the *abortive* forms of epilepsy when the effects of laryngismus have been superseded by tracheotomy in the *epilepsia laryngea*?—the *second*, what are the causes and modes of death in epilepsy?

I should conclude that there is usually little danger for mind, limb, or life, in the *epilepsia trachea*, judging from the effects of tracheotomy in mitigating this danger in the cure of

*epilepsia laryngea*. In several cases not only have the complexion and the general appearance and the general health been greatly improved by tracheotomy, but the impaired mind itself has become restored. This was remarkably the case in Mr. Markarsie's, Dr. Neill's, and Dr. Bucknill's patients.

The sources of danger to life in epilepsy are—apoplectic asphyxia and, as in tetanus, exhaustion of the nervous powers—that is, coma, and laryngeal or bronchial asphyxia from paralysis of the pneumogastric nerves, and exhaustion and sinking from the violence and repetition of the attacks.

All these are questions, not for hasty and superficial criticism, but for patient and careful investigation.

And now to the proper subject of this communication.

There are two cases of epilepsy in which, the propriety and efficacy of tracheotomy admit of *no doubt*.

The *first* of these is the *epilepsia laryngea*, of inorganic origin, in its early stage, threatening mind or life, not yet involving organic change; that is, *spasmodic* laryngismus and its effects.

The same remark applies to other convulsive diseases, puerperal convulsion inclusive.

The *second* is, the *epilepsia laryngea*, proceeding to coma and *paralytic* laryngismus or stertor, augmenting the coma and endangering life.

The same remark applies to the coma left by other convulsive diseases, and to all kinds of *simple* apoplexy; that is, apoplexy without lesion or rupture of vessels, deep intoxication, narcotic poisoning, &c.

It may now be well to take a brief retrospect, and consider what has been done.

Of Mr. Cane's case, the first and the most brilliant of all, life was immediately *saved*, and the patient was preserved afterwards—*notwithstanding* some indiscretions, such as occasionally closing the trachea—from his attacks, which had previously occurred on an average five times in a fortnight.

The case of Mr. Anderson was one of the greatest possible inveteracy, and tracheotomy was performed altogether without diagnosis, for epilepsy *not* for laryngismus. Yet was its violence mitigated.

In Dr. Niell's case there was great improvement. On one occasion "he was threatened with an attack, of which he was conscious;" "removed a temporary plug," and "the symptoms disappeared!" "He made arrangements to renew his business; walked about the streets in the confidence and consciousness of a strength of mind and purpose which he had not experienced for a long period."

On another occasion a seizure occurred; the tracheal tube, it is supposed, dropped out, and the patient "died almost instantaneously!"

In Dr. Herrick's case, the convulsions, after recurring every hour or two from three o'clock to nine o'clock P.M., "kept recurring every twenty or thirty minutes; the face and lips were swollen and livid; the breathing much obstructed by mucus, slow and stertorous; the veins of the face and neck much distended." It was concluded that "the patient could not survive an hour unless relieved." Tracheotomy was performed, and followed by "a most marked improvement." "the breathing being more natural, the countenance less livid." On the two following days there were only four convulsions, and these less protracted and severe than any previous to the operation.

Unfortunately, this patient was only relieved. He died on the third day of bronchial asphyxia.

Both Dr. Neill and Dr. Herrick were satisfied with the power of the remedy. The former had to regret its inefficiency, the tracheal tube having been expelled; the latter, its too tardy performance.

Henceforth let us carefully select our cases. Let a just diagnosis be instituted; let there be a fair degree of *hope*; let the disease be *laryngeal*, of sufficient gravity to justify the remedy, but not inveterate, not yet involving organic change.

I conclude by repeating that *there are two cases of epilepsy in its direct forms, in which the PROPRIETY and EFFICACY of tracheotomy admit of no doubt: these are—first, epilepsia laryngea, with spasmodic laryngismus, threatening the extinction of MIND; second, epilepsia laryngea, with paralytic laryngismus, threatening the extinction of LIFE.*

I now propose to add notes of the recent events which have illustrated the use of tracheotomy in epilepsy. These are given in the words of the observers themselves, who have pursued the inquiry.

The first document is a note from Mr. Mackarsie:—

The following simple detail will not fail to interest your readers. It affords a proof of the value of tracheotomy in *epilepsia laryngea*, by contrasting the condition of the

patient before, during, and after the existence of the tracheal opening. Had this orifice been maintained freely patent, it is obvious that the loss of intellect first, and the loss of life next, would humanly speaking have been averted!

The present note completes the account of one of the most interesting of the cases in which tracheotomy has hitherto been performed in epilepsy; and, as the able and judicious writer justly observes,—“there is much that is important to be learnt from it.” There is indeed much to be learnt from the following striking paragraphs:—

“Clay-cross, September 20th, 1854.

“MY DEAR SIR,—For many months I have been anxious to communicate to you the results in my case of epilepsy treated by tracheotomy.

“When I last wrote to you, my patient had a recurrence of fits, but in a much mitigated form; his mind had improved, and his complexion from being of a dusky hue had assumed a natural colour, only remaining perhaps a little paler than natural.

“At this period the tracheal opening was allowed to close through neglect, and the fits resumed the severe form they had had before. I wished to re-open the orifice into the trachea, but was not permitted to do so. I watched my patient with intense interest, and observed him revert to his former condition; the fits became more severe, and the coma more prolonged, the dusky hue of his complexion returned, and his mind again gave way, until at length I found it necessary to remove him to an asylum.

“In this asylum my patient remained a few months, and eventually died from the frequent recurrence of the fits.

“I think there is much of importance to be learnt from this interesting case.

“I shall always consider it a great honour to correspond with you.

“I remain, dear Sir, yours very faithfully,

“To Dr. Marshall Hall.”

“W. J. MACKENZIE.

The second document I adduce is an extract from an able note from Dr. Bucknill, full of the deepest interest:—

“Devon County Lunatic Asylum, Exminster, Sept. 24th, 1854.

“MY DEAR SIR,—“Both cases on which I operated for tracheotomy have died: one of phthisis, the other of epilepsy. The mode of death in the latter was very instructive. It was the second case mentioned in my paper in THE LANCET for August 13th, 1853, p. 138:—

“\* \* \* \* The wonderful change in the character of the fits I have described continued for a period of about nine months. About that time her sister paid her a visit, and they had a quarrel about their mother's will. The day afterwards she was distinctly hysterical, and in the middle of the following night she had severe epileptic convulsions. These continued at intervals of ten minutes for about sixteen hours, when she died from exhaustion, (failure of the heart's action, I suppose,) distinctly not from coma. During the whole of this period, the tracheal opening was quite free, and the large canula was carefully kept clear. During each fit, the external muscles of respiration could be felt in a state of tonic spasm; and it is probable that the diaphragm was also fixed. For a short period in each fit the respiration was completely arrested. I kept the patient sitting in an easy chair, to prevent the accumulation of mucus in the air-tubes.

“I quote from memory, but have the case ready for publication.

“I remain, my dear Sir, yours very truly,

“Dr. Marshall Hall.”

“J. C. BUCKNILL.

I have for some time been investigating the causes of death in convulsive and apoplectic diseases. The case of which a note has been given was evidently one of exhaustion of the *vis nervosa*. In this manner tetanus seems to destroy life. Each successive fit adds to the exhaustion induced by the previous ones, until the patient expires.

If two frogs be affected with strychnism, and one be excited, and the other left in secured tranquillity, the former dies, and the latter survives.

The different forms assumed by epilepsy require to be investigated—the tracheal, the laryngeal, the abortive in cases in which tracheotomy is instituted, the syncopal, and not least, this of nervous exhaustion.

It is difficult to imagine how the respiration can be arrested without closure of the glottis. There are three modes, however, in which this may occur: one is, at a full expiration; the second, at a full inspiration; the third, the muscles of inspiration and the muscles of expiration being simultaneously and equally contracted.

In any such case the *diagnosis* must be established by observing the state of the larynx, of the neck, of the face, and of the cerebrum. In the absence of laryngismus, the deep purple lividity and tumefaction, and the subsequent deep coma, &c., are equally absent, and tracheotomy of course *hors de propos*.

Much observation is still required to complete our knowledge of the forms of epilepsy.

The third document I beg to adduce, is an extract from an able note from Dr. Edwards.

“Grosvenor-street, Cheltenham, Sept. 26th, 1854.

“MY DEAR SIR,— \* \* \* \* The effect of the operation (see THE LANCET of May 28th, 1853,) was *immediate, self-evident, axiomatic, to all present*. Dr. Allardyce expressed his opinion then, and repeated it this morning, that not only were the effects such, but ‘that without it the case must have been utterly hopeless.’ \* \* \* \*

“I may sum up here, that *no fit of any severe character took place in my patient from the moment the tracheal opening was made*, so long as the tube, of whatever kind or form, was kept perfectly clear, and so long as it was kept in the trachea; and that whenever a seizure of a severe character occurred, the tube was found invariably more or less obstructed.

“Slight abortive fits occurred; but these were so dwindled into insignificance, that the patient, having occasionally but a *momentary feeling*, said he was quite well.

“The tube was now removed by the patient. The patient continued well until December, when he became comatose, sank, and died, the history of the attack being wanting.

“Believe me, dear Sir, very faithfully yours,

“CHARLES EDWARDS.”

I have taken the liberty of abbreviating the last paragraph of Dr. Edwards' admirable note.

Dr. Edwards has done great good to the cause by a most important discovery, for which I feel deeply indebted to him. This is to be found in detail in THE LANCET, vol. i. 1853, p. 548. It is, that the tracheal tube, and even the exterior tube when an interior one is withdrawn, is extremely apt to be clogged and obstructed by viscid mucus. A fit may then occur, and be as severe as if the operation had never been performed.

The case requires no commentary. Tracheotomy has saved—mind and life! What can be added to such a statement?

I will now beg your readers' attention to a few short paragraphs, embracing the principles which should guide us in the use of this heroic remedy in epilepsy; they are *five* in number:—

First.—The treatment by tracheotomy should, as in all other cases of the use of important remedies, be founded on an *accurate DIAGNOSIS*; the case should be unequivocally *laryngeal*.

Secondly.—The case should *admit* of REMEDY; it should not have been *organic* in its origin, or have sustained organic change in its progress.

Thirdly.—Not only should there be no organic disease, but the case should not be *inveterate*, even if it be still one of function.

For this reason I do not think the cases already consigned to an asylum or the workhouse can offer much promise of permanent benefit from tracheotomy, or from any mode of treatment. The cases must be of such date as to present *hope*. They must be so severe and threatening in regard to mind or life, as to present sufficient *cause* or *reason* for the operation. It will be readily understood that I do not expect the lunatic asylum or the workhouse often to furnish cases for tracheotomy. The cases in these institutions are generally already *inveterate* or *organic*.

Fourthly.—The tracheal aperture should be *ample*, and be sustained *unequivocally FREE*.

Fifthly.—Our expectations should be reasonable; we should expect to remedy *laryngismus* and its EFFECTS, whatever these may be, and nothing more.

If these five principles guide us, there will be an end of all discreditable controversy; the remedy will have a fair and unprejudiced trial; we shall rejoice if it prove successful, and mourn if it prove a failure.

For myself I have only to say, that I have not, in any case in which tracheotomy has been performed, had the opportunity of forming the diagnosis *for myself*, having never had occasion to witness a paroxysm in any of them. I believe no proper diagnosis has been established in some of them—in Mr. Anderson's, for example. And what shall I say of Dr. Andrea Verga's case? Is it not lamentable to see *such* things brought forward on so grave an occasion?

I fear that that will long be said of tracheotomy in epilepsy which is constantly said of other operations—as that for hernia—that when instituted, it is instituted too tardily, too late. Another observation may be made: I know positively



that the operation has not generally been efficient, for want of an ampler orifice, freely sustained.

Now, let us imagine a youth attacked by epilepsy—by epilepsia laryngea; let us observe that, after a certain number of these attacks, the *mind* begins to fail; that there is incoherence of ideas, loss of memory, &c.; that this state of things is augmenting; that the patient is in danger of becoming a maniac or an idiot; that all other remedies have failed; that *tracheotomy* affords a *HOPE*. Who will hesitate to perform so simple an operation?

Or, let us imagine that, after a severe epileptic attack, the patient remains in a state of coma, his life being obviously endangered, as in the cases of Mr. Cane, Dr. Herrick, Dr. Williams; &c., who will hesitate to avert this danger by performing *tracheotomy*? In *all* these three cases the *danger was so AVERTED!*

I will only add, that as I understand the question better, my hopes of success become more, not less, sanguine. Only let the remedy be instituted in cases perfectly appropriate, after a just and adequate diagnosis, and in a manner perfectly efficient.

September, 1854.

## A SKETCH

OF THE

### PRESENT CONDITION AND TREATMENT

OF

### DISEASES OF THE URINARY AND GENERATIVE ORGANS IN PARIS, COMPARED WITH THOSE IN LONDON.

By WILLIAM ACTON, Esq., M.R.C.S.,

FORMERLY EXTERNE TO THE VENEREAL HOSPITALS OF PARIS.

(Concluded from p. 8.)

#### GNORRHOEA.

It is to be regretted, but still the conscientious surgeon is obliged to admit the fact, that notwithstanding all the improvements that have taken place in the treatment of diseases of the urinary and generative system during the last few years, little progress has been made in the cure of gonorrhoea. It is true that we have in this the nineteenth century a better knowledge than we before possessed of the pathology of the disease, and we have expunged many a vulgar error which was entertained about the complaint; but as to the discovery of a certain rapid cure, we are as far distant from it as ever, and perhaps it is only with a reputation such as Ricord's that a teacher dare make the acknowledgment that, after performing various experiments during a long course of years, no certain plan of cure has been discovered. This, however, is not so surprising to the old practitioner as it is to the tyro, who does not consider the situation the discharge comes from, the frequency with which the disease occurs, the liability of relapse, together with the little attention a patient will pay to the complaint; but, above all, that the urine, loaded with all sorts of stimulating substances, must necessarily pass over the inflamed surfaces many times in the twenty-four hours; and it would almost appear as if gonorrhoea would ever continue to be the *opprobrium medicorum* and the pest of the patient, notwithstanding all the science bestowed upon it. In saying this, however, I would not be understood to mean that gonorrhoea should last an indefinite length of time; far from it, for in 19-20ths of the cases the affection is to be cured readily and easily in persons who will take ordinary precautions; but every now and then cases occur which linger on many weeks, and yield at last to change of air or abstinence from all treatment, the disease apparently wearing itself out.

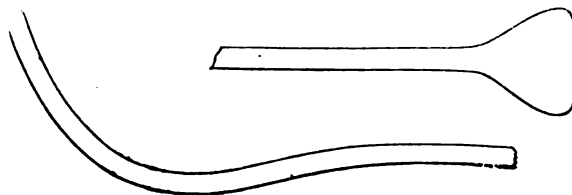
During the last few years, M. Ricord has been gradually relinquishing the employment of caustic injections in the treatment of this complaint. He still thinks that in many cases this is the treatment attended with the most certain success; but every now and then instances occur in which the pain is very severe, the inflammation runs high, and then, instead of a cure being obtained, the disease relapses into a chronic state, which resists all our means of cure; in addition to this, the patient requires a great deal of watching, more than a surgeon in full practice is able to devote to each individual; so that, as I mentioned above, Ricord now employs caustic injections very rarely, and prefers prescribing capsules, and the following injection:—Sulphate of zinc, acetate of lead, of each fifteen grains; tincture of catechu, one drachm; Sydenham's laudanum, one drachm; rose water, six ounces and a half. My own prac-

tice in London fully bears out this experience, and it is only in old rebellious cases of gleet, in spermatorrhoea, and in chronic affections of the bladder, that I now employ nitrate of silver injections; but in these cases the judicious employment of caustic is of the greatest value, and will at once effect a cure when all other means fail; still, even in these cases, the remedy must be employed with care, otherwise ill consequences will arise.

In the subacute stages of gonorrhoea, when there is no scalding, but a good deal of discharge, I have found the solution of lead answer best in London, together with copaiba capsules, not taken in large numbers, but at repeated intervals, so as to charge the urine constantly with the essential oil; but I still (as in the last edition of my book) continue to insist that gonorrhoea will rarely be rapidly cured, unless the surgeon takes the precaution to show a patient how to use his syringe, and see that the instrument be properly made. Having insisted elsewhere in great length on these points, I do not think it necessary here to revert to them; but to these petty matters I attribute much of my success, and not to any specific treatment. It is, however, worthy of note, that the time of year and the damp weather have a great influence in retarding a cure.

#### GLEET.

Many of my readers, will, I am sure, be glad to hear a few particulars on the treatment which has proved most successful in this obstinate affection. It is not my intention to enter into the various pathological changes chronic discharges from the urethra depend upon, or the indications which should be followed out; suffice it for the few lines I can devote to the subject, to state, that in the more obstinate instances the surgeon meets with, Ricord strongly now recommends the employment of bougies of metal, which possess the curve seen in the adjoining woodcut.



These instruments were brought under the notice of the profession by M. Beniquè, and are of various sizes, each number being a little larger than the other; and although employed by their inventor for the treatment of stricture, are now found very useful in old-standing gleets, where we may suppose the canal has undergone some thickening. The employment of these graduated bougies is then one of the remedies I should recommend, gradually increasing the size; and Ricord's experience seems to bear out the strong recommendation which I gave in the last edition of my work "On Diseases of the Urinary Organs," p. 119, to employ dilatation, accompanied with injections, in the treatment of gleet.

Since the publication of my last edition I have experimented largely with counter-irritation, and I think my success deserves a few moment's consideration. In addition to the means above stated, I am in the habit of recommending my patients to paint the under surface of the urethra with tincture of iodine every night, as well as applying the liquid to the perineum, so as to produce a slight peeling off of the skin. The remedy is then to be left off, and repeated when the skin has regained its cuticle. In the more chronic cases I employ a solution of cantharides dissolved in chloroform,\* with which I paint the skin well in the situation mentioned above. The chloroform evaporates, leaving the cantharidine *in situ*. But as I intend shortly publishing a paper on this subject, I shall not further allude to it here.

#### SWELLED TESTICLE.

Compression of the testis, by means of strapping, has now been nearly given up by M. Ricord, in his hospital; it is, he still admits, an excellent remedy when well applied, but a patient should be seen, in the early stages, twice a day, and the strapping re-applied if necessary. Without watching, this treatment is sometimes accompanied with disagreeable consequences, which aggravate the complaint, at least the French professor thinks so; but in London, in private practice, I have every reason to be satisfied with the treatment, which shortens the duration of the disease very much, and dispenses with the

\* This may be procured at Messrs. Bells', Oxford-street.



usual inconveniences attending these cases. M. Ricord places his principal dependence on leeches, mercurial ointment, and plaster; and, above all, purgatives taken every morning, consisting of aperient salts. In this last recommendation I can bear testimony most fully.

## VARICOCELE.

M. Ricord showed me several cases of varicocele, treated by his instruments, in the progress of cure, and stated, that he never but once had an accident with them, and that arose from his pulling away the ligature too soon, hæmorrhage came on, and, in cutting into the tumour, he found that the silk had failed to divide a small portion of the enclosed parts, and hæmorrhage took place from an arteriole. He added, he has no occasion to publish any ill consequences, they will be known, if they occur, soon enough.

On the question of return of the complaint, he says, he has seen relapses in the practice of others, not in his own. When all the vessels are divided, the complaint cannot return at once, but it may in some cases. In what operation does not this occur? Are we, on such grounds, to defer all operations?

Impotence he has never noticed as a result; on the contrary, the testicle suffers no longer from the stagnation of its blood-vessels, when relieved of the pressure by the operation.

In private practice we are rarely called upon to resort to this operation. Patients generally apply to us early, and then palliative remedies suffice; and in the more advanced stages I do not usually recommend recourse to ligature of the veins, as the patient often would refuse; and experience shows that support of the scrotum, by means of a bandage, strapping the testis, and the constant wearing a varicocele ring, suffices to relieve the most urgent symptoms.

### ON THE TREATMENT OF CHOLERA BY CALOMEL.

By JOSEPH AYRE, M.D., Hull.

SINCE the appearance of my letter in *The Times* newspaper, in correction of an opinion advanced by Dr. Johnson, and of my letter in *THE LANCET*, since reported in a separate form, I have had several letters addressed to me, in which inquiries are made of me on various points relating to the treatment of epidemic cholera, and which it did not fall in my way to notice in either of my letters; and I have now to solicit the favour of having a short space accorded me in *THE LANCET* for the replies which my correspondents desire to receive from me.

Of these inquiries the first in order is the treatment I employ for the premonitory diarrhoea, on which I must observe, that when I first became acquainted with the disease in 1832, I was struck with the close relation which subsisted between the premonitory diarrhoea and the fully developed disease; as the milder one so often passed insensibly into its other and severer form, it became with me a reasonable induction, that they derived their existence from the same morbid cause, and admitted of the same remedy. Assured as I felt to be of the correctness of this conclusion, I at once reduced my views to practice; and as calomel was with me the sole remedy for the cure of the fully developed disease, so I also relied on that medicine for the diarrhoea that might lead into it. In the collapse, as I have many times stated, I gave one or two grains every five or ten minutes, as the intensity and duration of it required; whilst for the premonitory diarrhoea I lessened the size of the dose and still more the times of its repetition. A half grain of calomel given every hour or two hours for five or six successive times, united with a drop or two of laudanum, or with an occasional dose of the compound cretaceous mixture, rarely failed fully to remove the complaint. This practice was pursued by me through the whole of the epidemic of 1832, and on my visits to more than two hundred patients in the true disease. I adopted in that year to a limited degree the house-to-house visitings in the districts where my cholera patients resided. In 1849 the same plan was pursued by a staff of young medical men, who carried the medicines with them; there were 1430 patients thus attended, and only six who were not cured, and with an immediate abatement of the number who were the subjects of the disease before the system of house visiting was adopted.

Another point upon which information appears to be wanted is, as to the required dose of the calomel in respect to its remedial effect upon the disease. By many it seems to be believed that ten or fifteen grains of the medicine exhibited every hour will have an effect equivalent to the dose of two grains every ten minutes, and be less irksome to the nurse and

patient. But on these points I would remark that, however it may seem to be, there is no difficulty in carrying out the treatment by the frequent exhibition of the medicine; for if administered in a small pill, in a dessert-spoonful of water, the thirst of the patients makes them willing, and even impatient, to take it; and as to any other difficulty in regard to the attention demanded of the nurse, it is in no way a consideration to be thought of beyond that of taking the necessary means for obviating it. To the large dose of the calomel there is presented the grave objection, that the purpose of the calomel is not to *promote*, but to *restrain*, the discharge from the bowels, and this the small dose effects, whilst the large dose may become an irritant to the stomach and bowels, and be rejected or ejected from them, and thus defeat its purpose as a remedy. At one period the calomel was placed on the tongue to be thence absorbed, by which to have its mercurial action excited in the system, but this purpose is never attainable in the collapse, and is not to be desired if attainable. Yet so firmly fixed with many has been the opinion that a mercurialization of the system is the effect to be sought for, and that which alone can render the small-dose practice with calomel efficient, that mercurial inunction has been resorted to as most conducive to this object. The failure, however, which so many experienced in their attempt to mercurialize the system, and their disappointment, when it was produced, in not finding it to be a remedy, have led them unhappily to conclude that calomel unabsorbed must prove alike inefficient; whilst others, on the other hand, believing that the calomel would be absorbed, have been alarmed at the consequences which they imagined would ensue from the amount of calomel demanded for the removal of the collapse. All these conclusions, however, are based on the groundless assumption of absorption taking place during the stage of collapse, and when the calomel is only to be given, and in overlooking what I believe to be the fact, that the effect of the calomel is strictly topical, and, in its reduced state to an oxide, is remedial of the specific morbid action present in the bowels, and essentially forming the disease. Be this, however, as it may, certain it is that no absorption of the calomel occurs so long as its exhibition is confined to the stage of collapse, and therefore no evil ever has been or can be produced by its exhibition, however unlimited may be the amount employed.

With some I find it is thought that small doses, repeated at intervals of half an hour, may be sufficient in the collapse when not extreme; but time is everything in the treatment of this disease, whose duration is to be reckoned by minutes, and every hour during which the patient is allowed to remain in collapse increases the difficulty of the recovery, and adds to the risk of consecutive fever succeeding the stage of collapse; and this leads me to observe upon an opinion I find to be entertained, that the fever is essentially a part of the disease, instead of being, as in truth it is, an accidental result of the delayed or imperfect subsidence of the collapse; when the small-dose calomel practice is fairly carried out, and no stimulant or opiate adjuvants united with it, the result will be a direct return to convalescence, or the subsidence of the collapse, with no excitement ensuing. With those who have reported their failure it will be found that their unsuccess has, in too many cases, arisen from their neglecting to persevere in the onward course of the treatment. Dr. Shearman, of Rotherham, in a report sent by that gentleman to *THE LANCET*, relates of a patient in profound collapse, to whom he gave two grains of calomel every ten minutes, that no abatement of the symptoms took place until the end of eight hours, and who nevertheless had persevered until that recovery ensued which past experience had taught him to expect. So long as collapse endures, so long, I beseech your readers to believe, may the exhibition of the calomel be continued; for pending its continuance no absorption of the calomel takes place. And here I must observe upon the use of the term "reaction," as employed very generally to denote the condition which ensues on the removal of the collapse, and which, as implying a state of morbid excitement in the system, is incorrect. In the collapse there is a weakened state of the heart's action, and of the whole arterial system, amounting even to pulselessness at the wrist; and the removal of this state under the calomel treatment is a return of the heart to its normal action, and not to one of excitement. On the subsidence of the cold stage of an intermittent, there is a febrile reaction, but not necessarily so in cholera when the treatment is rightly carried out, and no improper delay or other avoidable hindrances are permitted to obtrude. Out of two hundred patients whom I attended in 1832, I had not more than six or eight I believe who had any fever at all, and with these there were assignable causes for it, which greater attention might have obviated. Besides the exception I have here

made to the term "reaction," I would further remark on a practice so frequently pursued, where the collapse has yielded, and the free action of the heart is restored,—the practice I refer to, and which I cannot too earnestly or importunately advise to be discontinued, is the further exhibition of the calomel at wider intervals after the symptoms of the collapse have disappeared. The calomel is for the collapse, and for no other object, and its exhibition may be suspended or continued at wide intervals so soon as the symptoms of it have exhibited proofs of their being in the course of subsidence. Calomel is wholly useless, if not injurious, if exhibited after the collapse has substantially yielded, and if given beyond this time it will infallibly affect the system, and cause a distressing pytalism. The evil thus wrought is purely a gratuitous one, counter-balanced by no benefit, and only demanding a very moderate care to be prevented. As of the consecutive fever, so also I can affirm of pytalism as resulting from the calomel,—I had not in 1832 more than six or eight patients who became the subjects of it out of more than two hundred who underwent that treatment.

But to proceed. By some of my correspondents the calomel is regarded as a stimulant, and is given as such, and by others as a sedative; but the truth seems to be, that its apparent action as a stimulant is referable to the relief it affords to the depression, and as a sedative by its abating irritation in its action as a remedy to the whole disease. These notions, though unsound, as I believe them to be, have no material effect upon the practice, and differ in this respect from that too prevalent course of treatment in which symptoms are prescribed for. The opiate which I have given is a drop or two of laudanum with the pills for a very limited period, and which I have well nigh abandoned as unnecessary, believing that the cramps, for which inordinate doses of opium used to be given, are best subdued by the remedy which removes the disease. With regard to the several adjuncts, as they are termed by my correspondents, I have ever avoided them as unnecessary, and, as interfering with the action of the calomel, may prove injurious. Amongst these adjuncts as most pernicious is brandy and other diffusible stimulants, unhappily once so much resorted to and depended on. Few of those who have honoured me with their correspondence now employ them; but to those gentlemen, as well as to all of your readers, I would earnestly recommend the utmost observance of simplicity in their use of calomel in this disease; for too often by a mixture of means, (and some of a stimulant or narcotic kind,) symptoms are superadded to those of the disease; and when resorted to, be they harmless or otherwise, they tend but to compromise the conclusions which, in relation to the principal remedy, it is the purpose of the treatment to attain.

In the reports which the Board of Health is seeking to obtain from all engaged in the treatment of the disease, I can but earnestly desire, in regard to the cases purporting to be treated in accordance with the plan advocated by me, that the requirement, in every instance, shall be an account of the precise dose given, and the intervals of its repetition, and the period through which it was continued, with an account of whatever treatment was combined with it; if unaccompanied with these particulars no account can be complete, or deserve to be relied on, and, as in the case of the Report issued under the authority of the College of Physicians, I must claim to have it disallowed. For myself, as not an indifferent looker-on, I would fain renew to the Right Hon. the President of the Board of Health the request I addressed to the Cholera Board of 1832, and, subsequently, to the Board of 1849, to appoint an inspector for this town, who should visit every case where the treatment I advocate was employed, and make a report of each case in respect to its state of intensity, and the results of the treatment employed on it; fully assured the ordeal to which the treatment so often described would be subjected would result in the entire approval of this measure for the treatment of cholera, and in the establishment of its claim to the quality of a specific, and little inferior to that which is assigned to quinine in the cure of intermittents.

Before bringing these somewhat discursive observations to a close, I desire to state, that in testing the efficacy of any mode of treatment in cholera, the trial made of it in an hospital must of necessity be in a considerable degree unsatisfactory. In many cases the attack is so sudden and overpowering, that the patient cannot with safety be undressed. A few such cases I have met with, and one recently, and yet they were nevertheless saved. The distance to which the patients have to be removed, and the time lost in their removal, united with the fatigue and the delay in commencing the treatment, are all so many hindrances to the efficient employment of the remedy. Besides, none of those appliances so profusely and so unprofit-

ably employed in the hospital, and at one time thought to be so needed, are necessary under the calomel treatment. In no case in 1832, or since, have I ever resorted to any of those means, as the hot-air bath, &c., as auxiliary to the treatment, and by which, according to the admission of some who employed them, the sufferings of the patients were increased. The collapse, in fact, is a disease comparatively of short duration; and wretched as were the abodes of many whom I visited in it, there was no extremity of privation, save that of not having a nurse, which precluded recovery; and if the parochial authorities in behalf of the poor were to form a staff of nurses, male and female, each being supplied with a small ten minute sand-glass, and to a liberal pay were to add a gratuity for every patient whom their assiduity assisted to restore, there would be little else required. By these simple arrangements for carrying out the treatment so often advised, and so long and so uninterruptedly pursued by me, I can pledge the assurance for myself, and for all (now happily forming a large number) who have fully and fairly employed it, that so employed, its great efficiency will be manifest; and, taking the unbiased testimony of so many as my warrant, I can further affirm, that no one who has fulfilled the conditions presented for its use will ever desire to relinquish it.

October, 1854.

## SECOND QUARTERLY METEOROLOGICAL REPORT FOR 1854 ON ST. THOMAS'S HOSPITAL.

By ROBERT DUNDAS THOMSON, M.D., F.R.S.L. & E.,  
PROFESSOR OF CHEMISTRY IN ST. THOMAS'S HOSPITAL COLLEGE.

THIS quarter has been characterized by a pretty constant high elevation of the atmospheric pressure. The mean height of the barometer, the cistern of which is placed at 9½ feet above Trinity high-water mark at London-bridge, was 29.901 inches. The lowest reading being 29.132 inches, and the highest 30.532 inches. Notwithstanding this high pressure, the number of rainy days has been great, with the exception of April, when, from the predominating easterly winds, the rainy days were five. Rain fell on fourteen days in May, and on fifteen days in June, with winds from the south-west, the direction from which the return trade-winds, loaded with moisture, are derived. The total rainy days out of ninety-one were thirty-four, or in two months of sixty-one days there were twenty-nine days of rain. The mean temperature of the quarter was 52°·8, or 49°·7 in April, 52°·1 in May, 56°·6 in June. The greatest heat was 79°·4 on the 26th of June, and the lowest point attained by the thermometer was 32°·6 on 25th April. The range of temperature in April, May, June, respectively, was 42°·1, 32°, 35°. The mean weight of water in a cubic foot of air for the quarter was 3.52 grains. The mean temperature of evaporation was 48°·3; the mean dew-point was 42°·2.

Although, during the months of which the meteorological data have been now published in THE LANCET, no influence can be ascribed to the weather as affecting disease, it remains to be seen whether they will throw a ray of light on the subsequent medical history of the year, when the predicted epidemic set in with great virulence. (See Table on opposite page.)

## THE PATHOLOGY OF CHOLERA, AND ITS TREATMENT WITH PURGATIVES.

By JOHN JONES, Esq., M.R.C.S.E., Derby.

THE announcement a few weeks ago of a "new mode of treating cholera" with castor oil as having been successfully adopted by Dr. George Johnson, of King's College Hospital, after having gone the round of the newspapers, and excited an unusual degree of public attention, is now spoken of as a thing that has passed away—an entire failure, and utterly unworthy of confidence. The General Board of Health has subjected it to the test of experiment, and, like most of its predecessors, it has been "found wanting." The movement which it has occasioned, however, has been attended with two results, which, by arousing professional apathy on the subject, might have a beneficial tendency.

1. It proves that the profession is lamentably at a loss respecting the pathology of this formidable disease, and consequently has no fixed principle on which to found its treatment.

2. That purgatives are not such inappropriate means of cure

## April, 1854.—30 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	Rainy Days.
		Dry.	Wet.	Highest	Lowest							
Saturday, 8th .....	Inches. 30·397	56·1	53·5	62·0	42·5	53·9	51·3	48·3	Inches. ·357	Grains. 4·05	W., N.	0
„ 15th .....	30·188	53·3	46·8	60·7	40·1	51·6	45·1	38·6	·252	2·88	E, N.	0
„ 22nd .....	29·845	60·2	51·7	68·6	44·5	56·1	49·6	43·1	·300	3·39	E.	2
„ 29th .....	30·061	46·8	42·9	52·0	36·7	45·8	41·9	36·9	·241	2·78	N.	3
Monthly Mean. From 1st to 30th, inclusive.	30·098	50·1	46·0	60·5	41·2	49·7	45·6	39·3	·277	3·18	N., E.	5

Highest reading of barometer on 25th ... .. 30·532    Highest reading of maximum thermom. on 20th & 21st ... 74°·7  
 Lowest reading of barometer on 22nd ... .. 29·405    Lowest reading of minimum thermometer on 25th ... 32°·6

Monthly range ... .. 1·127    Range of temperature in month ... .. 42°·1

## May, 1854.—31 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	Rainy Days.
		Dry.	Wet.	Highest	Lowest							
Saturday, 6th .....	Inches. 29·434	52·8	48·9	57·9	43·2	51·4	47·5	43·0	Inches. ·300	Grains. 3·43	W., S.W.	4
„ 13th .....	29·844	55·6	49·8	61·1	43·8	53·8	48·0	41·6	·285	3·25	W., S.W.	4
„ 20th .....	30·136	57·8	50·7	64·7	45·0	56·1	49·0	43·4	·304	3·44	N., N.E.	1
„ 27th .....	29·669	58·0	51·8	65·7	47·2	57·0	50·8	45·8	·331	3·73	W., S.S.W.	5
Monthly Mean. From 1st to 31st, inclusive.	29·775	52·4	47·8	62·9	45·1	52·1	47·5	40·5	·292	3·34	S.W., W.	14

Highest reading of barometer on 19th ... .. 30·235    Highest reading of maximum thermometer on 21st ... 70°·0  
 Lowest reading of barometer on 1st ... .. 29·132    Lowest reading of minimum thermometer on 10th ... 38°·0

Monthly range ... .. 1·103    Range of temperature in month ... .. 32°·0

## June, 1854.—30 Days.

Week ending—	Barometer. Corrected Mean.	THERMOMETERS.				Adopted Temperature of Air.	Adopted Temperature of Evaporation.	Dew Point.	Elastic Force of Vapour.	Weight of Vapour in Cubic Foot of Air.	Wind.	Rainy Days.
		Dry.	Wet.	Highest	Lowest							
Saturday, 3rd .....	Inches. 29·765	57·4	52·9	63·8	46·5	56·0	51·5	47·9	Inches. ·353	Grains. 3·99	Variable.	6
„ 10th .....	30·024	55·1	50·0	60·1	47·7	54·3	49·2	44·4	·310	3·52	N.E.	0
„ 17th .....	29·655	59·3	55·2	66·5	51·3	58·9	54·8	51·5	·398	4·49	S.W.	5
„ 24th .....	29·983	63·7	57·4	69·2	53·1	62·2	55·9	51·1	·393	4·39	W., S.W.	0
Sat., July 1st .....	29·729	64·4	57·4	72·0	55·0	63·7	56·7	51·4	·397	4·43	S.W.	4
Monthly Mean. From 1st to 30th, inclusive.	29·831	56·0	52·3	66·7	51·4	56·6	51·9	46·8	·356	4·03	Variable.	15

Highest reading of barometer on 23rd ... .. 30·150    Highest reading of maximum thermometer on 26th ... 79°·4  
 Lowest reading of barometer on 12th ... .. 29·550    Lowest reading of minimum thermometer on 4th ... 44°·4

Monthly range ... .. 6·600    Range of temperature in month ... .. 35°·0

as might, *a priori*, be supposed, and that the advocates for the purgative treatment need not be taunted, as they have been, with acting on the homœopathic doctrine, *similia similibus curantur*.

That the treatment proposed by Dr. Johnson should have failed, is not surprising; the nauseous and bulky nature of castor oil renders it peculiarly unsuitable in a disease where sickness is a prominent symptom. His pathology is also defective, which leads him to give castor oil for the purpose of assisting nature to eject from the body a supposed poison, which he considers the cause of the disease. In his letter on the subject he makes the following remark:—"I have arrived at the conclusion that those methods of treatment have been attended with the largest amount of success, which have been essentially eliminative in their tendency."

In this opinion I perfectly agree, and firmly believe that the only mode on which we can rationally depend for success will be found, not the castor oil treatment, but a selection of such purgatives as best tend to relieve internal congestions, and thereby restore the impaired organic functions.

Whatever may be the nature of the mysterious agent by which cholera is produced, I believe it to be a disease *emphatically* of congestion. The first symptoms indicate extraordinary depression of the nervous system generally, occurring simultaneously with congestion of the large veins, particularly of the abdominal viscera. The mucous membrane, throughout the whole extent of the intestinal tube, seems deprived of its usual functions of secretion and absorption; the mouth and fauces are no longer supplied with their natural moisture, and unquenchable thirst is the consequence; the mucous secretion of the stomach and alimentary canal is suspended, and seems superseded by a frightful exudation or pouring out of the serum of the blood, constituting the characteristic vomiting and purging; the liver ceases to secrete bile, and the kidneys secrete no urine. The blood, being deprived of its usual proportion of serum, and not being duly oxygenized by the lungs, is found to be "black or dark-coloured, not unlike tar in consistency, thick, ropy, and semi-coagulated." In accordance with this state, we have coldness of the surface, the tongue, and even the breath, together with blueness of the skin. These symptoms of collapse, if not promptly relieved, as is too well known, soon terminate in dissolution.

Strongly impressed with the congestive character of the disease, and believing that purgatives could alone be depended upon for removing this state, I had an opportunity when cholera first appeared in Derby, in the autumn of 1832, of putting my views into practice; and in a paper published in the *London Medical and Physical Journal* for January, 1833, entitled "*Cholera Spasmodica*," are recorded two cases successfully treated with calomel and colocynth, conjoined with external stimulants. In the year 1849, Derby was again thrown into great consternation by a visitation of cholera. On that occasion thirty-two cases were treated and cured by the same means. The symptoms, often preceded by neglected diarrhœa, were sudden and extreme prostration of strength; vomiting and purging; the dejections thin and watery, like urine, or having the appearance of gruel or rice-water; violent cramps; feeble pulse, and general coldness. Some of the patients were in a state of advanced collapse; pulse scarcely perceptible; surface cold as a corpse; breath and tongue cold; features shrunk, and marked blueness of the skin.

These cases were recorded, together with eight others which had occurred occasionally after the epidemic had ceased, in a paper published in the *Provincial Medical and Surgical Journal* for October, 1852, entitled, "*On the Treatment of Cholera by Calomel and Colocynth*," and since that period six others have been treated successfully by the same means, making a total of forty-eight cases.

The following was the mode of treatment adopted:—The abdomen and upper and lower extremities being first well rubbed with turpentine liniment, the patient was immediately wrapped in flannel steeped and wrung out in hot water, over which, and covering the whole body, as if swaddled, was applied a warm, dry, blanket. This fomentation was renewed every two hours, and two of the following pills given immediately, and one repeated every hour, till the motions became feculent and more natural:—calomel, eight grains; compound extract of colocynth, sixteen grains; oil of carraway seeds, three drops, made into eight pills. If the pills were rejected, they were immediately repeated, and occasionally accompanied with brandy, or hot brandy and water; but my chief dependence was upon the purgative pills and external stimulants.

Under this treatment a manifest amelioration of all the symptoms speedily occurred. The vomiting became less urgent; the dejections, instead of becoming more frequent, as might,

*a priori*, be expected as the effect of the purgative pills, became invariably less frequent, less copious, of greater consistency, and in a few hours feculent, and mixed with bile. With this gratifying occurrence, the cramps ceased; thirst no longer urgent; pulse risen; temperature of the skin increased; reaction, accompanied with warm perspiration, became gradually established; the renal secretion was restored, and for the first time perhaps from the commencement of the disease, micturition occurred.

The restoration in most cases was as rapid as the seizure was sudden; and although complete recovery usually quickly occurred, occasionally there was subsequent fever of a low type, which however soon subsided.

The premonitory diarrhœa, if attended with deficiency of bile, the evacuations being thin, watery, and of a light colour, although not having the characteristic appearance of rice-water, is best treated by purgatives.

Dr. J. G. Davey, of Northwoods, near Bristol, who some years ago practised in India, has recorded his testimony in favour of the above mode of treatment in a paper published in *THE LANCET*, May 13th, 1854, in which he states that he had recommended precisely the same practice ten years ago, and that it corresponds with the mode approved of by the medical practitioners in India. By a singular coincidence he recommended the same formula of pills adopted by me. He says—"This pill I direct to be taken every hour or two according to circumstances. Within these few weeks," he adds, "I have had under my care five cases of cholera of the worst description, and in neither was it necessary to give more than five doses of the pills in so quick succession, although it was found indispensable to the entire restoration of the abdominal secretions to repeat them from time to time during two or three days subsequent to the attack."

October, 1854.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

#### ROYAL FREE HOSPITAL.

PAINTERS' DROP-WRIST; GOOD AND RAPID EFFECTS OF THE  
IODIDE OF POTASSIUM.

(Under the care of Dr. BRINTON.)

It is now well established that, with certain individuals, the poison of lead will produce some of its most distressing effects, though the handling of the metal or exposure to its influence may be but occasional. We have, amongst others, the case related by Dr. Watson, where a woman had drop-wrist and colic, merely from the accidental circumstance of some cages being painted with green colour in her room. In Dr. Brinton's case, of which we are about to give a rapid sketch, the patient, though not a painter himself, was in the habit of working in the same room with those engaged in the painter's occupation. In such cases the line of sulphuret of lead, described by Dr. Burton, is certainly a very important element of diagnosis.

But when the nature of the disease is made out, it remains to be seen whether we possess therapeutical means adequate to remove and control it. The question may be answered in the affirmative, as cases of perfect recovery are not unfrequently seen; but the means employed have somewhat varied within the last few years, at least so far as the palsy is concerned. Strychnine, the Bath waters, electricity, shampooing, frictions of various kinds, have been successively used with a certain amount of success; but the remedy which has of late proved the most successful is certainly the *iodide of potassium*.

Our readers are aware that M. Melsens (see *British and Foreign Medico-Chirurgical Review*, Jan. 1854) has started the theory that the effects of lead and mercury were caused by

chemical combination with the tissues of the human body, or by being present in intimate union with those tissues in some analogous manner. The therapeutical application of the theory necessarily was, as pointed out by Dr. J. R. Nicholson in this journal, (*THE LANCET*, vol. i. 1854, p. 42,) that the action of the curative agent must be directed to the conversion of the poisonous metal into a compound having less affinity for those tissues, and therefore readily eliminated from the body. M. Melsens has shown that iodide of potassium possesses the requisite conditions to become a curative agent in lead diseases, according to his theory.

Successful cases have been brought forward where mercurial intoxication was controlled by the iodide, and it has also been shown that lead poisoning may be beneficially influenced by the same salt.

Dr. Nicholson, to whom we have above alluded, has published a very interesting case, in which the lead, after the administration of 1090 grains of the iodide, could be readily detected in the urine; but, though the colic had entirely ceased, the palsy persisted. Galvanism was then used in conjunction with the iodide of potassium, and the patient went to his work, about fifty days after the commencement of the treatment, without any trace of paralysis. Dr. Nicholson draws from this case the following conclusions:—

First, that the iodide of potassium acts as a curative agent in lead-poisoning, by converting the lead into a form which can again be readily taken up by the blood, and evacuated by one of the natural outlets.

Secondly, that the iodide acts more speedily in conjunction with galvanism when employed for the relief of lead paralysis.

Now, with respect to the second conclusion, we would refer to a very interesting case, published in this journal, by Dr. Goolden, physician to St. Thomas's Hospital (*THE LANCET*, vol. ii. 1853, page 522.)

The patient had never had colic; had been occupied as a grinder for painters; and both arms, from the shoulder downwards, were perfectly useless, but the legs were less paralyzed. He took five grains, and, subsequently, eight grains, of iodide of potassium, three times a day, for about eight months, and was then discharged, fully capable of writing very legibly, the left hand being, however, slightly dropped.

The salt passed rapidly by the kidneys, and was tested by the addition of a little boiling starch, and a few drops of impure nitric acid, which last is necessary to decompose the hydriodic acid. This gave a deep blue colour. No lead could be found in the urine on the patient's discharge from the hospital.

Galvanic currents were used in this case, and, touching electricity, Dr. Goolden observes:—"I have no doubt that, as the protosulphuret of lead is rendered soluble by the iodide of potassium, it requires the agency of the nervous current to cause the absorption of the poisoned fibre, and the substitution of the new fibre possessing healthy tone and contractility."

We now pass to Dr. Brinton's case, in which no galvanic current was used, and where the effect of the iodide of potassium was more rapid than could have anticipated from the cases which have hitherto been put upon record. It well illustrates the diagnosis and treatment of lead-palsy.

A working-man, who had gradually lost the use of his right arm, applied to a medical gentleman, and was purged and blistered with little effect. On his appearing at the Royal Free Hospital, amongst a crowd of out-patients, Dr. Brinton noticed his pallor, and found that the muscles chiefly affected (the pronators and longer humeral extensors of the wrist) were precisely those most used in the patient's (a carpenter's) usual occupation of planing boards. The shorter extensors were also somewhat affected, though far less than is generally the case in the ordinary painters' wrist-drop. The man had a blue line on the gums. On cross-examination, it turned out that he was constantly at work in the same room with painters, and had never had lead-colic. The existing marked paralysis had lasted several weeks.

It is the marked and rapid result of treatment which forms the most interesting point in connexion with this case. The patient was ordered to take five grains of iodide of potassium thrice daily, and one or two warm baths were enjoined him.

After only one week of this treatment, during which he could not have taken more than two drachms of the above salt, he returned in great exultation, announcing himself cured, and briskly moving his previously almost immovable carpus and metacarpus to confirm his statement.

On close examination, Dr. Brinton could find scarcely a trace of the former paralysis in any of the movements of pronation and extension; and after persuading him to another week's use of the medicine, and cautioning him with respect to cleanliness

and change of dress for the future, was obliged to accede to the man's request, and dismiss him from further attendance.

Dr. Brinton regards the above case as almost unique in respect to the rapidity, completeness, and quantity in which this valuable salt here succeeded. As a rule, he has found the ordinary wrist-drop tedious of cure, even when the iodide has been aided by galvanism, tonics, and generous diet. (See the cases mentioned above.) He entertains a strong opinion, that in these cases the patient, even if resident in any hospital, ought always to be enjoined vigorous bodily exercise in the open air for some hours daily; and he regards friction and moderate use of the paralyzed limb as at least an important adjuvant to galvanism. The latter local remedy he thinks is easily applied in much too powerful a form, so as to fatigue and injure the muscles. It ought never to do more than gently exercise, by a stimulus which, as it replaces that of their poisoned and paralyzed nerves, should obviously find its limits in what we know of the normal effects of over-fatigue on their nutrition.

## ST. MARY'S HOSPITAL.

FRACTURE OF THE FEMUR; NON-CONSOLIDATION OF THE FRAGMENTS; EVENTUAL UNION BY MEANS OF MR. WINCHESTER'S APPARATUS.

(Under the care of Mr. COULSON.)

CONSIDERING the number of fractures which occur amongst the class of persons who usually look to public institutions for relief, we may venture to say that failure of union is rare, if we may judge from our tolerably large experience of the hospitals of this metropolis; and such cases would perhaps be rarer still, if perfect apposition of the fragments were invariably and perseveringly secured.

No doubt but the various apparatuses now in use for keeping broken bones still and in close contact, and for favouring the beautiful reparatory efforts of nature, are very ingenious and mostly effectual; but splints have lately been improved upon, and the starch or plastered bandage used in their stead at the very outset of the treatment. From the cases which we have seen, we are inclined to believe that there are many advantages attending the employment of the starch bandage, according to Seutin's method; the two principal boons being, that the patient may leave his bed in a few days, and that the apposition of the ends of the broken bones is thoroughly ensured.

This practice is largely carried out at two hospitals—University College, and the German Hospital at Dalston; and we propose on some future occasion to enter more fully on some cases treated at these institutions. We would at the present time only remark, that hospitals may realize a great saving by adopting the course we have just alluded to; for patients who have suffered simple fracture may be safely discharged, upon their crutches, about a fortnight after admission.

Much has lately been said on the Continent respecting bandages, made instantaneously hard by plaster of Paris and water; it remains to be seen how far this method may be compared with starch. The latter substance is much employed in all hospitals, after partial consolidation in splints has taken place; but the immediate use of starch was resorted to only in the two we have named above.

Now, it would be interesting to learn whether any cases of non-union have occurred in the hospitals, both at home and abroad, where the starch bandage has been introduced and splints given up; and if there are any, it is plain that less cases of ununited fracture with the starch bandage than with the splints would still be a great recommendation. However this may be, we are bound to say that, in all the cases of ununited fracture which have come before us, the want of permanent and steady apposition of fragments had a large share in the unsuccessful results; therefore all improvements which will tend to obtain proper and secure approximation of the broken bones should be received with favour.

The subject of ununited fracture is certainly worthy of occupying the attention of surgeons, and we have had frequent opportunities, in this department of *THE LANCET*, of referring to cases of this kind, principally to illustrate the practice of the resection of the ends of the fragments, and the use of Dieffenbach's pegs. (See *THE LANCET*, vol. ii. 1850, p. 652; vol. ii. 1851, p. 344; vol. ii. 1852, p. 152, 153, and 154; vol. i. 1854, p. 360; vol. ii. 1854, p. 81.)

On this day, however, we beg to bring forward a case of ununited fracture, (or at least of tardy union,) principally for the sake of introducing to our readers a very ingenious apparatus, invented by Mr. Winchester, and which was employed in the case of fracture of the thigh-bone, under the charge of Mr. Coulson. The particulars of the case are briefly as follow:—

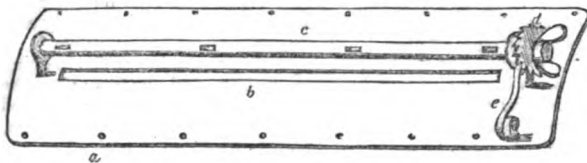


Thomas H—, aged sixty, a carpenter, was admitted into the accident ward of St. Mary's Hospital, April 24th, 1854. On the evening of his admission, whilst under the influence of liquor, the patient fell down three or four steps, and fractured his right thigh about the middle. The limb was shortened by one inch, there was eversion, and the upper fragment tilted forwards, causing a swelling on the anterior and outer part of the thigh. The fracture was reduced, and put up in Desault's long splint, and it was ascertained that the man had on former occasions fractured his *left* thigh, right patella, and several ribs.

May 5th.—Eleven days after the accident the splints were removed and reapplied; the limb being found in a favourable position; but when the splints were again removed, thirteen days after this, (twenty-four days after the fracture,) there was a starting forwards of the upper fragment, and no union of the bone appeared to have been effected. The limb was therefore put up in M'Intyre's splint.

May 29th.—The thigh was examined, and although five weeks had elapsed since the accident took place, not the slightest union has occurred. The upper fragment tilted forwards, and there was great mobility between the fractured ends.

An apparatus, kindly lent by Mr. Winchester, (of which the accompanying engraving is a sketch,) was now applied. Mr. Winchester mentioned having invented it for a severe case of double fracture of the humerus, in which he found it impossible, by the ordinary means, to obtain union, but which after its application was readily effected.



a. The apparatus. b. The slot through which the bandage passes. c. The roller on which the ends are fastened and the bandage winds. d. The ratchet-wheel. e. The stop to prevent unwinding.

The apparatus consists of a grooved plate of sheet-iron, about ten inches long and three broad, with a slot in the centre, and a roller working immediately over, on which the bandage winds. Its object is to prevent displacement by affording the uniform support of a broad bandage, which encircles the limb; the ends are passed through the slot, and fastened to the roller above, which is tightened or loosened at pleasure. In the application of this grooved plate it is necessary to adjust lateral splints of millboard; the external one, over which the apparatus is placed, preventing pinching from the drawing up of the skin against the slot, when the bandage is tightened.

June 6th, forty-two days after the accident, the report says "going on very favourably, not one bad symptom."

The apparatus remained untouched for a fortnight from the time of its application, when it was removed, and the bones found firmly united. It was reapplied for a few days, after which a starch bandage was substituted, and the patient allowed to get out of bed, in order to walk about the ward by the aid of crutches. On June 30th, sixty-six days after the fracture of the bone, the man was discharged cured.

It will be perceived that this is a genuine case of tardy union by want of proper apposition, and not by any inherent inability in the patient's organism to throw out the provisional callus; for as soon as the ends of the bones were, by Mr. Winchester's apparatus, made to come in contact, *in earnest*, union took place. Whether the ingeniously-contrived plate of sheet-iron would answer as well in ununited fracture of long standing we cannot say; but it will at all events be worth while applying it in such cases, after having rubbed the ends of the fragments upon each other, and brought them in close contact.

#### CHARING-CROSS HOSPITAL.

##### ADDITION TO THE CASE OF HYDROPHOBIA.

FOR the convenience of our readers we extract from the *Dublin Medical Press* the case to which we lately alluded, (THE LANCET, Vol. ii. 1854, p. 276.) Dr. Forsyth, of Carrickfergus, relates the case as follows:—

On Thursday, the 27th instant, I was called to visit Master Heywood, an exceedingly fine boy, aged four years. I found

the child lying on the sofa beside his mother, who informed me that he was feverish, evidently unwell, and refused both meat and drink. Pulse 98, weak and irritable, tongue foul, eyes very heavy, bowels costive, skin cool, and respiration natural.

I administered an emetic, which occasioned a discharge of thick mucus, mixed with bile. A short time afterwards I gave him a dose of calomel and scammony, which produced a motion of hard feces. This not being satisfactory, I gave him another dose of the same medicine before he was put to bed. At my visit the next morning, I was informed that the bowels had been slightly moved through the night; that the boy had slept badly, although he had had fifteen drops of tincture of henbane, for composure, and that he refused to take all kinds of drink. The mouth was parched, and the tongue strongly loaded. Before leaving the room I made him take another laxative powder, which in a short time operated satisfactorily, with relief to all the symptoms.

At one o'clock, Dr. Read, of Belfast, visited the patient with me. The latter was sitting on the bed, amusing himself by turning the leaves of a book with pictures. He shook hands with both of us, and appeared almost well.

At my visit in the evening, I heard that the child's bowels were now rather free, on which account I gave him fifteen drops of the solution of morphia, which I happened to have in my pocket. Early the next morning I was called to see him; he was in bed with his father, who said that the child had not slept a wink through the night. The tongue was covered with a brownish crust, his mouth quite dry, and pulse greatly accelerated. Neither food nor drink would he let into his mouth; with a prodigious effort he swallowed a small powder I mixed with sugar and water. I ordered him to have a gentle drive in a car to abate the morbid excitement of his nervous system, and induce sleep without an opiate. At midday visit I heard that he had become very arbitrary in his conduct, and would not suffer a lady, of whom he had been very fond, to go out with him on the car; that his mother was obliged to interpose something to hide from him the sight of the sea; and that he returned to the house rather injured than benefited by the drive. When he heard that I was in the house, he came down stairs, and standing before me, gave me both his hands, and showed me his tongue. He appeared both cool and tranquil. In a moment, however, with the velocity of lightning, he pulled his hands out of mine, struck at my face most violently, spat at me, and kicked at my legs with a violence greater than anything I ever beheld. His looks and manner now left me no doubt of his insanity. All food, drink, and medicine, he absolutely refused.

As the evening advanced the paroxysms of his disease increased in violence; restraint became indispensably necessary, and about ten o'clock Dr. Reid arrived from Belfast.

We put our poor little patient under the influence of chloroform as soon as it was in our power, and he made the most wonderful resistance to its application. Even when he seemed to be composed for a minute or two, the paroxysm of his complaint would rouse him up. A strong anodyne enema was administered before eleven o'clock, which no doubt contributed to tranquillize his system, in conjunction with anæsthetic agency. About two o'clock in the morning he became very quiet; nature was exhausted, and a little before eight o'clock he breathed his last.

About six weeks before the lamentable death of this extremely fine child, he was bitten on the lip and cheek by a dog in the Isle of Man. Caustic had been freely used [the author should have mentioned *which caustic*] as soon as a medical man could be got, and the wounds had been healed for some time before any symptoms of disease appeared.

On the day before I saw him he bathed with reluctance, appeared irritable, and refused to swallow liquids. This state would indicate the commencement of the attack of hydrophobia, which terminated the child's life in the short period of four days.

#### Reviews and Notices of Books.

##### Bethlem Hospital Report, 1854.

DR. HOOD makes it known that in the last year the number of admissions at Bethlem was less than in preceding years—a diminution which he considers partially due to the circumstance that, in the metropolitan district, competition has induced the proprietors of some private asylums to adopt such a reduction of terms as render many of these establishments available to the middle classes of society—persons on the verge of poverty.



who would otherwise require charitable assistance. The discharges and removals in 1853 amounted to 212, of which patients 121 were dismissed cured. The regulation which restricts the residence of patients to one year (with a discretionary extension only to three or six months longer) has a material influence on these relative numbers. The non-restraint system continues to be unreservedly adopted in Bethlem Hospital, and, so far as Dr. Hood's experience has gone, it has, he says, been attended with unequivocal success. He gives illustrative cases in support of his opinion.

The alterations connected with the building, which will admit of a more complete classification of patients, are now nearly finished. Dr. Hood expresses the wish that better means existed for employing criminal lunatics, who are not only capable, but desirous of occupation, and whose industry might be made serviceable to the State, whilst their mental and bodily health would be improved. We learn from the Report, that "no cases of cholera have ever occurred within the walls of Bethlem."

We extract entire the following observations by Dr. Hood:—

"During the last year, in accordance with the announcement which I made in my former report, I delivered, in the hospital, a course of lectures on the Nature and Treatment of Insanity, illustrated by such cases as were then under medical treatment.

"These lectures were delivered during the months of May, June, and July, and I felt much flattered by their reception. Several of our governors did me the honour to attend; and I was much gratified in observing, that many eminent members of our profession favoured me with their presence at the introductory lecture. This year I purpose, under your sanction, delivering a similar course, again illustrating the subject matter referred to in the different lectures by such apposite cases as may then be in the hospital. The study of mental disease is now recognised to be a distinct and legitimate branch of medical science; and the current admission of recent cases into this institution present an ever-varying field for practical observation, which the numerous general hospitals in this metropolis do not profess to command. Here the pupil has the opportunity of studying all the different forms of insanity, and that too in the early state of the disease. Here he may dismiss his book-taught theories, and learn to appreciate the value of facts as they appear visibly before him. The attendance of students at these lectures has not, it appears, since this course was instituted, been so satisfactory as could be desired. My predecessors complained of the small number of those who regularly attended; but it is to be remembered, that the practice of lunacy is a "specialty;" and the pupils attending the London, or other schools of medicine, aim at qualifying themselves for general medical and surgical practice, and so much information is required to enable them to pass the stringent examinations which they have to undergo at the different halls and colleges, that many of them cannot afford time to follow up any of the collateral branches of this science."

The courses of lectures on Mental Disease delivered in this country are so few, that we think it highly desirable to give publicity to the above announcement.

*Notes on Spa and its Chalybeate Springs.* By THOMAS CUTLER, M.D., formerly Lecturer in the Blenheim-street School of Medicine, London, &c. &c., and now Resident Physician at Spa, Brussels and Ghent. 1854. pp. 122. New and Revised Edition.

In 1849, Dr. Cutler, in compliment to the beauty and virtues of his place of voluntary expatriation, and at the request of many patients and of the principal inhabitants of the place, published the first edition of his "Notes on Spa." It was quite natural that the springs of the valley of Wahai should meet with high laudation at our author's hands; but considering that Spa is really beautifully situated in the province of Liege, close to a lovely neighbourhood, where

"Ardennes waves above them her green leaves,  
Dewy with Nature's tear-drops as they pass,"—

provided with some of the purest chalybeate springs of Europe, and, moreover, owning "fifteen to twenty couples of stout-

working harriers," hunting a country something like Dartmoor, consisting mostly of heath, with some cultivated country, but no fencing,"—it cannot be wondered at that our author should find much to say in its recommendation and favour. The second edition, now before us, is an improvement on its predecessor, and may be well recommended to the notice of such as intend either *drinking or hunting at Spa*.

*A Discourse on Medical Botany.* By Earl STANHOPE, being the Substance of unpublished Addresses, delivered by him to the Medico-Botanical Society, of which he was President. London. 1854. pp. 47.

DISCURSIVE Memoranda, interesting alike to the naturalist, pharmacist, and clinical practitioner.

## Contemporary Medical Literature.

### WEAR AND TEAR.

THE effect of heat is living too fast, the effect of stimulants is living too fast, the effect of overwork is living too fast, and the effect of living too fast is premature decay and early death. .... European fruit-trees transported to the tropics are proverbially prolific in the amount of their leafy productions, two or three crops in one year, but there is a lamentable paucity in the amount of fruit, and the natural period of their lives is much curtailed. That unfortunate bird, the Strasburg goose, affords an apt elucidation of the effect of diminished respiratory powers and the large consumption of food, composed of hydrogen and carbon, on the liver. By warmth and inactivity its respiration is reduced to a very low degree, and at the same time it is fed on materials containing a very large amount of oleaginous matter. The consequence is, that the liver is stimulated to exertion; it hypertrophies from work; like the muscles of a blacksmith's arm, it gets no rest, but goes on working like a mill-horse, to try and get rid of the large amount of carbon in the system; but it is unable to accomplish the Herculean task required of it, and its cells become gorged with hydro-carbon in the shape of oil particles, and the mass of disease is the delightful dish in which epicures luxuriate under the designation, *Pâté de foie gras*. The effect of over-taxation in the amount of work may be seen every day in the battered limbs and broken constitution of race-horses, and the rapid destruction of eye-sight in those engaged in very fine work is proverbial. A watchmaker employed his time in writing the Lord's Prayer on a space about the size of the wing of a fly, in which all the t's were crossed and all the i's dotted; while so engaged he worked in a bright light; it occupied him about a fortnight, but in that short time his sight aged thirty years.—Mr. CAMPBELL in *Indian Annals of Medical Science*.

### TREATMENT OF ANEURISM.

Judging from a very careful review of the subject, and especially from the facts adduced by Norris, Velpeau, and Erichsen, it appears extremely doubtful whether attempts to cure aneurisms of the brachio-cephalic trunk by ligature of the right carotid or sub-clavian are in the least degree justified by experience. The generality of aneurisms of the innominate originate from the aorta. I find that out of forty-five cases collected by Dr. Holland, the aorta was observed to be diseased in twenty-three, and was stated to be healthy in six only; and it is to be observed that wherever the upper portion of the innominate yields first, the aorta is always liable to become secondarily involved.—Dr. CHEVERS in *Indian Annals*.

### INDIAN PLAGUE.

1st. "Mahamurre" and plague are identical.—2nd. The disease is of local origin, capable of transmission from person to person and from place to place.—3rd. It is gradually extending itself, and no sufficient grounds exist for the supposition that it will never be developed in surrounding countries.—4th. The local circumstances upon which "Mahamurre" depends should be done away with, and sanitary measures introduced, in which case it is probable that the disease will be gradually eradicated, or at any rate modified in severity.—5th. It is likely the disease, if dealt with early, will be found to be curable, and that the people themselves may use the remedies furnished by authority.—*Report on Mahamurre, or Indian Plague, by Drs. FRARSON and FRANCIS*.

# THE LANCET.

LONDON: SATURDAY, OCTOBER 14, 1954.

WHEN the pestilence now oppressing the land shall have passed away; when those who are specially charged with the duty of watching over the physical welfare of the people—with which every question of social and moral improvement is indissolubly linked,—shall turn back their attention to the philosophical consideration of the calamities out of which the country may have emerged for a time, and review the machinery that was relied upon in order to avert or to mitigate those calamities, it will be a matter for humiliation and regret to find that, in a country where science is diligently cultivated; where philanthropy is so active and abundant as to be ever seeking out objects whereon to exert itself; where the art of political administration is certainly not at the lowest ebb, neither science, nor philanthropy, nor the art of political administration, has been adequately directed to the attainment of an object which it is in the highest degree unsafe and unwise to neglect. If all has not been exactly left to chance, it certainly cannot be said that any complete or operative scheme has been provided by the Law for an efficient counteraction of the causes of disease. On every side may be seen bodies and individuals, animated by counteracting influences, some of them sometimes accidentally right; some of them perversely wrong; sometimes effecting a partial good in a circumscribed locality, not seldom at the cost of their neighbours; but all of them moving upon separate fortuitous impulses, and with peculiar objects, and all, consequently, concurring in the production of confusion, in mutual neutralization, and in the necessary failure in attaining the only object of universal interest, the health of all. Anything more clumsy, more absurd, or more inefficient than our present chaotic sanitary machinery, it is impossible to conceive. Its absurdity is the more gross, and its inefficiency the more shameful, because we undoubtedly possess all the materials, all the elements, for a good and comprehensive organization that shall be equal to the need. All that is wanted is to arrange those materials; to define the functions of each; to inform the newly-organized body with one intelligent and guiding spirit; and to confer upon it adequate powers of action. In no other way can we reasonably hope for success in an undertaking which requires that all the resources of science, all the zeal of public spirit, and all the appliances of administrative talent, should be steadily, consistently, and harmoniously directed to the object before us.

Let us glance at the *disiecta membra* of our sanitary forces. Under the Poor-Law Amendment Act, we possess the largest and most widely-extending machinery for the care of the public health. Under this Act, and in immediate and degrading subjection to the local Boards of Guardians throughout a portion of the empire, we possess a body of medical practitioners equal, by their zeal, their intelligence, and their professional acquirements, to the highest sanitary duties. Under the galling, parsimonious, and narrow-minded policy that but too often rules the councils of the Boards of Guardians, the medical officers are jealously restricted to the simple duty of treating the sick and wounded whom pauperism has brought within the jurisdiction of the Poor-Law. Men whose knowledge and whose

skill might be made available for the higher purpose of guarding the population against the approach of pestilence, and of preventing the desolation of communities by epidemics, are condemned to waste their energies in combating every case of disease in detail—disease which a wise foresight might perhaps have averted altogether. Under the present wretched system of petty and isolated sectional interests, it is impossible that any large measures for the general good can be carried out. It is unreasonable to expect that the economical minds of Boards of Guardians will ever compass the great truth, that it is cheaper to prevent disease from paralyzing and impoverishing a community than to resist it in detail. It is vain to demonstrate to men who are only intent upon reducing the poor-rates of a district, that it is the truest national, if not also the truest parochial economy, to expend money in removing all known causes of disease, and in opposing epidemics whilst still hovering at a distance. It is a hopeless task to urge upon such men that a blow may be parried by timely vigilance, which, if inflicted, all the skill of the surgeon cannot remedy. How often has it been proved, with all the force of argument and all the certainty of experience, that more people die every year of zymotic—or to a great extent, preventable—diseases than from sporadic or ordinary diseases, affecting individuals only? Shall we still and for ever go on enforcing plain and incontrovertible laws upon persons whose mental perceptions are hopelessly obscured by interest and prejudice? Where conviction is hopeless, reform is impossible. Shall we still and for ever abandon the most valuable possession of the poor man, that out of which all other possessions, moral and physical, proceed—his health—to the care of a system designed for another purpose, and that purpose one that too often leads the administrators to disregard every other consideration, howsoever important? Shall we perpetuate the folly to which the public health has long been sacrificed, of maintaining the authority of the Boards of Guardians in a matter essentially distinct, and only accidentally and arbitrarily associated with their proper function, the relief of the poor? Upon what principle can it be contended that those whose special province it is to take care of the paupers of a district, should be empowered not only to extend their jurisdiction over the sanitary interests of all classes of the community, but even to oppose and render nugatory the best-directed measures of others? Surely such a power it was never intended to commit to Boards of Guardians. It was surely not contemplated by the framers of the Poor-law Amendment Act, or at least by the Legislature, that any particular local Board should be in a position to nurse a pestilence, to give concentration to an epidemic, by defying, as the parochial authorities of Clerkenwell have lately done, the earnest injunctions of the Board of Health. To maintain such a proposition, is to maintain nothing less than that any Board of Guardians has the right to lend virulence to epidemic disease which may, after afflicting the district over which it rules, spread far beyond the parish boundaries, destroying and desolating the community at large.

If the charge of the public health be one absolutely incompatible with the particular duties of Poor-Law Guardians, and a charge which they have plainly usurped, it may be safely inferred that bodies constituted as Boards of Guardians are could not undertake the momentous charge without inflicting the deepest injury upon the public. What is the rule of action of these bodies in matters concerning health? A Board of Guardians pledged, above all things, including honour and the

public good, to a scrupulous and searching frugality, is called upon to appoint a medical officer. The merit that excels all other merit in a candidate, is willingness to undertake the greatest amount of work for the smallest amount of pay. A contract is entered upon, by which the medical officer is bound to attend to the sick poor who may "come upon the pariah." If he exceeds his specified duty by administering aid to others, no matter how great the emergency, in a private or public point of view, the probability is that he will be reprimanded by the Board, and refused all remuneration. When an epidemic threatens, so long as it only threatens, the Board is quiescent: nuisances accumulate; the materials which furnish the food of pestilence are recklessly or supinely tolerated; the health-destroying miasm is suffered to depress the vital energy of the inhabitants; but the rates, they congratulate themselves, are diligently kept under. When the epidemic has invaded the district, a fitful activity, prompted by fear, but ever narrowly controlled by the spirit of parsimony, is exhibited. But short-sighted parsimony is far remote from the wise prescience of true economy. The opportunity of *prevention* has gone by; and all the cost of actual disease, that paralyses productive labour, that spreads pauperism, and creates new burthens upon the poor-rates, has to be encountered. And how is it encountered? The weight of the emergency falls with overwhelming pressure upon the medical officer, who, absorbed in the urgent duty of tending the sick, has no time to devise or to carry out general measures for the preservation of the healthy. The community is thus left without counsel, and power of self-help is equally denied. The Guardians, on their part, perhaps, display a bustling activity in abating nuisances which had sprung up and acquired a footing through their own tolerance in times when danger was at a distance. The activity is developed too late either to save money or to stay the pestilence. The disease rages till its poison is spent. Guardians, bemoaning the past loss, still find means to retrench where utmost parsimony already prevailed. Nuisances return; noxious trades, suppressed for the moment, are resumed; filth and sloth recover their sway; the soil, the air, the water, the enervated human frame, quickly return to those conditions that engender or invite disease, and give it lethal power.

Let those who may be inclined to question the truth of this picture look to the history of the present epidemic. Instances abound.

Such, then, is the actual fruit of the present system, which surrenders the care of the public health to those whom the law only intended to entrust with the care of the poor. It may be asked, Can we cherish the hope that better results may be achieved by improving that system? May not the Boards of Guardians be brought to entertain a juster sense of the responsibility they have assumed? We believe no such hope can be reasonably entertained. Local Boards will ever be influenced by local considerations; and the public health is a national possession, that cannot be safely abandoned to the uncertain efforts of isolated local administrations.

But more than this. It will not be disputed, that in any comprehensive scheme of sanitary administration, the necessity of securing the confidence and co-operation of the medical practitioners throughout the country must be borne in mind. Nothing has been more clearly proved than the fact, that no confidence subsists or can subsist between the medical profession and the Boards of Guardians. The grievances long endured by the union surgeons have attained to such a height

that, in the last session of Parliament, a committee was appointed for the purpose of inquiring into the subject; and this was after the late Sir ROBERT PEEL had made an imperfect attempt to release them from too absolute a dependence upon the Guardians, by transferring half their salaries to the Consolidated Fund. One universal feeling of dissatisfaction with their present subjection to the Boards of Guardians prevails throughout the profession. That subjection cannot long be continued. The question that presses for speedy solution is, how best to bring together under a new organization the medical practitioners of the country, so as to secure their services in the great duty of preserving the public health?

The medical practitioners will, we are well assured, be found able and ready volunteers for the sanitary service of the country. What is wanted is an organization, and a guiding authority, invested with adequate powers. The guiding authority already exists. Adequate powers of action the Legislature must confer; and amongst these powers, one of the first and most essential must be the association of the union medical officers, under the new character of Officers of the Public Health, with the General Board of Health. It is obvious to every one that no general measures, having for their object the preservation of the health of the community, can emanate from the Poor-Law Board, which neither possesses the necessary powers, nor can reasonably claim to have such powers conferred upon it. It is also obvious that a Board, specially constituted for the administration of the Poor-Law, and possessing no member of the medical profession, could neither be expected to devise proper scientific measures, nor to obtain the confidence of medical practitioners. The General Board of Health, on the other hand, must be acknowledged to be the most natural and fitting head of the new department of State-Medicine. Its able President has already given proof of great energy and admirable administrative abilities. He has associated with himself a Council of Health, selected so impartially as to challenge the respect and goodwill of the profession. He wants not the will nor the ability to raise his department to the highest point of efficiency and public utility: he wants the power and the means.

No one imagines that the duties of the Board of Health begin and end with periodical struggles against the Cholera. That dire disease, although it has already in the present epidemic, destroyed more lives, and entailed a greater pecuniary loss on the country, than the war in the East, is but one of the many diseases against which we have to combat. The care of the public health demands constant watching and constant exertion. But no watching, however skilful, and no exertion, however zealous, can be efficient, unless there exist the power of carrying into practical operation the measures which science may indicate.

COMPLAINTS continue to reach us of the terribly defective condition of our medical staff in the army and ships of the Crimea, and our fleet in the Baltic. Whilst our gallant allies, the French, after the great battle of the Alma, had abundance of medical officers, and proper means of conveyance for the wounded, the English army was lamentably deficient in both. How many lives have been sacrificed for want of proper arrangement and neglect, it would be difficult to determine; but the authorities cannot urge in extenuation that they had not timely warning of the evils which were likely to result from their supineness.

is fervently to be hoped that immediate steps will be taken to remedy the evil. So long, however, as the insulting and absurd regulations respecting assistant-surgeons in the navy remain in force, so long will good men refuse to serve, and so long will there be a deficiency of proper medical officers in our ships of battle. Should any great event occur at sea, we shudder at the condition in which our poor wounded seamen must be placed, in the absence of that complete staff of medical officers, for whose assistance they have a right to look in the hour of pain and suffering.

THE Inspectors of the Board of Health are dismissed for the present. We believe the interests of the public have been well served by these gentlemen, but we regret that the niggardly sum placed at the disposal of the Board should render it necessary to dismiss them at the very time when their services might be most valuable, by the knowledge they must have obtained of their respective districts. We cannot attribute any blame to the President, whose anxiety to promote the cause entrusted to him has been obvious. We trust that the reports of these gentlemen, by pointing out the errors and shortcomings of our present legislation in regard to the Public Health, may lead to the bringing forward of a measure calculated to advance this great sanitary cause.

### Correspondence.

"Audi alteram partem."

#### THE ACID TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—My name having been several times alluded to in your journal in connexion with the question of the treatment of cholera by acids, and particularly by Mr. C. E. Hatherly, in THE LANCET of September 30th, I beg to offer a few words by way of explanation. I have stated that I was the author of a pamphlet on the subject, written many years since, and I have to regret that I had long wholly lost sight of it, and could not in fact produce it. I advertised for it in a Birmingham newspaper, but failed to obtain a copy through that means. Recollecting that a gentleman now residing at Nottingham was in the establishment of Mr. Hammond, (who published it,) in Birmingham, as an apprentice at the time, I wrote to him, and he referred me to Mr. Stowell, of Temple-street, Birmingham, who printed it. On referring to Mr. Stowell, that gentleman at first declared that he did not think he could produce a copy, as their rule was to destroy, after a few months, all such productions. He, however, desired his man, who was present, to look into a drawer which was at his feet, as he said he sometimes put an odd copy of pamphlets there. He took up two or three, and then exclaimed, "Here it is." There it had lain undisturbed for twenty-three years. Mr. Stowell, gave me the copy, and I have written a short preface, and Mr. Stowell will shortly reissue a second edition of the pamphlet. On perusing it I find it advocates the use of mineral and vegetable acids, acetate of lead, &c. It is condemnatory of calomel and bleeding, which was in vogue at that time, and also of stimulants, &c. But whenever I have alluded to the subject since, quoting my own pamphlet from memory, I find I have made some blunders. For instance, it was published in 1831, and not in 1832 or 1833. I had also forgotten that it was published anonymously, and that it was addressed to the Central Board of Health of that date, and they no doubt possessed, or do possess, a "Copy." I also, in giving a formula as from my own pamphlet, was inaccurate as to some of the items, but not at all as to the general principle. There is a letter, with the signature B, in the *Morning Post* of September 21st, 1849, headed, "Causes of Cholera," which I wrote, and wherein I have endeavoured to show the rationale of the treatment by acids, and also broached the opinion, that the utility of calomel in cholera arose from its chlorine. I do not wish to advocate the practice of writing on medical subjects in other than medical journals, but only allude to the subject

now in support of my opinions. It was only when I observed parties making statements in your journal, of their having first suggested the treatment by acids, that I wrote to you, Sir, in my own name, in vindication of my prior claim. Previously I had written anonymously, which clearly shows I had no personal object in the matter, further than a wish to extend a practice which I strongly felt to be of great public interest. I also once wrote to the College of Physicians, in answer to a public call of theirs, strongly urging the practice in question. You have expressed a wish to see my pamphlet; I shall have pleasure in forwarding you a copy, so soon as the new edition issues from the press, and allow me to say, that whatever censure or credit your readers may award me with respect to this subject, I trust, in either case, to endure with due humility and patience; and if some errors have occurred, through a defective memory on my part, it should be known that the current of my thoughts has been directed mainly to other subjects in another channel since the publication of my pamphlet in 1831.

I am, Sir, your obedient humble servant,

GEORGE BODINGTON.

Button Coldfield, near Birmingham, October, 1854.

#### THE TREATMENT OF CLUB FEET.

[LETTER FROM MR. LONSDALE.]

To the Editor of THE LANCET.

SIR,—My attention has been directed to the introductory lecture delivered by Mr. Solly at the opening of the St. Thomas's School, published in the last number of your journal, in which he refers to the treatment of club feet, (talipes varus,) and for which he recommends the excision of the os cuboides as greatly facilitating the cure of the severest forms of this deformity.\* I must say that I am much surprised to find him laying such great stress upon this operation, and fear that his advocacy of it (for such it amounts to) may induce others, who have had but little experience in this branch of surgery, to follow his example, and to repeat it.

My object in addressing these few lines to your journal is to record my total disapprobation of this mode of treatment, as being quite uncalled for, and therefore unnecessary. I have now been connected with the Royal Orthopaedic Hospital for upwards of ten years, during which period I have seen some hundreds of cases of club feet, and many of them the severest forms of varus, not only in children, but in adults. These have been treated by my colleagues and myself, and they have all yielded to proper mechanical treatment, patiently persevered in after the division of the tendons, without the necessity of having recourse to (what appears to me) so serious and unscientific an operation as the excision of the cuboides bone.

In thus entering my protest against the operation, my only wish is to assert that the branch of orthopaedic surgery is capable of being followed out successfully by a simple and harmless mode of treatment, instead of having recourse to one that is quite unnecessary, and at the same time dangerous. I make this assertion boldly, Sir, founded on my own experience.

I have the honour to remain, Sir,

Your obedient servant,

EDWARD F. LONSDALE,

Surgeon to the Royal Orthopaedic Hospital.

Montague-street, Russell-square,  
October, 1854.

#### PREMONITORY SYMPTOMS OF CHOLERA.

To the Editor of THE LANCET.

SIR,—The profession ought to be extremely obliged to Dr. Oliver for having published his two cases of cholera, which appeared in THE LANCET of the 7th instant, and which so fully prove the pathological fact, that cholera cannot occur without a premonitory diarrhoea.

In these two cases, when he saw them, the evacuations, he tells us, were what is called "rice-water;" and as he says nothing of the presence of any fecal matter, we must conclude that there was none.

Every one is aware that there is always, in health, fecal matter in the colon and rectum, and that no one in his senses can suppose that that fecal matter can, by any disease which may supervene, be turned to serous fluid, and be passed off as "rice-water" evacuations.

\* I believe this was first recommended by Dr. Little. I remember having a conversation with him upon the subject two or three years ago.

Consequently, wherever the evacuations are what are called "rice-water," the person must have had repeated evacuations from his bowels, which have carried off the fecal matter.

As the question, whether there is or there is not a premonitory diarrhoea in every case of cholera, can only be settled by facts collected at the bed-side, and not by homilies—if Dr. Oliver, or any other gentleman who has a doubt in his mind as to the correctness of the rule laid down on this point, will take the trouble to go to the Poplar Union, he will there find a register, kept for the last five years, of all the cases of cholera which have occurred during that time; and as the 870 cases inserted in that register have attached to each the name of the medical gentleman who attended the case, it will be seen that six-and-thirty medical gentlemen have certified that a premonitory diarrhoea existed in every one of these 870 cases, for a longer or shorter period; and if he will further inquire, he will find that I have not the advantage to be known to twenty-four of these gentlemen, consequently their testimony cannot be taxed with partiality; all I have no doubt, were actuated in their researches by the same motives which actuated Dr. Bain and Mr. Webb—the sincere desire for accurate pathological information, and the no less sincere desire to refute by facts an opponent to the dogma they had so long respected.

In taking leave of this subject, permit me, through the medium of your journal to express my sincere thanks to the clerk of the Poplar Union, Mr. Symons, who, with a firmness of purpose which does him the greatest credit, has, while cholera raged, day by day seen that the daily reports of the medical attendants on the cases of cholera were collected and inserted in the above register.

And I do not forget the deep debt of gratitude which is due by the profession and by the public to the medical gentlemen of this union who, by their careful and minute investigations at the bed-side, and by recording daily the result of their inquiries, have done more for the advancement of our knowledge of the pathology of cholera than has yet been done by the efforts of any collection of individuals, or by the efforts of any government in any country.

I have the honour to be, Sir, your obedient servant,

D. MACLOUGHLIN, M.D.,

Member of the Legion of Honour.

Bruton-street, Berkeley-square, October, 1864.

## THE LATE FEARFUL CATASTROPHE AT NEWCASTLE.

To the Editor of THE LANCET.

SIR,—It would, I think, be highly interesting to the members of the profession generally, if their brethren in Newcastle would mark the effects of the late terrific explosion and fire on the offspring of those women who were at the time in a state of pregnancy, and transmit the same to the profession, as soon as interesting cases come under their notice.

I happened, the other day, to meet with a most extraordinary account given by Baron Percy, an eminent French military surgeon and professor, said to have occurred after the siege of Landau, in 1793. If true, it is a most interesting fact, and one well worthy of deep investigation. He says, that "in addition to a violent cannonading, which kept the women for some time in a constant state of alarm, the arsenal blew up with a terrific explosion which few could listen to with unshaken nerves." Out of ninety-two children born in the district within a few months afterwards, he states, that "sixteen died at the instant of birth; thirty-three languished for from eight to ten months, and then died; eight became idiotic, and died before the age of five years; and two came into the world with numerous fractures of the bones of the limbs, caused by the convulsive starts in the mother, excited by the cannonading and explosion!"

Here, then, is a total of nearly two out of three actually killed through the medium of the mother's alarm, and its natural consequence upon her own organization. These facts, if true, are, as I have said, highly interesting; and the professional men at Newcastle have now an excellent opportunity of testing the truths of them. Hoping that this subject may be thought worthy of investigation,—Believe me, Sir, yours obediently,

October, 1864.

J. R. L.

BIRMINGHAM GENERAL HOSPITAL.—At the weekly meeting of the Board, held on Thursday week, Lord Calthorpe in the chair, Dr. Evans, one of the physicians, announced that he was the bearer of a munificent donation to the hospital of £1000, for the benefit of the permanent fund for "accidents and urgent cases." The donor wished only to be known by the cognomen of "Delta."

## THE CHOLERA.

RELATIVE to the progress of cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar-General for the week ending October 7th:—

Districts.	Elevation above water mark.	Population (1861).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	26
Central (St. Giles, &c.).....	49 "	393,256	31
Western (Kensington, &c.)	28 "	376,427	59
Eastern (Shoreditch, &c.)...	26 "	485,522	95
Southern (St. Saviour's, Lambeth, &c.) }	6 "	616,635	200
			411

Of these, 118 were under 15 years of age; 236 were above 15 and under 60; 57 were above 60 years old. 98 are stated to have died from diarrhoea.

It is gratifying to be able to state that the improvement in the public health is visible generally in the metropolis, though it appears to be more slow in the Eastern and Southern districts than in other parts. The total deaths from cholera were 754 in the last week of September; they declined to 411 in the week that ended last Saturday. The deaths from diarrhoea in the same times were 165 and 96. The returns of cholera for the last two weeks give 113 and 59 in the Western districts, 50 and 26 in the Northern, 62 and 31 in the Central, 146 and 95 in the Eastern, and 383 and 200 in the Southern districts.

We have been informed that no instance of cholera has occurred in the Pentonville Prison during the present epidemic, but that the number of diarrhoea cases was unusually high. As a general rule, the treatment by sulphuric acid was adopted, but where pain or debility were excessive, opium or ether was added to the acid. All the cases recovered. In a communication from Dr. James G. Davey, we are told that the author regrets very much to see in our "last week's issue, a somewhat unqualified denial of the advantages and success of the purgative treatment of 'Cholera,' so called," and that "the great object of all and whatever treatment in cholera is, to restore the suspended functions of the vital (abdominal) organs, and this can be accomplished only by purgatives and stimulants variously combined and assiduously persevered in." Dr. Davey also remarks, that by reference to his former communications (October, 1842; May, 1854) to this journal, "Drs. Outram, Johnson, and Stark, and Messrs Crummev and Burke will perceive not only that the purgative treatment of cholera, so called, is by no means 'so novel' as they have supposed it to be, but that it has been the practice from 1834 to the present time" of Dr. Davey himself. Mr. Boeth, in a pamphlet he has favoured us with,\* thus writes, "By the abstraction of oxygen from the atmosphere, or the presence of an undue proportion of nitrogen, it would follow as a matter of course, that new combinations of gaseous bodies with the nitrogen would be made, which would act on substantive matter in a peculiar manner. Suppose, therefore, that nitrogen were unduly present in the atmosphere, this, uniting with carbon, which is ever found in the air in one form or another, whether as carbonic acid gas, or in compounds of hydrogen and carbon, would form cyanogen or prussic acid under certain circumstances. Now, the cholera bears out such an hypothesis as this, for its action is precisely what cyanogen or prussic acid would be on the human frame." (p. 3.) "Oxygen, therefore, is the prime antidote for cholera as an elemental matter." (p. 8.) "It would appear that the only mode of getting rid of the cholera, is to extirpate every nuisance or matter that generates hydrogenous compounds." (p. 10.)

\* An Approximation and Research after the Choleraic Principle, and the Means to render the Causes innocuous. London. 1854. pp. 32.

**PATHOLOGICAL SOCIETY.**—The first meeting of the Society for the present session will be held at the Society's rooms, in George-street, Hanover-square, on Tuesday next, the 17th inst., at eight p.m. The volume of "Transactions" for the past year, which has just been distributed to the members, appears, from a hurried glance, to be one of the most valuable contributions to medical science published by this or any of the medical societies of London. The success which we had from its origin anticipated for the Society is fully realized in its being able to supply materials for a volume like the present.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.**—At the usual quarterly meeting of the Comitia Majora, held on Saturday, the 30th ult., the following gentlemen, having passed the necessary examinations for diploma, were admitted Members of the College:—

Dr. GRIFFITH, Wellington-street, London-bridge.  
Dr. HAWKSLEY, George-street, Hanover-square.  
Dr. BOWKER, Newcastle, New South Wales.  
Dr. MARTYN, St. Michael's-hill, Bristol.  
Dr. COCKLE, Guildford-street.

Also,—

Dr. JONES, Heidelberg, and  
Dr. GILMOUR, Liverpool,

were admitted as extra Licentiatees.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 6th inst.:—

BELLEW, HENRY WALTER, H.E.I.C.S., Bengal.  
BROMLEY, EDWARD HARE, Beaufort Iron Works, Monmouthshire.  
CORBETT, AUGUSTUS MEYERS, Kingston, Canada West.  
CROFT, JOHN, Lower Clapton.  
DODD, HENRY, Durham.  
GRANT, ALEXANDER, Aberdeen.  
LOWDELL, SYDNEY POOLE, Royal Mail Service.  
MARSHALL, HENRY, Edinburgh.  
NEWMAN, WILLIAM, Bradfield, Sheffield.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, October 5th, 1854.

BELLEW, HENRY WALTER, H.E.I.C.'s Service, Bengal.  
DICKSON, JOSEPH, Whitehaven.  
VIZE, AMBROSE BLITHE, Holbeach, Lincolnshire.

**EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.**—During the past year, one candidate in every six was rejected by the Court of Examiners.

**ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.**—In noticing the introductory lectures at the various schools of medicine, in our last impression, we had not space for the names of the successful candidates in the several classes at this institution. The award of honours took place on Monday, the 2nd instant, Dr. Wilson, senior physician to the hospital, being in the chair:—*Scholarships:* Mr. Wm. Sutton, Halstead, Essex; Mr. Charles Hunter, Wilton-place, Belgrave-square; Mr. Robert L. Bowles, Abergavenny.—*Dr. Chambers' Prize:* Mr. William Dickinson, London.—*Sir Charles Clarke's Prize:* Mr. Wm. Dickinson.—*Anatomy:* Senior Class, Prize, Mr. Chas. Roberts, Gloucester-terrace, Paddington; Junior Class, Prize, Mr. Chas. Hunter, Mr. Robert L. Bowles, equal; Certificate, Mr. Shirley E. Woolmer.—*Physiology:* Prize, Mr. John H. Hooper, Fulham; Certificate, Mr. Charles Roberts, Paddington.—*Botany:* Prize, Mr. Shirley E. Woolmer, Pimlico.—*Chemistry:* Prize, Mr. E. J. Marshall, Walsall; Certificate, Mr. William Sutton, Mr. Robert L. Bowles.—*Practical Chemistry:* Prize, Mr. Henry Charles Andrews, New Bond-street, London; Certificates, Mr. Albert S. P. Knight, Pimlico; Mr. Chas. Roberts; Mr. John H. Hooper.—*Materia Medica:* Prize, Mr. William Sutton; Certificates, Mr. Shirley E. Woolmer, Mr. H. Lewis, Mr. Charles Hunter, Mr. S. Courtney.—*Medical Jurisprudence:* Prize, Mr. Henry Chas. Andrews, New Bond-street, London; Certificate, Mr. Charles Roberts, Paddington.—*Midwifery:* Prize, Mr. John H. Hooper, Fulham; Certificates, Mr. Henry Charles Andrews, Mr. E. J. Marshall.—*Practice of Physic:* Prize, Mr. Henry W. Bellew, Plymouth; Certificate, Mr. Wm. Dickinson.—*Surgery:* Prize, Mr. James Keene; Certificates, Mr. Henry W. Bellew, Mr. J. D. Prytherch.

**MEDICAL SOCIETY OF LONDON.**—The first meeting for the session will be held this evening, (Saturday,) at eight P.M., at the Society-house, George-street, Hanover-square. The President, Mr. Headland, will read a paper on Cholera.

**HUNTERIAN SOCIETY.**—On Wednesday next, at eight o'clock P.M., Mr. N. Ward will read a communication, on a Case of Non-malignant Disease, involving the Septum of the Nose, Nasal Bones, and Part of the Superior Maxillary Bones.

**SUPPLY OF NURSES FOR THE SICK.**—THE EPIDEMIOLOGICAL SOCIETY AND THE BOARD OF HEALTH.—A deputation of a committee of the Epidemiological Society, appointed to consider a scheme for supplying the labouring classes with nurses in epidemic and other sickness, waited upon Sir Benj. Hall, the president of the Board of Health, on Friday, October 6th, for the purpose of explaining their views and the plan proposed by the committee. Dr. Babington, the president of the Epidemiological Society, introduced the deputation, which was attended by the following gentlemen: Dr. Sibson, Mr. Grainger, Dr. MacWilliam, Dr. Milroy, Dr. Hare, Dr. Carlile, Dr. Snow, Mr. Aldrich, Mr. Tucker, and Dr. Sieveking. Dr. Babington stated the general object of the committee, and called upon Dr. Sieveking, as one of the secretaries, to give a more detailed account of their proceedings. Dr. Sieveking explained the arguments upon which the proposition to supply nurses to the labouring classes on a national scale was based, and showed that it was desirable that some measure by which it could be done should be carried, on medical, on sanitary, and on politico-economical grounds. He briefly alluded to the plan suggested by the committee, according to which the workhouse infirmaries should be made available for training females admitted into the workhouse as nurses. Sir Benjamin Hall highly approved of the proposition, and advised the committee what steps to take in order to secure the further consideration of the Board of Health for the plan. After a few words from Dr. Sibson and Mr. Grainger in support of the views advocated by the committee, the deputation withdrew.

**QUEEN'S COLLEGE, BIRMINGHAM.**—The Introductory Lecture to the opening of the medical classes was given by Mr. R. D. Grainger, before a numerous and highly influential company, on the Importance of Sanatory Reform. He showed by statistics the mortality and sickness which might be prevented by proper precautionary measures, particularly amongst the infantine population. He proved that, though the chief mortality would be in the ranks of the poor, the rich, as had been shown of late, would also fall victims. He urged upon his audience that they had no security for life whilst they lived surrounded by a tainted atmosphere, which they could easily purify by ordinary diligence and attention to the wants and interests of those around them.

**LEEDS MEDICAL SCHOOL.**—Mr. Ikin gave the Introductory Address at this School. He divided his lecture into the four following heads, upon which he enlarged with much eloquence:—First, he alluded to the foundation and progress of the Leeds School of Medicine; secondly, he pointed out the branches of medical science that would occupy the attention of the student; thirdly, he referred to the relations of medical art to science and literature generally, to the State, and to the public service; fourthly, he dwelt on our relations and duties to each other as members of a common profession, and the duties of students, destined as they are to become the future representatives of the noble arts of Medicine and Surgery.

**MEDICAL HOUSE-TO-HOUSE VISITATION.**—A letter addressed to Lord Palmerston by Dr. H. Gavin, one of the superintending medical inspectors of the General Board of Health, contains the following interesting and instructive facts, and brings under Lord Palmerston's notice a number of tables illustrating the results of the medical house-to-house visitation, as carried out in the towns of Newcastle, Dundee, and Glasgow. It appears from these that for every 26.6 persons afflicted with choleraic disease in its first stage, and who are aware of their danger and apply for advice, there are 73.4 persons who do not know their danger, and have to be sought out and placed under proper treatment; that for every 75 persons who are alarmed by the symptoms of the second stage and apply for assistance, there are 25 who still neglect this state of extreme danger; that for every 77.4 persons who have wholly neglected their condition until the third stage is fully developed, there are still 22.6 who, but for the system of house-to-house visitation, would be left to perish; that by this system medical aid is almost certain to be brought to every individual affected with the disease; and that by it also the probability of death of those attacked by the disease was diminished from 200 in a thousand to 3 per cent.

**MEDICAL MEN ON BOARD EMIGRANT SHIPS.**—A few days since, after an inquest held on the body of a child who had died on board of an emigrant ship at Liverpool, Mr. Curry, the coroner, made some very judicious remarks on the qualifications of medical men employed on board emigrant ships. He showed, from his experience in this matter, that the laws which regulate this important subject were most



defective, and that the remuneration to medical officers of these ships was so beggarly that no good men could be induced to go in them. He made some strong remarks on the entire question, and declared that such a state of things ought to be remedied, and he hoped his observations might tend to hasten the remedy. (Cheers.)

**THE MEDICAL STAFF IN THE BLACK SEA.**—As another illustration of the wretched condition to which our brave sailors in the Black Sea are reduced for want of medical assistance, we give the following extract from the correspondence of *The Times*' reporter:—"September 16th.—A most extraordinary occurrence, which deserves severe censure, took place yesterday. Signal was made from the *Emperor* for all ships to send their sick on board the *Kangaroo*. In the course of the day the last-named ship was surrounded by hundreds of boats laden with sick men, and the vessel was speedily crowded to suffocation. Before evening she had about 1500 invalids in all stages of suffering on board. The scene is described as appalling, in fact, too frightful for the details to be dwelt upon. When the time for sailing arrived, the *Kangaroo* hoisted the signal in reply to orders to proceed, 'It is a dangerous experiment.' The *Emperor* then signalled, 'What do you mean?' The reply was, 'The ship is unmanageable.' All the day she was lying with the signal up, 'Send boats to our assistance;' and, at last, orders were given to transfer some of her melancholy freight to other vessels also proceeding to Constantinople. Many deaths occurred on board; many miserable scenes took place; but there is, alas! no use in describing them. *It is clear, however, that neither afloat nor on shore is the medical staff nearly sufficient.* I, myself, saw men dying on the beach, on the line of march, and in bivouac, without any medical assistance; and this within hail of a fleet of 500 sail, and within sight of head quarters! We want more surgeons, both in the fleet and in the army. Often, too often, medical aid cannot be had at all, and it frequently comes too late." Our readers are well aware that this scarcity of naval medical officers is owing to the wretched treatment received by those already in the Royal Navy, deterring any but a *certain few* from joining that branch of the public service; it therefore becomes a more important duty than ever that our medical friends on shore should address the legislature by numerous petitions on the grievances and claims of their naval medical brethren. During the past week, the medical men of Salisbury, Winchester, Southampton, &c., have signed petitions for this laudable object, and it is to be hoped, that large as the number was which were presented during the past session, that in the ensuing parliamentary campaign they may be more than doubled. Those desirous of co-operating in this good cause, should address Mr. Stone, jun., 99, Albany-street, Regent's-park, who will take charge of petitions and forward them for presentation.

**LIVERPOOL SURGEONS.**—A curious scene occurred lately at a coroner's inquest in Liverpool. Two children died on board an emigrant ship, but wrong certificates were given as to the cause of death. "It is not long ago," said the Coroner, "I missed one of the porters at the Northern Hospital. I said, 'Has he gone?' 'Yes, sir,' was the reply; 'he has gone out physician on board ship.' This must certainly be put down," continued the Coroner, "and, if nothing else can be done, I shall draw the attention of Government to it. Here, to-day, we find Rosina Schatta, aged thirty-seven, said to die from apoplexy, but the medical man attached to the court has made a post-mortem examination, and it turns out no apoplexy, but pneumonia." There must be some regular Government officer, or registration, to prevent such cruelty.

**NORFOLK AND NORWICH HOSPITAL.**—**MR. DALRYMPLE'S RESIGNATION.**—The Board of Management of the Norfolk and Norwich Hospital, on receiving the resignation of Mr. Archibald Dalrymple, one of their surgeons, on the 23rd of September last, unanimously adopted the following resolution:—"The Board of Management cannot record the resignation of Mr. Archibald Dalrymple, one of the surgeons of this hospital, without at the same time recording their great regret that he should have found it requisite, on account of the state of his health, to take that step. The Board, in reviewing the past connexion of Mr. Dalrymple with this hospital, commencing with his election as assistant surgeon, in the year 1839, and as one of the surgeons, in 1847, desire to express their deep sense of his exceedingly valuable services to the hospital, their unanimous appreciation of his great kindness to the patients, and their hope that a short respite from the arduous duties of his profession may enable him to resume those duties with comfort to himself and benefit to the public."

**TESTIMONIAL TO A SURGEON.**—On Tuesday morning week, Mr. Wilson, the president of the Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association, and the members of the Executive Committee, waited as a deputation, upon John Hatton, Esq., surgeon, the Honorary Secretary of the Branch, with whom they had been appointed to make arrangements for the recent anniversary meeting, and presented him with a valuable piece of plate, appropriately inscribed as follows:—"Presented to John Hatton, Esq., F.R.C.S., by the Executive Committee of the Provincial Medical and Surgical Association in Manchester, 1854, in testimony of their esteem for his personal character, and in appreciation of the talent and zeal which he exhibited upon that occasion as their Honorary Secretary.—William James Wilson, President."

We have much pleasure in calling the attention of the profession, and, indeed, we may here say of the public at large, to a portrait in lithography of R. D. Grainger, Esq., just published by Mr. Highley. The artist, Mr. Teniswood, has broad, vigorous handling, which has been well rendered by the lithographer, Mr. Lynch. We have no doubt the able likeness before us will meet with an extensive circulation.

**THE BATTLE OF THE ALMA.**—Mr. A. Gordon, surgeon to the 95th Regt., was wounded, on the 20th ult., during the terrific engagement with the Russians in the Crimea.

**THE BISHOP OF BORNEO.**—This distinguished prelate is a member of our profession, having been admitted a Member of the Royal College of Surgeons of England on the 3rd of June, 1839; and, at the last meeting of the Council, the Rev. Dr. Francis Thomas M'Dougall was elected a Fellow of the College.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCTOBER 7TH.**—The deaths in London from all causes, which in the first week of September rose to 3413, and in the three weeks following were 2836, 2504, and 2216, fell in the last week (the first week of October) to 1532. In the first week of October, 1849, the total number of deaths registered was 1290. The deaths from cholera were 411, and from diarrhoea, 98.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.710 in.; on Sunday the mean reading was 30.063 in. The mean temperature of the week was 53.6°, which is 1° above the average of the same week in 38 years. The highest temperature occurred on Monday and Thursday, and was 72.8°; and on the latter day the mean temperature was 60.6°, being 8.2° above the average; on the two following days it was below the average. The mean dew-point temperature of the week was 48.1°, and the difference between this and the air temperature was 5.5°. The air was calm in the first part of the week; on Wednesday and Thursday the wind blew from the south-west, and at the end of the week was in the north-east. Rain to the amount of 0.45 in. fell on the last two days.

## Obituary.

On the 4th instant, at Brighton, after a long and severe illness, **RICHARD ROWLAND, M.D.**, of Woburn-place, Russell-square. The deceased gentleman was about fifty-six years of age. He was an M.D. of Edinburgh, 1827, and a Fellow of the Royal College of Physicians, London. He was also Assistant-Physician and Lecturer on the Practice of Medicine and Clinical Medicine at the Charing-cross Hospital. He was author of "A Treatise on Neuralgia," 1833; the article "Bronchocele" in the "Library of Medicine;" and another contribution to the same publication in 1851, "On Softening of the Brain." He was a man of very dignified and reserved disposition, but withal possessed of great suavity and kindness of manner.

**THE LATE DR. ROUPPELL.**—The committee of the Holloway and North Islington Dispensary held a meeting, on Monday evening last, (S. Lewis, Esq., in the chair,) at the Dispensary house of the institution, when the following resolution in connexion with the late lamented gentleman was passed unanimously:—"Resolved, That this meeting desires to express its deep sense of the loss the charity has sustained by the lamented death of its senior consulting-physician, Dr. Roupell. He took a warm interest in the affairs of the institution, to which he was a liberal contributor; and when the epidemic prevailed in 1849, he suggested the formation of a convalescent fund for supplying patients recovering from sickness with wine and nourishing food, which has since proved a great boon to the

suffering poor. His eminent talents, agreeable manners, and affectionate disposition were highly appreciated by the several members of the medical staff, who, with the committee and the governors at large, sincerely lament his loss."

At Sydney, JOHN HARRISON, surgeon, formerly of Blandford, Dorset, in the fiftieth year of his age.

On board the *Ben Nevis*, emigrant ship, at Queen's-town, of cholera, Dr. BLENNERHASSETT, late of Tralee.

At Rangoon, Assistant-surgeon J. W. FIRMINER, 19th Regiment Native Infantry.

At Edinburgh, after a few hours' illness, JOHN MACKAY, M.D.

At Weatherfield-hall, Essex, THOMAS TROLLOPE, surgeon, aged fifty-seven.

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#### TO CORRESPONDENTS.

*University of Oxford: Examinations for the Degree of M.D.*—We have been furnished with the following official statement by the kindness of Mr. Bowden, the Registrar of the University. Candidates are required—

"1st. To perform the exercises called Responsions, consisting of an examination in one Latin and one Greek author, Arithmetic, two books of Euclid, or Algebra to Simple Equations inclusively.

"2nd. To pass the first public examination called Moderations, consisting of the Four Gospels in Greek; one Latin and one Greek author, of which one must be a poet, the other an orator; a paper of Mathematical or Logical questions.

"3rd. To pass the second public examination in two schools at least—first school to be passed first, and by all that of 'Literæ Humaniores'; second school, Mathematics; third school, Natural Science; fourth school, Law and Modern History. Of these schools the candidate has his choice. Between the first and second public examinations an attendance at two courses of public lectures is necessary.

"In Medicine, all students (besides undergoing the three examinations appointed for Bachelors of Arts) are to be examined in the Theory and Practice of Medicine, Anatomy, Physiology, and Pathology; in *Materia Medica*, and in Chemistry and Botany, so far as they illustrate the science of Medicine; and in two at least of the following ancient medical writers: Hippocrates, Aristotle, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved of by the Regius Professor of Medicine, is to be publicly recited in the schools, and a copy of it afterwards delivered to the Professor.

"Medical examinations take place once in each year—viz., in Trinity Term. Degrees can be conferred on any public degree day."

*N. G.*—The cases, if short and practical, would be acceptable.

*A Junior Practitioner.*—In the hospital named, the acid treatment proved the most successful.

*Mr. Allen.*—The museum at the College of Surgeons contains a specimen. An admission order might be obtained from a member.

*Nemo.*—It is stated that cholera has not penetrated the older districts.

*M.D., (Carlów.)*—The presence of both rye and rice-flour, when mixed with wheat-flour, is very readily discoverable by means of the microscope; but the detection of barley-flour, when in wheat-flour, is much more difficult; and if the barley constitute only a third of the article, it would be hazardous in many cases to pronounce with confidence that the wheat-flour was adulterated with the farina of the cereal in question.

The correspondent who addresses us from Deptford must give a fuller account of the case, and communicate his name in confidence.

*Mr. Thomas Black.*—Such conduct was not polite on the part of the functionary.

*Dr. Alexander Wood (Edinburgh)* is thanked for his communication.

*Tyro.*—The examination is not compulsory. It is, however, desirable for a candidate for the Honours to subject himself to the ordeal. Full information on the other point mooted may be obtained on application to Mr. Upton, at Apothecaries' Hall.

*Dr. C. B. Garrett* is thanked for his polite note.

The conclusion of *Mr. Chalmers'* lecture on "Suppuration of the Joints" is again unavoidably postponed.

*Amicus.*—At present there is a great deficiency of assistant-surgeons in the Baltic fleet. In most of the ships the assistant-surgeon has no separate cabin assigned to him, notwithstanding the resolution which was come to by the House of Commons on the subject. The comforts and interests of the profession have been disregarded by some of the naval authorities. There is no truth in the assertion that there are many well-qualified candidates for the office of assistant-surgeon.

*A. B.*—Residence is not necessary. The examination is by written and *vide* voce questions. Gentlemen in actual practice are not expected to go into the minutiae of the elementary sciences, their examination being confined chiefly to practical subjects.

*A Student.*—Complaints such as that forwarded should be made, in the first instance, to the authorities at the hospital, who, we believe, would take immediate steps to procure a remedy for the abuse detailed. There is good reason to believe that the existence of the evil is not countenanced by those in power.

*A Member.*—No. Not in England or Wales.

*Dr. Henry Hancock.*—We believe that the fee named, though most paltry and inadequate, is the legal one.

*Dr. Bayes.*—We cannot depart from the usual rule, of not admitting author's reclamations against our reviews of their books. When a writer transmits us his work, it is implied he wishes to know our opinion of it. If in intimating our judgment of the one in question, we have been wanting in "courtesy of expression," (to which, however, we cannot plead guilty,) we beg to assure Dr. Bayes it must have been in our warmth against the various "pathies" that now threaten to encumber the outskirts of legitimate medicine, and not as towards him. We stated our regret that one of so good a position as Dr. Bayes should venture on so delicate a matter as "kinesopathy."

*Zelus.*—A licentiate in Midwifery is not entitled by law to practise either as a surgeon or apothecary. We believe that up to the present time no "unqualified" person has received a licence to practise midwifery from the Royal College of Surgeons. Under a better regulation of the profession there are many anomalies which would cease to exist.

*Pater.*—Most of the provincial schools of medicine offer the same advantages to a student as those of the metropolis.

*Civis* is thanked; but the subject has already engaged our attention.

*A Young Microscopist.*—Some very interesting results will shortly be published on the subject.

*R. N., (Portsmouth.)*—An authentic statement relative to the affair would receive our best attention. We cannot notice anonymous communications.

*A Cholera Patient.*—Yes. The matter might be brought before the board of guardians. The medical gentleman named was not obliged to supply medicine in the case.

*Purgator.*—There are certain publications so essentially contemptible, that any kind of notice which seems to imply a consciousness of their crawling existence is hailed by them with paroxysms of delight. The editor of *The Times* is not aware that the prints our correspondent mentions are in existence. *THE LANCET* (Heaven forgive us!) was the publication that first brought the *castor oil treatment* under the notice of the profession, and it was also the first to denounce it as unscientific, dangerous, and fatal.

#### AN OBLIGING OFFER.

At the meeting of the board of guardians, on Saturday last, the following letter, communicated to the clerk, was read:—

"Blackburn, September, 1854.

"DEAR SIR,—On perusing the *Gazette* I find that the cholera has once more made its appearance amongst you, more particularly at Poulton. I feel confident if a few of my cholera mixtures were placed in the hands of parties in authority, where they could be had on applying for, with a few directions as regards diet, &c., the greater part, if not all, would recover. My success has been such in the treatment of the disease, that I can no longer remain silent.

"You are at liberty to make use of this letter in any way you think proper.

"I am, Sir, yours respectfully,

"R. LEACK, Surgeon.

"P.S.—The mixture will keep for any length of time, and in any climate. I should not have ventured to make these remarks had I not known the great interest you took in watching the treatment during the late epidemic.—R. L."—*Lancaster Gazette.*

*Mr. J. J. Beale* shall be answered by a private note.

*Chirurgicus.*—We entertain an opinion directly contrary to the one announced by our correspondent. Dr. Hall, we think, wrote hastily and undesignedly; and we consider that Mr. Syme is perfectly right when he states, "that so far as the safety of operations may be in question, chloroform proves useful directly in proportion to the severity of the injury or disease, and the degree of exhaustion or shock."

*Mr. Henry Thompson's* "Case of Calculus Vesicæ in a Girl," and other valuable original papers, already in type, are postponed, but will probably appear in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marshall Hall; Dr. Ramskill; Dr. Mackinlay, (Isleworth); Mr. Lonsdale; Dr. Alex. Wood, (Edinburgh); Mr. J. J. Beale; M.R.C.S. and L.S.A.; Dr. Hancock; Pater; A Surgeon R.N.; J. E. T., (Baltic Fleet); Amicus, (Manchester); Mr. Weston; A Young Microscopist; Mr. Williams; R. N.; A Cholera Patient; A Member; Dr. Bayes, (Brighton); A Friend to the Poor; The Secretary of the Kent County Ophthalmic Hospital; Dr. Ayre, (Hull); N. G.; A Junior Practitioner; W. W.; Mr. Allen; M.D., (Carlów); Mr. Thomas Black; Dr. C. B. Garrett; A. B.; A Student; Tyro; Rurus; Civis; Purgator; Chirurgicus; Dr. Scriven, (Roundtown, with enclosure); Dr. Fyfe, (King's College, Aberdeen, with enclosure); A. T., (Deptford); &c. &c.

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INDIA-RUBBER, ENEMA, and DOUCHE, answering equally for either purpose, and may be carried in the Pocket.

For Hospitals and other Institutions a Discount is allowed. Their advantages over the costly and cumbersome Water Beds have been published in the Medical Journals, and they are particularly applicable for Paralytic and Lunatic Patients.

"I HAVE in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water-Bed."

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"Physician to the London Hospital.

"Finsbury-square,  
"February 27, 1852."

"North Wales Lunatic Asylum.

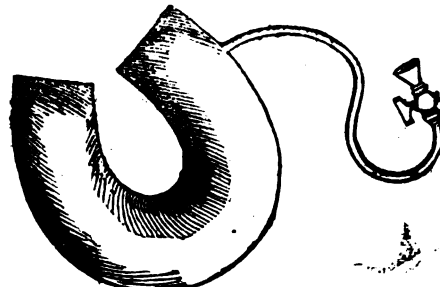
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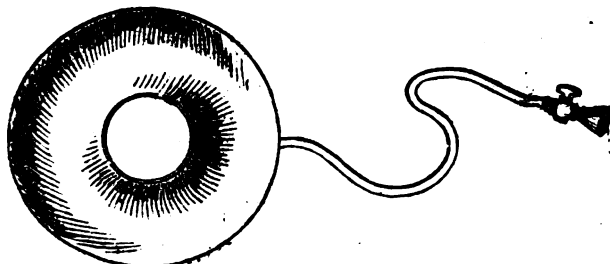
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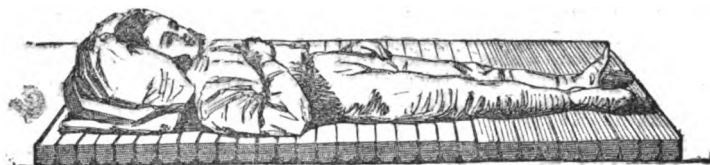
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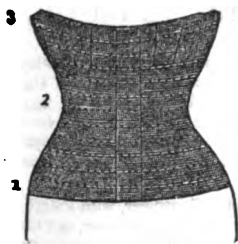
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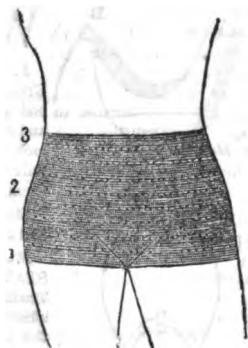
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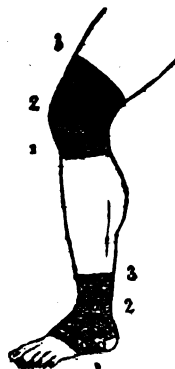
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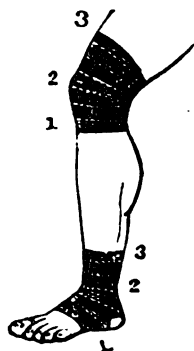
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## GOLD CHAINS AND JEWELLERY.

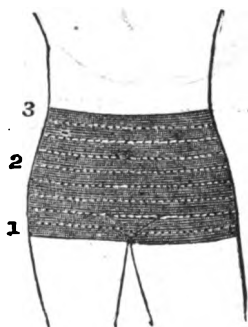
**Watherston and Brogden, Wholesale Manufacturing Goldsmiths and JEWELLERS**, beg to announce to the Nobility, Gentry, and Public in general, that in obedience to the numerous calls made upon them since the Great Exhibition, where they were awarded a Prize Medal, they have resolved to throw open their Manufactory to the Public at Manufacturers' prices, a closer connexion than has hitherto existed between the real worker in the precious metals and the Public being obviously an advantage to both parties. Gold is capable of being alloyed to any extent, and therefore, in order to protect the Public in the article of Chains, Watherston and Brogden will make the Mint price of 77s. 10½d. per oz. for British standard the basis of all their operations, and, making their profit on the workmanship alone, will charge the bullion in their Chains at its intrinsic value, undertaking to re-purchase it at any time at the same price: thus—15 carat gold will be charged and will realize 53s. 1d. per oz.; 18 carat gold will be charged and will realize 63s. 8½d. per oz.; 22 carat gold will be charged the Mint price of 77s. 10½d. The price for workmanship will be charged according to the intricacy or simplicity of the pattern: for example—a Chain weighing 2 oz. of 15 carat gold is worth, at 53s. 1d. per oz., £5 6s. 2d. intrinsic value; supposing the workmanship to be £2, total £7 6s. 2d. By this arrangement the purchaser will see at a glance the proportion charged for labour compared with the bullion in a Gold Chain, and, being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of Jewellery, all made at their Manufactory, 16, HENRIETTA STREET, COVENT GARDEN. (Established 1798.)

## CAUTION.

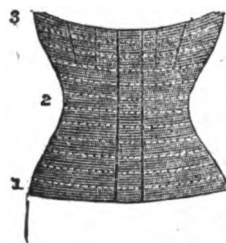
KNEE CAP AND ANKLE PIECE.



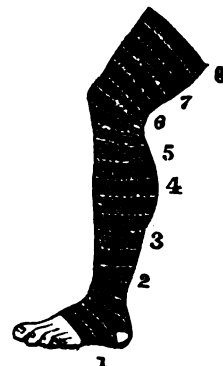
ABDOMINAL SUPPORTER.



SPINAL SUPPORTER.



STOCKING AND THIGH PIECE.



**Mr. Bourjeaud**, in submitting the above four Engravings as illustrating the nature and special design of his Apparatuses, most earnestly begs to call the attention of Professional Gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the Public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaud wishes, therefore, to caution Medical Gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spiral Supporter, except the articles come from his own Establishment, No. 11, Davies-street, Berkeley-square, (opposite Mivart's Hotel,) London; and No. 17, Rue des Beaux Arts, Paris.

## Anatomical and Dental Repository,

45, Museum-street, Bloomsbury, London.—**JOHN HARNETT** begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

## Mr. Edwin Osborne, of 24, Savile-

ROW, LONDON, begs to apprise the patrons of the late Firm of Dodge and Osborne, that he is now the Sole Licencee and Maker of **PALMER'S PATENT (American) LEG**; and, having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given (if required).

## Dissecting and Post-Mortem Instru-

**MENTS**, New and Second-hand. Surgical Instruments of the best description; A. URE'S New Urethrotome for Stricture; New Uterine Compress; Newly Improved Pessary; Instruments for Army and Navy Surgeons; **DARTNELL'S Patent Truss**; Trusses for Union Surgeons; Enema Syringes; New Syphon Enema, as supplied to the Army; New Spinal Machine, pronounced the best ever invented—at

**PRATT'S, Surgical Instrument Maker, 420, Oxford-street.**

## Poultices superseded by the use of MARKWICK'S PATENT SPONGIO PILINE.

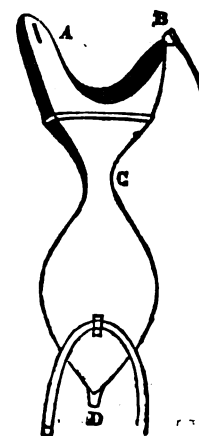
As a substitute for common poultices and fomentations, the superiority of this article is unquestionable. It is strongly recommended by the most eminent of the Faculty for its cleanliness, economy, lightness, and general efficacy, and is now used in several of the hospitals. Also Markwick's Patent Piline, for Cholera Belts, Rheumatism, Chest Protectors, Respirators, Lumbago, &c.

Sold, retail, by Chemists and Druggists, and wholesale only by **GEORGE TRIMBEY, 41, Queen-street, Cheapside.**

## Elastic Supporting Belts, of the same

beautiful fabric as Pope and Plante's Elastic Stockings for Varicose Veins. Those for ladies' use, before and after accouchement, are ADMIRABLY ADAPTED FOR GIVING ADEQUATE SUPPORT WITH EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the manufacturers, **POPE and PLANTE, 4, Waterloo-place, Pall Mall, London.**



## Walters' India-rubber URINALS.

**F. WALTERS** having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

Manufacturer also of the **PATENT HYDRO-STATIC TRUSS**. One of the advantages of this Truss is, that the pad, being filled with water, adapts itself with perfect accuracy to the form of the body, thereby keeping up a firm but easy pressure on the internal ring.

**F. WALTERS,**

16, MOORGATE-STREET, LONDON.

**Allsopp's Pale Ale in Bottle, as**  
supplied to the CRYSTAL PALACE; also in casks of 18 gallons.  
Recommended by BARON LIEBIG.

Address, HARRINGTON PARKER and CO., 54, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

WOOD & WATSON, 16, Clement's-lane, City.

**Allsopp's Pale Ale.—Medical gentle-**

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

**Soyer's Aromatic Mustard.—"M."**

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration.—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

**To Invalids and those desirous of**

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

**Cocoa of the finest quality, prepared**

in the best possible manner.—Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congo Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s. for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

## DOMESTIC ECONOMY

**H. Sparrow and Co. beg to announce**

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

**Robinson's Patent Barley, for making**

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation as the purest farinas of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and alternately with the Patent Barley, is an excellent food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

The proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest Tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets at 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

EAST INDIA HOUSE, Aug. 8th, 1854, and Oct. 4th, 1854.

**Notice is hereby given, that the**

annexed CODE OF REGULATIONS for the ADMISSION of CANDIDATES at the First Examination, to be held in January next, for the APPOINTMENT of ASSISTANT-SURGEONS in the service of the EAST INDIA COMPANY, has been framed by the Board of Commissioners for the affairs of India, under the provisions of the Act 18 and 17 Vic., cap. 95, sec. 38.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE SERVICE OF THE EAST INDIA COMPANY.

All natural-born subjects of her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons. They must, however, be between 22 and 28 years of age, and of sound bodily health.

They must subscribe and send in to Dr. Scott, the Physician to the Hon. East India Company, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 and 6 Wm. IV., c. 62.
2. A diploma in surgery, or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree.
3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing at least on an average one hundred in-patients, or of having attended one course of lectures of six months on the practice of physic, and clinical instruction for twelve months.
4. A certificate of having attended for three months the practical instruction given at one of the public asylums for the treatment of the insane.
5. A certificate of having attended for three months one of the institutions, or wards of a hospital especially devoted to the treatment of ophthalmic diseases.
6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.
7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination to be held in January, 1855.

The examination will include the following subjects:—

1. Surgery in all its departments.
2. Medicine, including the Diseases of Women and Children, Therapeutics, Pharmacy, and Hygiene.
3. Anatomy and Physiology, including Comparative Anatomy.
4. Natural History, including Botany and Zoology.

The examination will be conducted:—

1. By means of written questions and answers.
2. By object examinations and experiments, when the subject admits of such tests.
3. By practical examination at the bedside of the patient, and by dissections and operations on the dead body.
4. By vivâ voce examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as assistant-surgeons in the East India Company's Service.

All assistant-surgeons are required to subscribe to the Military or Medical, and Medical-retiring Funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information if needed.

N.B. The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

JAMES C. MELVILL, Secretary.

NOTE, Oct. 4th, 1854.—Candidates who may not have been able to attend the practice of an asylum for the insane, or of an ophthalmic hospital for three months previous to offering themselves for examination in January, 1855, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India.

The Board of Examiners of candidates for the appointments of assistant-surgeons in the East India Company's Service give notice, that on the 8th of January, 1855, they will hold examinations at the East India House for the selection of assistant-surgeons. The selection will be made according to merit, and it is expected that about thirty appointments will be awarded.

J. D. DICKINSON, Deputy-Secretary.

**Matrimonial Institution.—Founded**

1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUTHEBERT, 12, John-street, Adelphi, London.

**Classics and Mathematics. — A**

Graduate in Honour, of the University of Oxford, continues to prepare Gentlemen in a short time for the Hall, Fellowships, Matriculations, &c. References kindly permitted to Dr. Power and many old Pupils. — Address, A. B., Somerset House Chambers, 151, Strand.

**Medical Society of London. — The**

FIRST MEETING of the SESSION 1854-55, will be held this Evening, at Eight o'clock when an Address on "Cholera" will be delivered by E. HEADLAND, Esq., the President of the Society.

E. SMITH, M.D., LL.B., } Hon. Secs.  
C. H. ROGERS HARRISON, }

32 A, George-street, Hanover-square.

**Royal Westminster Ophthalmic**

HOSPITAL, CHARING-CROSS. — This Hospital has 30 beds for in-patients, and during the past year 8000 out-patients were entered on the books of the Institution. Surgeons — Charles G. Guthrie, Henry Hancock, and Edwin Canton, Esqrs. Days of admission for in-patients, and advice for out-patients, Mondays, Wednesdays, and Fridays, from half-past Twelve to half-past One o'clock. Operations are performed on Wednesdays, at Two o'clock.

**Hospital for Diseases of the Skin,**

NEW BRIDGE-STREET, BLACKFRIARS.

Consulting-Physicians — Dr. Southwood Smith and Dr. Hodgkin.

Surgeon — Mr. Startin.

Assistant-Surgeon — Mr. McWhinnie.

Between 700 and 800 Patients are treated weekly at this Institution. The Out-door Patients are seen on Mondays, Wednesdays, and Fridays, between Half-past Three and Six o'clock P.M., and on Thursday Mornings at Ten o'clock.

Fee for attendance on the Practice of the Hospital, for Three Months, Three Guineas; Unlimited, Five Guineas.

TO PROFESSORS OF ANATOMY, STUDENTS, &c.

**Dr. Kahn continues to execute every**

description of ANATOMICAL and PATHOLOGICAL WAX MODELS. For a List of Prices apply at 232, Piccadilly.

DR. KAHN'S ANATOMICAL MUSEUM is open Daily, from Eleven till Five, and from Seven till Ten. Admission, One Shilling. Lectures, as usual, by Dr. SEXTON, F.R.G.S., and F.R.S.

**The Queen's Hospital, Birmingham.**

A Vacancy has occurred in the Office of RESIDENT MEDICAL OFFICER. He is provided with board, lodging, and washing, and receives a salary of £100 per annum. The Candidates, who must be Members of the Royal College of Surgeons, and Licentiates of the Apothecaries' Company, are requested to send in their testimonials of qualification to the Secretary on or before Saturday, the 4th of November.

October 6th, 1854.

JOHN YATES, Secretary.

**Devon and Exeter Hospital. — The**

Committee will be ready to receive Tenders on Thursday, the 19th inst., for the supply of such DRUGS and MEDICINES (of the best quality) which may be required for the use of the Hospital for Six Months, commencing from the 1st of November next. Sealed Tenders to be delivered at the Hospital on or before Thursday, the 19th inst., at eleven o'clock.

October 6th, 1854.

EDWIN FORCE, Sec.

**Clinical Assistants. — Two Vacancies**

having occurred in the HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, those Gentlemen who are desirous of becoming candidates for the vacant offices are requested to attend, with Testimonials, at the Hospital, on Monday, the 23rd inst., at Four o'clock. Testimonials as to moral character, as well as medical qualifications, are required.

Brompton, October 11th, 1854.

PHILIP ROSE, Hon. Sec.  
OSBORN CROSS, Sec.

**Western General Dispensary, New-**

ROAD, ST. MARYLEBONE. — A RESIDENT ASSISTANT to the Surgeon and Apothecary is required for this Institution, whose duties will be chiefly those of Dispensing and the care of the Dispensing Department. Candidates must attend a Meeting of the Medical Committee on Monday, November 6th, at Three o'clock, having previously forwarded their Testimonials and Qualifications. — Further particulars may be obtained at the Dispensary.

October 12th, 1854.

By order of the Board,

J. MARTIN, Secretary.

**Mineral Waters. — W. Best begs to**

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising — Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seidlitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Colonne, Arquebuzad, and Foreign Mineral Water Depot, 22 B, Henrietta-street, Cavendish-square. — N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ale, and Guinness's Dublin Stout.

**Aërated Waters of sufficient and**

uniform strength. BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, having given great attention to the manufacture of Mineral Waters, and feeling it important that medical men should be assured of the quantity of Alkali contained in each kind, beg to submit the following list of their preparations: —

Potash Water, 18 grains of the Bicarbonate in each bottle; Citrate of Potash, (a new and valuable auxiliary in Gout and Rheumatic affections,) 30 grains; Soda, 16 grains; Magnesia, 12 grains, and Ammonia, 10 grains.

B. S. & B. would especially recommend their Seltzer and Vichy Waters; the latter now bottled in half-pints as well as pints.

BLAKE, SANDFORD, and BLAKE, 47, Piccadilly.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,**

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

TO SURGEONS.

**Wanted, for a Vessel about to**

proceed to South America, a thoroughly-qualified SURGEON, who must be able to speak fluently either French or Spanish. — Address, S. W., care of Mr. Hammond, 27, Lombard-street.

**A Gentleman, who has entered**

University College, wishes for an Engagement where he could attend Lectures, &c., which, with board and lodging, would be considered equivalent to salary. — Address, W. T., care of Messrs. Westwood and Hopkins, 18, Newgate-street.

TRAVELLING TUTOR.

**A Clergyman, purposing to spend**

the winter months in the South of Europe, wishes to meet with a Pupil, for taking charge of whom he would require no further remuneration than the payment of his expenses. Address, M.A., Christ-church, Oxford.

**To be disposed of, in consequence of**

the continued indisposition of the proprietor, Mr. Elijah Pring, the Good-will, Stock, Fixtures, &c., of that well-known establishment, the MEDICAL HALL, No. 30, Westmoreland-street, Dublin, (established in 1821,) now in full working order, and to which a highly respectable and numerous connexion is attached. The business, until disposed of, will be carried on as usual. The fullest information can be had of Messrs. Herring and Co., 40, Aldersgate-street, London; of Mr. Graham, No. 12, Cope-street, Dublin; and of Messrs. Grattan and Co., Belfast; or at the premises. — 16th September, 1854.

**Country Practice without Purchase.**

An advantageous opportunity presents itself of acquiring a PRACTICE within a short distance of a favourite and fashionable Watering-place in South Wales. The neighbouring Collieries will yield an income of nearly £150 per annum, without any trouble or risk in its collection and payment; and in addition to the Collieries there is an opening for establishing an independent private Practice. Testimonials of fitness and respectability will be required, and a married man would be preferred. The neighbourhood is picturesque, and on the coast, and house-rent and provisions are cheap. Applications will only be received in writing, which may be forwarded, with testimonials, to the Secretary of the Pembrokehire Iron and (Anthracite Steam) Coal Company, 18, Gresham-street, London.

TO ANATOMISTS.

**Mr. J. C. Stevens will include in the**

Sale by Auction, at his Great Room, 38, King-street, Covent-garden, on Tuesday, October 24th, MARGAINT'S GRAND ANATOMICAL WORK, comprising Ninety Life-sized Coloured Plates, in Twenty-eight Maple-wood Frames, &c. Also, a Full-length Figure in Wax, illustrating Twenty-eight Diseases. — May be viewed the day prior to and morning of Sale, and Catalogues had of Mr. J. C. Stevens, 38, King-street, Covent-garden.

**Calne Union. — The Board of**

Guardians of this Union give notice, that on Wednesday, the 15th of November next, at noon, they will elect a MEDICAL OFFICER for the entire Union, who must be duly qualified according to the Commissioners' Order of 12th of March, 1842. He will be restricted from private practice, and will be required to devote his whole time and attention to the duties of his office, and keep a horse. The salary is £200 per annum, without extra fees for Surgical or Midwifery cases. Drugs, &c., will be provided at the charge of the Union, and assistance will be rendered in dispensing Medicines. Vaccination will be paid for at per successful case. Applications, accompanied by testimonials, to be made to the Clerk, on or before Tuesday, the 31st of October instant.

By order of the Board,

HENRY S. HEATH, Clerk.

Calne, Wilts, October 4th, 1854.

**Kendal Union. — Appointment of**

MEDICAL OFFICERS. — The Board of Guardians of the KENDAL UNION, will, at their Weekly Meeting, to be held at the Board-room, Kendal, on Saturday, the 4th day of November next, at Eleven o'clock in the Forenoon, proceed to the appointment of MEDICAL OFFICERS, (having the qualifications set forth in the Consolidated Order of the Poor-Law Commissioners of the 24th of July, 1847,) for the Burton District, Salary, £32 per annum; Scalthwaterigg District, £20 per annum. The Medical Officers will be paid in addition to the above salaries, for all ordinary Midwifery Cases, (where an Order from a competent authority has been given,) the sum of Ten Shillings per Case; they will be entitled to the remuneration specially awarded for operations; and services mentioned in article 177 of the aforesaid Consolidated Order; also for successful cases of Vaccination, pursuant to the 16 and 17 Vict., cap. 100. They will be required to keep the Medical Relief-book, and to make such medical returns as the Board of Guardians may call for from time to time, to attend all Meetings of Guardians when required, and to perform such other duties as may be prescribed by the aforesaid Order.

During the last three years, the average sum paid for extras, for Burton District, amounted to upwards of £14 per annum, and Scalthwaterigg District nearly £7 per annum.

\* \* \* Testimonials and Certificates of qualifications to be sent to the Clerk (under seal, free) on or before Friday, the 3rd of November, 1854.

By order of the Board,

JOHN MARX, Clerk to the Guardians.

Finkle-street, Kendal, 7th October, 1854.



**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS,

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

**Receipts last year, £1250. Price,**

£1000, one year's Partnership Introduction to the best GENERAL PRACTICE in a large and influential eastern district of the Metropolis; lowest Midwifery fee, £1 1s. The double qualification indispensable.  
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The Editors have stated on previous occasions, that when the entries in the Directory for the current year (1854) are found to be correct, a mere intimation of that fact will be sufficient; but when alterations are required, they should be distinctly specified, and in all cases the Names should be written clearly, and at full length.

Lists of the Names of duly-qualified Practitioners resident in the several Cities, Towns, and Villages of the United Kingdom, will be thankfully received, as also information of the Death, Removal, or Appointment to a Public Office, of any duly-qualified Practitioner. In the Metropolis, and other Cities and large Towns, the streets and numbers of the Houses should be given.

Duly-qualified Practitioners who have already responded to these appeals would confer a favour on the Editors by inducing Professional friends and neighbours to make their "Returns" as quickly as possible, as delays might evidently cause some names to be omitted.

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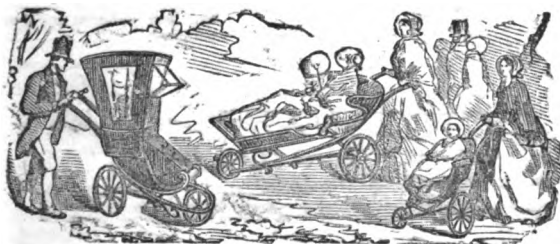
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ALLOWANCE AND CONTRIBUTION TO CEASE AT																										
Age at Entry.	60 YEARS OF AGE.									65 YEARS OF AGE.									70 YEARS OF AGE.					Age at Entry.		
	Yearly Contributions.	Half-Yearly Contributions.	Quarterly Contributions.							Yearly Contributions.	Half-yearly Contributions.	Quarterly Contributions.							Yearly Contributions.	Half-yearly Contributions.	Quarterly Contributions.					
25	£. 15	s. 0	0	17	9	0	9	0		£. 19	s. 4	0	19	11	10	0	0		£. 6	11	3	30	11	9	25	
30	£. 19	s. 4	0	19	11	0	10	0		£. 4	8	1	2	7	0	11	5	3	£. 13	10	1	6	80	13	6	30
35	£. 5	s. 1	1	2	10	0	11	6		£. 11	10	1	6	2	0	13	3	3	£. 5	11	6	0	15	11	6	35
40	£. 13	s. 3	1	16	11	0	13	8		£. 1	5	11	0	0	15	9	3	£. 14	5	11	7	0	19	0	40	
45	£. 3	s. 6	3	1	13	0	0	16	8	£. 3	14	11	1	17	10	19	1	£. 13	23	6	7	1	3	6	45	
50	£. 4	s. 3	6	2	3	1	1	4		£. 14	12	7	6	1	4	0	5	£. 17	12	19	21	9	11	50	50	

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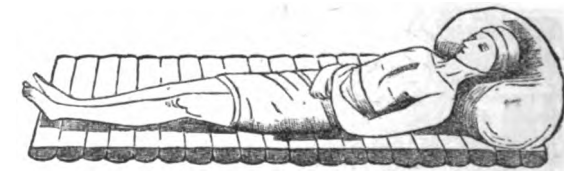
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## On Surgery.

DELIVERED BEFORE THE FELLOWS OF THE  
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DURING THE SESSION 1853-54.

By JOHN BISHOP, Esq., F.R.S.

## LECTURE I.

## DISEASES OF THE BONES.

*Physical properties of bone; elasticity and strength; influence of their organic and inorganic constituents. Theory of Dr. Stark examined and refuted. Flexibility of bones; rickets; mollities ossium; caries, or ulceration of bone; psoas abscess.*

GENTLEMEN,—There is, perhaps, no subject of greater interest to the practical surgeon than that of the human skeleton, both in a state of health and disease. It is from these considerations that I have selected this branch of surgery for the Lettsomian Lectures on the present occasion. Within the space of a few years, great progress has been made in the pathology of the bones, which has been very greatly aided both by chemical and microscopical researches. As, however, the pathology of the bones, taken as a whole, presents far too wide a field to be compressed into the space of three lectures, I have selected such points as appear to me most worthy of interest.

If we take into consideration the human skeleton with relation to its laws of formation, or its general conformation with reference to its several offices in the animal economy, we cannot avoid being struck with the perfection of its mechanism. In their normal condition, the bones have but little sensibility; but when inflamed, they become exquisitely sensitive. By the nature of their organization and nutrition they partake more or less of all the changes in health or disease that are incidental to the human constitution; they are, consequently, liable generally to many of the diseases by which the soft parts are affected, as well as to the special effects of mechanical violence. They are capable of being renewed in part when broken or destroyed by disease; and even the whole of a bone, under special circumstances, may be reproduced after the old bone has been removed. As the skeleton is designed for the protection and support of the soft parts, it must necessarily possess certain mechanical and physical properties peculiar to bone. However, many of the physical characters of the bones are in common with those of inorganic bodies—such, for example, as rigidity or strength, and elasticity, brittleness, and pliability. As these physical properties exert a great and important influence in protecting and supporting, and in removing the body from one place to another, the changes that take place in these qualities must necessarily be of great interest to the practical surgeon, and more especially with respect to the theory and treatment of fractures and distortions. As these points have not yet received that consideration which they appear to merit, I propose in this lecture to enter more fully into this branch of the subject.

In a state of health, the bones appear admirably calculated, not only to protect and sustain the soft parts, but also to resist the shocks and pressures to which they are liable in the various occupations of the human family. If we contemplate the human skeleton as a piece of machinery destined to perform certain offices, and if we consider the number of its parts and the structure of the several kinds of joints by which it is held together, we at once perceive that it is designed and endowed to perform its functions with great precision, and that the full comprehension of its whole properties involves the most profound researches. The conditions which determine the form and structure of the skeleton, and the play of the vital forces in effecting its development, are problems of great obscurity connected and associated with the origin of man himself. During the development of the bones, from the period of infancy to old age, they are continually changing their chemical elements and physical properties. This is apparent both from physiological investigation and pathological research. Let us now turn our attention to those physical changes which the bones suffer in consequence of variations in the proportion of their organic and inorganic constituents; and, in the first place, let us investigate in what manner the elasticity and

strength of bones vary contemporaneously with their chemical differences. By *elasticity*, in physics, is meant the property which bodies possess of recovering their primitive form and dimensions after the external force by which they have been extended, compressed, or bent is withdrawn; and *strength* is understood to mean the resistance offered by bone, or by any other solid body, to a force directed to break or fracture it. It is these two physical properties just defined which confer on the bones their capability of performing their offices. Both the elastic and rigid properties are often severely tested by the action of powerful muscles, and we know they are sometimes overcome by external violence, so that fractures ensue.

It will be proved, as I proceed, that it is the inorganic matter of the bones which confers on them their elasticity and strength, and the organic constituents which confer on them their cohesive properties and flexibility; this is apparent, inasmuch as if we take away the inorganic portions, the organic portions become inelastic, and bend with their own weight. On the other hand, if we abstract the whole of the organic portions, the bone becomes brittle, will not bend, and falls to pieces with a very slight blow. From these circumstances we are led to conclude that, in the state of health, the bones must be so constituted that the proportions of the inorganic and organic matter are such as to confer on them the greatest possible amount of elasticity and strength. After a most extensive analysis of the components of bone, pursued through a large series of the animal kingdom, and consisting of no less than 232 experiments, Dr. Stark found that the mean proportion of the inorganic to the organic substances was as 66.09 : 33.91, or very nearly as 2 : 1, and both Dr. Stark and Von Bibra found that the proportion of inorganic and organic matter is nearly the same in the bones of all the classes of mammalia; but as there are great differences in their hardness, Dr. Stark concludes that the hardness and strength of bones do not depend on the differences in the proportions of their earthy constituents, but simply on the differences in the organic structure of the bones. He further states that there is no difference between the earthy and the organic constituents of the several portions of the skeleton, and that the spongy portions of bone do not differ in chemical composition from the solid portions; but a mere glance at the tables will show the fallacy of these assertions.

It will be seen that there is a considerable difference between the laminated and spongy structures; and also that, according to the latest researches and the best chemical authorities, there are very sensible differences in the composition of different portions of the skeleton. Mr. Stanley and Mr. Paget seem also to have been misled by Dr. Stark; for they both concur in his views, and state, after him, that the strength of bones depends on their structure, and not on the quantity of earthy matter entering into their composition. These views, however, appeared so entirely at variance with our preconceived notions of the mechanical effects of the composition of bone, that I determined to test the truth of these assumptions; and this appeared the more necessary from their practical bearing on the treatment of affections of the bones. In order, therefore, to determine whether the elasticity and strength of bone really do, or do not vary, when the chemical components vary, and (if such be the case) what really is the smallest quantity of inorganic matter consistent with the efficient strength and elasticity of bone to protect and support the body, it is only necessary to remove by degrees from a lamina of a given weight of healthy bone, certain quantities of its inorganic constituents by means of dilute hydrochloric acid, and then to fix one end of the lamina firmly, and suspend at the other end a given weight, sufficient to bend it into a curve; having then measured the degree of curvature, if the elasticity is unimpaired, the bone will, as soon as the weight is removed, return to its primitive form. This process may be had recourse to a second, third, or greater number of times, and the elasticity estimated by the degree of curvature produced in each case with the same weight. It must be obvious, even to those who are unacquainted with the mechanical details of the strength and elasticity of bodies in general, that the body which is most bent under the same weight, (all other things being the same,) must be the weakest. With the object before-mentioned in view, I selected a rectangular plate of bone cut by a circular saw from the shaft of the femur of an ox, and after having carefully weighed the portion of the bone, its weight was found to be seventy-six grains. One end of it was then fixed firmly in a vice, a string was passed over the other end, to which a weight equal to 14,815 grains, or 2.11643 pounds, was suspended. It was allowed to remain in this state several days, when, on the weight being removed, the bone immediately recovered its primitive form, showing that its

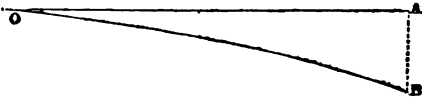
elasticity was unimpaired. The curve it made under the weight is seen in Fig. 1. The same bone was then plunged

FIG. 1.



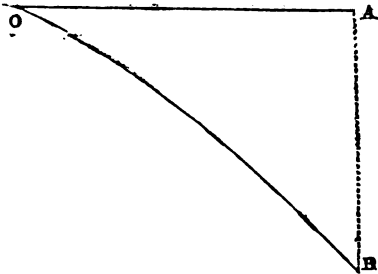
into a weak solution of hydrochloric acid. After remaining about two hours, it was taken out of the solution, and suffered to become dry; it was then again weighed, and was found to have lost 15 grains of its inorganic materials, thus reducing the weight of bone from 76 to 61 grains. The bone when dried was then again fixed, and the same weight being applied as before, the curve it then formed is seen in Fig. 2. On the

FIG. 2.



weight being removed, the bone in a few seconds resumed its original form, showing that it still retained its elasticity. The bone was again put into the acid, and suffered to remain a short time, when it was taken out, dried, and weighed as before. It was now found to have lost five grains more of its mineral components, the weight being reduced from 61 grains to 56 grains. On being again fixed, and the same weight applied, it bent into the curve as seen in Fig. 3. On this

FIG. 3.



occasion, however, on the removal of the weight, it no longer recovered its former figure, but remained in a bent state; it therefore had not only its elastic properties reduced, but the greater degree of curvature shows it had also been very sensibly impaired in strength; and as the proportion of the animal to the earthy matter, when the bone had its elasticity so far diminished, was very nearly as 2:3, we may consider this proportion as indicating the amount of deficiency of earthy matter, such as will render a bone, if distorted by pressure, incapable of returning to its primitive form. But, as it might be supposed by some persons that the loss of strength was due simply to the loss of material, and not to the chemical difference between the earthy and organic components of the bones, a similar rectangular piece was cut from the same bone, and ground down to precisely the same weight as the bone that had been acted on chemically, when they severally formed, under the same weight, the curves seen in Figs. 4, 5,

FIG. 4.

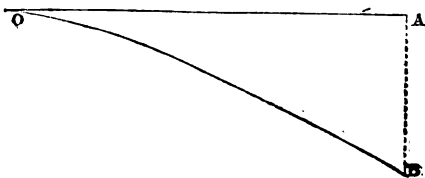
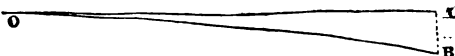


FIG. 5.



From this it will be obvious that the loss of strength is entirely and specially due to the loss of the inorganic matter, and not simply to the loss of the general substance of the bone.

It is not a little curious to observe how sensibly the elasticity of bones may be affected by small changes in their chemical relations, and it was observed that the lamina of bone, which weighed fifty-six grains, and formed the curve already mentioned, (fig. 3,) had, after the lapse of several days, become drier, and on being again weighed it was found to have sustained a further loss of 2.5 grains, the waste being now of the animal matter. On being subjected to the same weight, it made the curve seen in fig. 4, which, when compared with the curve it formerly made, (fig. 3,) shows how small a difference in the components will alter sensibly its mechanical properties. However, this increase of elasticity by drying is not peculiar to bones, for Mr. Hodgkinson found that the strength and elasticity of many kinds of wood are greatly augmented by drying. In the process of preparing bones for mechanical and chemical experiments, it is usual to strip off the periosteum, and remove the fat; the oily matter will then pass off by drying, after which no very great difference will take place in the chemical properties of bone, even after the lapse of centuries. In order rigidly to compute the elasticity of any body by means of the curve it forms when it is bent in the manner now under consideration, would require a mode of analysis which it would be quite impossible to explain in a lecture; but it will be sufficient on this occasion to take the line (A B) in the several curves as inversely representing the comparative differences of the elasticity of the bones in their several states.\*

There is no doubt but that the specific gravity of bones differs in degrees corresponding to differences in the amount of their components, and also that the elasticity varies according to the specific gravity. This point, however, I have not yet investigated sufficiently to justify my occupying the time of the Society with a statement of the result. Care, however, must be taken not to substitute the *strength* of the bones as if it were identical with their *elasticity*, inasmuch as these properties are very disproportionate to one another in some bodies, some of the most elastic substances, such as glass, for example, being as we well know, very brittle.

The strength of bones, then, is a most important property belonging to their structure, and is essentially necessary for the healthy performance of the functions of the human system. It has been already seen how much the *elasticity* of bone depends on its chemical composition; and the same is also true with respect to their *strength*, as may be inferred from the curve made with the same weights, to which I have already invited attention. As there seems to be nearly a constant proportion in the components of bone in the health and vigour of life throughout the orders of mammalia, and as this proportion is very nearly as 2 to 1, between the inorganic and the organic materials, it may be concluded that this relation is the one which confers the greatest strength consistent with the functions they have to perform. The force necessary to crush a piece of solid bone is very great. According to the researches of Professor Robinson, it is twice as great as with oak; and as the latter requires, according to Professor Hodgkinson, from 6484 to 10,058 lbs., we can easily imagine the immense weight it must require to crush bone. It has been remarked by Von Bibra, that those bones which are subjected to the greatest action have the largest proportion of earthy constituents. We find the same thing occurring in the enamel of the teeth, in which, in order to fit them for their offices, the proportion of the earthy phosphates is very large.

Enamel.					
Inorganic	...	...	...	...	= 98
Organic	...	...	...	...	= 2
					100

\* In these figures—

- O is the point of the origin of the curve.
- OA is the tangent.
- OB is the curve made by the bone.
- AB is the measure of the elasticity.

The line A B in the figures represents only the comparative elasticity of the bones in the several curves; but the actual amount of elasticity may be obtained by the following simple formula:—

$$E = \frac{w}{k \delta^3}$$

And if we designate the strength by S, then

$$S = \frac{l w}{\delta^2}$$

In which—

- E is the elasticity.
- k " measure of the line A B.
- w " weight in pounds.
- δ " breadth } in inches.
- δ " depth }
- l " length }

Independently of the excess of phosphate and carbonate of lime, there is also found a small quantity of the fluoride of calcium, and to its presence Lehmann ascribes the fine polish and extraordinary hardness of the enamel.

Though the structure of ivory is very different from that of bone, yet it contains nearly the same chemical components. The strength and elasticity of these two substances appear nearly equal, as may be seen in the similarity of the curves they make when bent by equal weights (Figs. 6, 7.) Besides

FIG. 6.

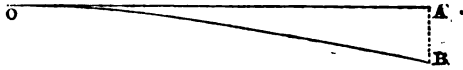
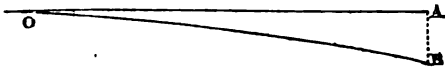


FIG. 7.



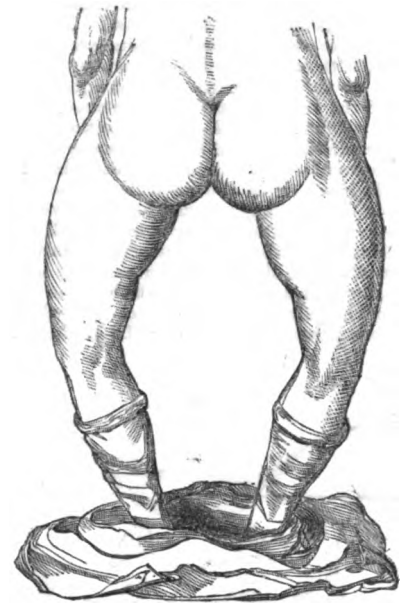
the difference arising from chemical composition, there is great difference in the strength of bones according as they vary in their form. The flat bones—such as the cranial and scapular for example: the former of which are expanded into discs for forming the dome of the skull; and the latter presenting an extensive surface for the attachment of muscles—are not so strong as the more solid forms of the bodies of the lower vertebræ: and, again, the cylindrical bones of the extremities are much stronger, on account of their being hollow instead of solid cylinders; for it is found, that with the same quantity of matter strength may be doubled, by the interior diameter of the tube being to the exterior as 100:71·66. In many parts of the skeleton considerable differences exist in the proportion of the constituents of the compact, the cancellated, and the spongy portions of the bones; and it must be manifest that the cancellated and spongy tissues are not adapted to confer on the bones as much strength and elasticity as the laminated structure; yet they perform several important physical offices. In the solid bones, such as the bodies of the vertebræ, the tarsal, and carpal, the spongy portions prevail, and give extension to the surface, without adding too much weight. The ethmoid plates being very thin, are composed entirely of laminae.

Having now given an outline of the two mechanical properties of bone, elasticity and strength, we shall be prepared to consider their opposite abnormal and pathological qualities—namely, flexibility and softening.

In the first place, we find in early age—that is, from one to four years—that during the process of teething the phosphate of lime is partially consumed in the formation of the teeth. The tibia and fibula are then often so flexible as to be unable to support the weight of the body; this often occurs in children of healthy constitution, and who are quite free from rickets. The bones are not in a state of disease, but merely destitute of the quantity of inorganic matter necessary to enable them to bear the weight imposed on them. It is in this state of the bones that some mechanical support is desirable, inasmuch as if, during the curvature of the bones, they acquire the proportion of earthy matter sufficient to confer on them the elastic property common to normal bone, they remain distorted during life, and no mechanical contrivance that can be borne by the patient seems to be adequate to restore the bone to its normal figure. The rehardening of the bones of the lower extremities, when there is no organic disease, appears to take place in children about the age of four years. That in a great number of children the bones regain their figure without the interposition of any support, there is no doubt; but that other children remain distorted through life we have every-day evidence. The annexed figure of a girl about seventeen years old is an illustration of a case in which the bones have regained their elasticity before the restoration of their figure, and no force that could be employed was sufficient to correct the distortion. (See Fig. 8.)

Other cases of a similar nature have been under my care, and have been attended with like results. Cases similar in their mechanical nature to these affections of the lower extremities occur later in life to the bones of the vertebral column, about the age of puberty, and more frequently in the female sex. The vertebræ, from this period until they arrive at the age of twenty years, are, in many young persons of a delicate constitution, so soft and compressible, that if they are unequally pressed on for lengthened periods by placing the body in any peculiar attitude, they give way, and, being inelastic, do not recover their form; and if the attitude tending to alter the

FIG. 8.



shape of the vertebræ continue until the bones regain their normal proportions of inorganic matter, the distortion of spine will resist any treatment, and deformity is established for life. The period for attention to these cases, then, should never be neglected; but if the proper time of treatment is taken advantage of, these cases of distortions of the spine do not present much difficulty of cure; for it is very easy to remove the cause of the unequal pressure on the bodies of the vertebræ by correcting the attitude.

It will be seen by the following analysis of the bones by Von Bebra, that of all the bones of the skeleton, (the sternum excepted,) the vertebræ have the largest proportion of organic matter, being as 45·75:54·25, and consequently are the most easily compressible:—

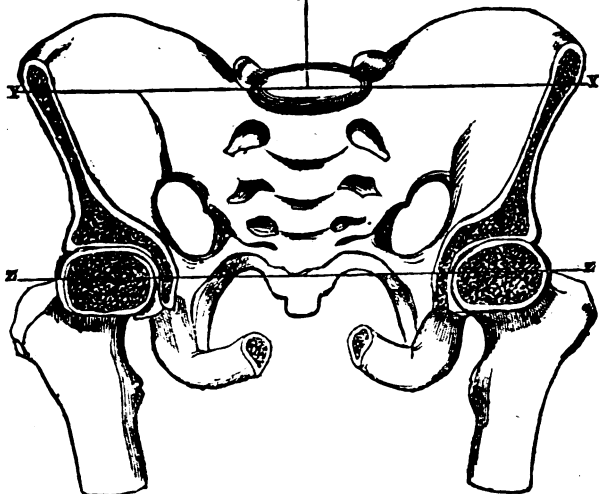
*Woman, aged Twenty-five Years.*

	Fem.	Tib.	Fib.
Inorganic ... ..	68·64	68·42	68·54
Organic ... ..	31·36	31·58	31·46
	Hum.	Ulna.	Rad.
Inorganic ... ..	69·25	68·87	68·68
Organic ... ..	30·75	31·13	31·32
	Met.	Clav.	Occ.
Inorganic ... ..	68·68	67·51	68·73
Organic ... ..	31·12	32·49	31·27
	Cost.	Stern.	Scap.
Inorganic ... ..	63·57	51·43	65·38
Organic ... ..	35·43	48·57	34·63
	Vert.	Innom.	—
Inorganic ... ..	54·25	59·97	—
Organic ... ..	45·75	40·03	—

We know, anatomically, that the spinal column rests on the sacro-lumbar articulation, which presents but a small surface, as a base, in proportion to the height and the weight of the column it has to support, and that, moreover, it is inclined forwards towards the upper edge of the symphysis pubis,

at an angle of 30°, and it is obvious that the vertebral column must necessarily partake of all the movements and inclinations to which the base of support is subjected. The only position in which all the forces acting on the spine are in the state of the least action, is the erect position of the body; the sacro-lumbar articulation is then, on each side, at equal heights from the ground, and the vertebrae are equally pressed on by the superincumbent weights. In all other positions of the base of support, the vertebrae are subjected to unequal pressure, which, in the treatment of distortions of the spine resulting from mechanical causes, it is the great object to prevent. Any distortion of the legs, any unequal forces between them, or any difference in their extension in standing, all tend to give a lateral inclination to the sacro-lumbar articulation, and produce lateral curvatures of the spinal column. But in order to make this more apparent and incontrovertible, from the well-known structure of the pelvis, we may deduce that when the line Z Z, (fig. 9,) passing through the axes of the heads of the femurs, is

FIG. 9.



horizontal, the line Y Y, parallel to the surface of the sacro-lumbar articulation, will be also horizontal, and consequently the line in the direction of X, and in the mesial plane of the vertebral column must be vertical. From these considerations it is seen of how great consequence it is to the vertebral column to preserve the integrity of the figure and the force of the lower extremities at the period of life when the treatment is most effective.

The softening of the bones, which we have been considering, is that state in which there is no organic disease of the skeleton, but merely a disproportion between the quantities of their organic and inorganic constituents, without any great degree of constitutional disturbance.

(To be continued.)

## CASE OF CALCULUS VESICÆ IN A GIRL.

By HENRY THOMPSON, Esq., F.R.C.S., M.B.,

SURGEON TO THE ST. MARLYBONE INFIRMARY, ETC.

THE infrequent occurrence of calculus in the female sex, as compared with its appearance in the male, is a matter of common notoriety to the profession. Contrary, however, to that which is observed in patients of the latter class, it would appear, when affecting the female, to be much more rare in childhood than in adult age. We are familiar, both in our literature and practice, with the complaint as it occurs in the adult, and also with various kinds of surgical treatment employed for its removal; but there are very few reports in existence of cases in which young girls have been observed to suffer from stone, and still fewer in which any operative proceedings have been necessary in order to extract it.

It is customary to attribute the comparative immunity of the female to the very different character of the urinary passage, as regards its extent and complexity, when compared with that which belongs to the apparatus of the male; and this is probably in great part sufficient to account for the rapid ejection from the body of those minute crystalline aggregations

which are doubtless produced in both sexes with equal frequency, but which, when detained in the bladder for a sufficient period of time, often become the nuclei of larger formations. The pyriform shape of the bladder in children, and its high situation behind the pubes, altogether above the level of the internal urethral outlet, is very favourable to the expulsion of a foreign body, particularly where the passage is short; but the advantage gained to the female child by this position of the bladder is lost to boys, by the small size of their urethra, and the little dilatability which it possesses; and probably it is on this account that the bladder in such becomes more liable to retain a foreign body, and is consequently more obnoxious to stone than in after life, when the capacity of the urethra has trebled.

I have recently had under my care, at the Marylebone Infirmary, a little girl with calculus in her bladder, whose case it appears desirable to record, not only on the ground of its rarity, but also on account of the complete success which has followed the treatment adopted.

C. P.—, aged nine years, a healthy-looking, quick, and lively child, has been the subject of most infantile diseases, but all occurred before she was six years old, and she has apparently enjoyed good health until very lately. Twelve weeks ago she had "an attack of fever," which confined her to bed for a week. During her convalescence, signs of urinary irregularity were first observed by the mother. The woman being from circumstances more than usually absent from her children during the day, cannot be certain that some symptom may not have existed before the time mentioned. She states that the child complained of a pain in the side, of too frequently requiring to make water, of difficulty in the act, of total inability to resist sudden desires to micturate, and, more recently, of frequent fits of retention. Two or three weeks ago, the catheter was rendered necessary for their relief four times during seven days. In consequence of the increasing severity of these symptoms she was admitted to the Marylebone Infirmary in the beginning of July, 1854.

I saw her first about the 12th, and sounded her, with my friend Mr. Filliter, the resident surgeon of the infirmary. The bladder had become unnaturally capacious, containing, when distended, fully a pint of water. Its walls were manifestly rugose, from development of the muscular parietes, a condition which was easily recognised by the sound. There was a little difficulty in detecting the stone, and in obtaining an audible click. It was movable, and lay deeply behind and below the internal meatus. The clitoris was considerably enlarged, while both it and the surrounding parts were unnaturally red, and slightly excoriated. She was in the habit of putting her hands constantly to the part, complaining much of the pain she felt there.

During the succeeding three or four days she was kept quiet, in order that her symptoms might be watched and noted. Urine, rather pale, abundant; slight alkaline reaction; deposits a small precipitate, which, under the microscope, proves to be chiefly crystals of the triple phosphate, with a very few pus corpuscles; no appreciable amount of albumen.

On the 15th, a sudden fit of retention having occurred, Mr. Filliter was called by the nurse to see her, and discovered, by passing a probe, that the internal meatus was occluded by the calculus, having apparently become fixed there, as if grasped by it or by the neck of the bladder. He made efforts to extract it at once, but found this impracticable.

July 18th.—Having concluded that lithotripsy offered the safest and most certain method of removing the calculus, I directed, having first emptied the bladder, the insertion of a small compressed sponge tent, of taper form, about two inches in length, and the fifth of an inch in average diameter, into the urethra, the larger end being securely fastened to a disc of cork, to prevent all possibility of its slipping into the bladder, and the whole kept in position by a bandage. About three hours afterwards I removed this; it had swelled to three times its original size, and had acted well on the urethra.

July 19th.—Another tent was inserted in the morning. About four hours afterwards, the child was placed on her bed in a good light, and had chloroform administered to her by Mr. Filliter, my friend Mr. Erichsen kindly favouring me with his assistance. I then withdrew the tent, and introduced an ordinary screw lithotrite. On this occasion it was not easy to find the stone, and some minutes elapsed before its presence was recognised; but after some patient and careful sounding, I succeeded in finding and effectually crushing it. A few fragments passed after injecting the bladder with warm water.

20th.—A quantity of detritus has come away. She has suffered no pain, and but little smarting, since the operation. Urine clear and abundant. The calculus appears to have been

about five-eighths of an inch in diameter, and was composed of uric acid and urate of ammonia, the former constituting the nucleus, with a slight incrustation of phosphates upon its surface.

22nd.—Says she has nothing whatever to complain of. Runs about the ward, and passes urine in a natural manner; urine healthy.

25th.—Perfectly free from any symptom, except a slight degree of incontinence during sleep; none at any other time.

September 23rd.—Quite well. For two or three nights after last report she did not wholly retain her urine, but since that time she has been perfectly free from that or any other symptom of urinary complaint.

The foregoing case suggests one or two points of remark in relation to the practical management of calculus in the female bladder, which appear to me to be important:—

The methods which have commonly been adopted for the extraction of stone in the cases of adult females (and our recorded experience of any other age, as before mentioned, is exceedingly small) are—dilatation of the urethra and neck of the bladder alone; dilatation in combination with incisions; and incisions of various kinds, usually commencing in the urethra, and adequate to permit the passage of the stone. Against all of these the very serious objection of a resulting incontinence of urine is confessedly held to lie. There is no question at all amongst practical surgeons as to the occurrence of this infirmity in a certain, and probably not very small, proportion of cases so operated on. Hence it has been proposed to substitute the employment of the lithotrite for these procedures, although, judging from published reports, it does not seem by any means to be very commonly resorted to. At the same time, the only objection urged against it, as far as I have been able to learn, is a degree of difficulty, arising from the alleged inability on the part of the bladder, on account of the shortness of the urethra, to retain a quantity of fluid sufficient for the purpose of the lithotritist. The objection, if valid, certainly presents an obstacle to the successful issue of the operation in one point of view; but on the other hand, it should not be forgotten that for obvious reasons the manipulation of the lithotrite is more easy in the female than in the male bladder. Owing to the shortness and extensibility of the urethra in the former case, a far greater freedom of motion is permitted to the instrument, both in regard of the direction of which the axis of the shaft is capable, and in the general character of the movements themselves, which are not retarded or modified by close contact and friction with the walls of a long urethral canal, as in the male. Consequently a smaller expenditure of time, as a rule, will be necessary for the performance of the operation under these more favourable conditions. But further, I conceive that it would be by no means impossible to exercise a degree of pressure around the external meatus of the urethra, either by the fingers of the left hand or by some other means, which should be sufficient to prevent the escape of fluid. Indeed, whenever an expulsive effort was made by my patient, as did occasionally happen, I found no difficulty in retaining the fluid, by applying the left thumb and finger to the urethral orifice, and compressing it temporarily around the shaft of the lithotrite. But this occurrence in her case was, I believe, due to the fact that I had employed rather more distending force, by means of the sponge tent, than was really necessary. The introduction of one, instead of two tents, would probably have been sufficient to permit the introduction of the lithotrite with ease, but having had no previous experience of their effect upon a child's urethra, it was not possible to foresee this. Of course, in operating for the ordinary cases of adults, dilatation of the urethra would be unnecessary as a preliminary step; on the contrary, it is not improbable that the objection just alluded to as lying against the use of crushing instruments might be overcome, if not entirely, at least to a considerable extent, by employing them of larger size than those which are adapted to the male; in short, by taking care always to use such as will adequately fill or slightly distend the urethra of the patient.

I am inclined to think that there are not many cases of calculus in the female to which the lithotrite would not be preferable to any operation by dilatation or incision. Its applicability to children has been shown by the case just reported, the first, I believe, on record, in which it has been successfully resorted to, if not the first in which it has been employed. In adults a certain amount of irritability, or mucous discharge from the bladder, should not necessarily contra-indicate an attempt to extract the calculus by crushing, because of the peculiar facilities, already referred to, which the female passages offer to the operator. I cannot but think that the unhealthy condition so described is apt to be regarded with unnecessary apprehension

in some of these cases. A stone which can be detected without difficulty may be very readily seized and crushed, with nearly if not quite as little disturbance to the bladder as that occasioned by the efforts commonly employed in dilating the neck, in grasping the calculus with the forceps, and in forcibly extracting it through the passage. In neither case does there appear to be any objection to the use of chloroform for the purpose of subduing the pain of the operation. When there is reason to believe that the nucleus of the stone consists of some foreign body which can neither be crushed nor removed by means of the lithotrite, other means must be resorted to, and these will generally be determined by the nature of the individual case. Neither can any absolute rule be laid down as to the method of dealing with a stone in relation to its size. Probably there are not many calculi of purely natural origin sufficiently large to render incisions absolutely necessary, more especially as the larger formations are more commonly phosphatic in their composition, and consequently extremely friable, often possessing a consistency little more firm than that of mortar. Nevertheless, there are doubtless a few which are not amenable to the grasp of the lithotrite.

On the whole, then, I am anxious that we should recognise fully the advantages of a method which promises to accomplish the end in view without entailing on the patient the subsequent evil of urinary incontinence. If lithotrity is admitted to be an operation of superior efficiency and safety in many cases of calculus in the male subject, liable as it is to become the occasion of serious contingencies, arising from his sexual formation, it must surely be, *a fortiori*, a more desirable proceeding than the operation by the knife, or three-bladed dilator, in a very large proportion of those cases which are presented in the female.

Wimpole-street, Cavendish-square, 1854.

## ON THE LAW OF MORTALITY AND SICKNESS OF THE LABOURING CLASSES OF ENGLAND.

By THOMAS ROWE EDMONDS, Esq.,

ACTUARY TO THE LEGAL AND GENERAL LIFE ASSURANCE SOCIETY.

THE mortality, according to age, of the general population of England in all localities, was first satisfactorily determined for the period of seven years ending with the year 1844. The observations and results were published by the Registrar-General in the year 1849; and in the following year I was allowed the opportunity of exhibiting in *THE LANCET* (vol. i. 1850, pp. 297, 330) the principal results in new combinations, with my conclusions therefrom. The knowledge thus obtained of the mortality of the general population (with distinction of town from country districts) is valuable for testing the correctness of independent observations made on the mortality of classes of the labouring population, such as are contained in "Friendly Societies," whose mortality and sickness it is now proposed to discuss.

Within the last few years a very great addition has been made to the previously existing small stock of observations on the mortality and sickness experienced by members of Friendly Societies. In *THE LANCET* of April, 1839, (vol. i., p. 185,) was published an observation made by me on the members of a metropolitan benefit society, in which observation was comprehended the deaths and sickness, distributed according to age over 30,000 years of life. At that time there existed only two similar observations; one of these was contained in the report of the Highland Society, and embraced 85,000 years of life: the other was made by Mr. Ansell, and embraced 25,000 years of life. Since the time mentioned, we have had large additions made to this department of knowledge from three sources, to the extent of two and a half-millions of years of life observed. The first of these additions is due to Mr. Neison, and embraces more than one million years of life observed during the five years ending with 1840. The next addition proceeded from a very large friendly society, called the "Manchester Unity of Odd Fellows," and embraced about 600,000 years of life, observed during the three years ending with 1848; this observation having been made by the corresponding-secretary of that society, Mr. Ratcliffe. The third and last addition to this department of knowledge has been made by authority of the British Government, the results having been published within the last half-year. Mr. Finlaison, junr., has been employed to make this observation, which extends over the five years ending with 1850 and embraces about 800,000 years of

life. This last observation, like that of Mr. Neison, is founded on official returns, which all registered Friendly Societies are required by Act of Parliament to make once every five years.

The three observations on Friendly Societies made respectively by Mr. Neison, Mr. Ratcliffe, and Mr. Finlaison, jun., yield each its specific law of mortality and sickness. The three laws of mortality obtained are in accordance with the general law, which in all other observations regulates, in adult life, the increase of mortality according to age. The general law is this—that the rate of mortality increases, from puberty to the age of about 53 years, at the rate of 3 per cent. (.02991) for every advance of one year in age; and after that age, increases at the rate of 8 per cent. (.07969) for each year of age until the end of life. There exist innumerable specific laws of mortality, appropriate to particular masses of population, but all these specific laws differ from each other only in two characteristic points,—one characteristic being the particular age at which the period of “florescence” terminates and the period of “senescence” begins, and the other being the absolute mortality at any specified age.

Previously to the publication of the three observations now under consideration, there existed grounds for believing that, in adult life, the increase according to age in the amount or duration of sickness suffered in each year of life was regulated by the same two numbers which regulate the increase of mortality in the periods of “florescence” and “senescence” respectively. In the year 1832, I published Sickness Tables, founded upon such unity of law. The present three observations confirm the view then acted upon, and may be said to establish the fact of identity between the constants of mortality and the constants of sickness. There is, however, a remarkable discrepancy between the three observations as to the particular age at which the period of florescence is divided from the period of senescence. In the three observations on mortality, and the three observations on sickness, the limiting age is either at 53 years or at 46 years. According to Mr. Finlaison's observation, the limit dividing the two periods is at the age of 53 years, both for mortality and sickness; according to Mr. Ratcliffe's observation, the line of separation is at the age of 46 years, both for mortality and sickness; but, according to Mr. Neison's observation, the limits of division for mortality and sickness are different, that for mortality being at 53 years, and that for sickness being at 46 years of age. This difference of seven years in the position of the limit dividing the period of florescence from that of senescence occasions a difference of 40 per cent. in the relative mortality or relative sickness at ages above 53 years compared with ages below 46 years. For example, assuming (as is not far from the truth) the mortality and sickness stated by all three observers to be equal at ages below 46 years, it will ensue, from the difference in the position of the limits just mentioned, that at any specified age above 53 years, the mortality observed by Mr. Ratcliffe is 40 per cent. greater than the mortality observed by Mr. Neison and Mr. Finlaison, and that the sickness observed by Mr. Ratcliffe is equal to that observed by Mr. Neison, but 40 per cent. greater than the sickness observed by Mr. Finlaison.

The discrepancies just mentioned are of such magnitude as to detract considerably from the value of the results of all three observations at any age exceeding 53 years. In order to extract a useful result from the apparently contradictory observations, it is necessary to devise some principle of reconciliation which will explain the inconsistencies. Such a principle is found in the assumption, that one particular class of facts has been treated in three different ways by the three observers, whether designedly or not. The class referred to, is that of members retired on the Superannuation or Sick-Pension List. It appears highly probable that Mr. Ratcliffe, in his observation, has treated all on this list as sick, and added their deaths to the general amount of deaths. On the other hand, it appears highly probable that Mr. Finlaison has treated nearly the whole of this class as pensioners in good health, and removed them from observation, whether as regards sickness or mortality.\* To reconcile the third observation with the two just mentioned, it is necessary to assume that Mr. Neison has designedly reckoned all superannuation time as sick time, and that he has unavoidably omitted the deaths of the same class of members, because they were omitted in the returns from Friendly Societies submitted to him.

It may be useful here to remark, that Friendly Societies in general make these returns very reluctantly, and are careless as to their correctness or completeness. A very large proportion of the total returns from these societies has been rejected

by Mr. Neison and Mr. Finlaison as unavailable, through obvious defects arising from negligence, wilful or otherwise. As regards the adopted residue of the returns containing no obvious defects, the results which they indicate cannot be entitled to much confidence, unless they are consistent with one another, and corroborated by other observations founded upon facts better attested. It is fortunate for the public that there exists such an extensive and well-authenticated observation as that of Mr. Ratcliffe, with which can be compared the observations of Mr. Neison and Mr. Finlaison. From his position in connexion with the “Manchester Unity,” we have, in Mr. Ratcliffe, responsibility for facts as well as conclusions; whilst Mr. Neison and Mr. Finlaison are responsible for arithmetical conclusions only, founded upon alleged facts, whose correctness they had no power of testing.

There is another way of treating the discrepancies mentioned, which is, to assume that the statements of all three observers are of equal weight, and that the true statement is the mean of all three statements. This plan of proceeding is found highly successful, as will be seen on inspection of Table III. It will there be perceived that the results of the combined observations can be closely represented by assuming the age of 48 years to be the point of separation of the period of “florescence” from that of “senescence,” for mortality as well as for sickness. Out of twenty-four points of comparison of sickness and mortality, at decennial intervals of age, there will be seen 23 points of agreement, whilst the only point of divergence (which is in “city” mortality between the ages of 55 and 65 years) is a specialty hereafter explained, in which all three observations agree in departing from the theoretical numbers.

In the “Manchester Unity,” at ages above 53 years, the mortality (shown in Table I.) is 15 per cent. greater than the mortality of the total male population of England. This higher relative mortality is such as might have been anticipated from this society, containing less than the average proportion of members resident in rural districts, and more than the average proportion of members resident in town and city districts. According, however, to the observations of Mr. Neison and Mr. Finlaison, at ages above 53 years the mortality in Friendly Societies (containing the due proportion of rural town and city members) is 20 per cent. less than the mortality of the total male population of England. This is an unexpected result, which is open to doubt, more especially from the fact that there is a discrepancy in the statements of sickness at the same ages, respectively made by Mr. Neison and Mr. Finlaison, which discrepancy, when converted into its proportional amount of deaths, would be just sufficient to make up the suspected deficiency of 20 per cent. The sickness suffered, at ages exceeding 53 years, is 40 per cent. greater according to Mr. Neison than it was according to Mr. Finlaison. The alleged mortality being equal in the two cases, it would follow that the sickness of a population can be greatly increased without the deaths being simultaneously increased—a conclusion opposed to all experience. It is nearly certain that the extra 40 per cent. of sickness observed by Mr. Neison represents the lifetime of all superannuated members, which life-time is altogether excluded from his observation by Mr. Finlaison. If one-half of all superannuation time be true sickness, Mr. Neison's observation, as compared with Mr. Finlaison's, will contain an extra 20 per cent. of true sickness, without any extra per centage of deaths. If, however, an addition to the deaths (for omissions in the returns) be made proportionate to the extra per centage of the true sickness observed by Mr. Neison, the resulting mortalities of all three observations will be in harmony with each other, and conformable to expectation.

It is also to be remarked, that if the mortality of members of Friendly Societies is influenced by “selection,” as is probably the fact, there will be additional reason for doubting the truth of the statement in question; for the statement of Mr. Neison and Mr. Finlaison is, that in Friendly Societies the mortality in the period of florescence, as well as in the period of senescence, is 20 per cent. less than that of the total male population of England of the same age. The former part of this statement is probably true; but the latter part is inconsistent with the former part, and the known ordinary effects of selection of good lives from the general mass. In Friendly Societies the great majority of members are admitted below the age of 35 years, so that the effect of selection (being limited to about 15 years from admission) does not extend to the period of age exceeding 53 years. Assuming the reduction of 20 per cent. in the mortality during the period of florescence to be caused by “selection,” there ought to be no difference, in the period of senescence, between the mortality of members of Friendly Societies and the mortality of the classes from which the mem-

\* The interpretation here suggested of “Sickness” has been confirmed by Mr. Finlaison in the second part of his Official Report since published.



TABLE I.

SHOWING, for Quinquennial Intervals of Age, the Rates of Mortality and Sickness experienced by Members of Friendly Societies, according to three several observations; with which are compared the Results from the Theoretical Tables, one of which represents the Annual Mortality of the Total Male Population of England, according to the latest Observations.

AGE.	MORTALITY, (Per Cent. Per Annum.)						SICKNESS, (in weeks to one year of life.)				
	FINLAISON.	NEISON.	RATCLIFFE.	Theoretical. Limit at 53 yrs. of age.	Theoretical. Limit at 46 yrs. of age.	Theoretical. Limit, 53. Total Male Population of England.	FINLAISON.	NEISON.	RATCLIFFE.	Theoretical. Limit, 53.	Theoretical. Limit, 46.
20 to 25	·73	·68	·76	·61	·65	·77	Weeks. ·98	Weeks. ·86	Weeks. ·70	Weeks. ·72	Weeks. ·72
25 — 30	·76	·73	·81	·71	·75	·89	·99	·90	·77	·84	·84
30 — 35	·80	·80	·88	·82	·87	1·03	·98	·92	·86	·97	·97
35 — 40	·95	·88	·93	·95	1·01	1·19	1·12	1·07	·98	1·12	1·12
40 — 45	1·11	1·03	1·23	1·10	1·17	1·38	1·25	1·34	1·23	1·30	1·30
45 — 50	1·36	1·26	1·48	1·28	1·47	1·60	1·50	1·72	1·62	1·51	1·70
50 — 55	1·73	1·68	2·18	1·52	2·14	1·90	1·86	2·32	2·20	1·79	2·49
55 — 60	2·52	2·22	2·83	2·13	3·14	2·66	2·32	3·28	3·48	2·51	3·66
60 — 65	2·98	2·93	4·58	3·12	4·61	3·90	3·35	5·50	5·77	3·68	5·37
65 — 70	4·81	4·49	6·86	4·58	6·76	5·72	5·06	11·13	6·93	5·40	7·68
70 — 75	6·66	7·09	—	6·72	9·92	8·40	8·47	18·40	13·55	7·92	11·55
25 to 35	·78	·77	·84	·76	·81	·96	·98	·91	·82	·90	·90
35 — 45	1·03	·95	1·08	1·03	1·09	1·28	1·18	1·21	1·10	1·21	1·21
45 — 55	1·54	1·47	1·83	1·40	1·81	1·75	1·68	2·02	1·91	1·65	2·09
55 — 65	2·75	2·57	3·70	2·62	3·87	3·28	2·84	4·39	4·62	3·09	4·61
65 — 75	5·74	5·79	—	5·65	8·34	7·06	6·76	14·77	10·24	6·66	9·71

TABLE II.

SHOWING, for Decennial Intervals of Age, the Rates of Mortality observed amongst the Members of Friendly Societies resident in Rural, Town, and City Districts; with which are compared the Mortality of the whole and of parts of the Male Population of England.

AGE.	Labourers in Rural Districts.	Out-door Heavy Labour in Rural Districts.	Theoretical.  Limit at 51 yrs. of  age.	RURAL DISTRICTS.			All in Rural Districts, except Labourers.	In-door Light & Heavy Labour in Rural Districts.	Male Population of England.		Theoretical.  Limit at 53 yrs. of  age.
				NEISON.	FINLAISON.	RATCLIFFE.			NEISON.	FINLAISON.	
	NEISON.	FINLAISON.	NEISON.				FINLAISON.	NEISON.			FINLAISON.
25 to 35	·57	·64	·64	·71	·72	·76	·78	·85	·95	·97	·96
35 — 45	·70	·78	·86	·80	·86	·91	·86	·98	1·07	1·25	1·28
45 — 55	1·03	1·24	1·20	1·24	1·32	1·50	1·41	1·61	1·48	1·78	1·75
55 — 65	1·75	2·34	2·40	2·22	2·51	3·44	2·60	2·75	2·65	3·14	3·22
65 — 75	4·58	4·84	5·17	5·27	5·34	—	5·55	6·08	5·83	6·61	6·78

TABLE II.—(Continued.)

AGE.	Theoretical Limit at 46 yrs. of age.	TOWN DISTRICTS.			CITY DISTRICTS.			Theoretical. Limit at 53 yrs. of age.	POPULATION OF CITIES OF ENGLAND		
		NEISON.	FINLAISON.	RATCLIFFE.	NEISON.	FINLAISON.	RATCLIFFE.		Twelve of healthiest class.	Eight of less healthy class.	Liverpool and Manchester.
25 to 35	·77	·75	·80	·76	·98	1·02	·98	1·06	1·08	1·12	1·28
35 — 45	1·03	·97	1·10	1·04	1·43	1·54	1·38	1·41	1·43	1·62	2·07
45 — 55	1·57	1·67	1·71	1·66	1·99	2·04	2·51	1·92	2·06	2·42	3·20
55 — 65	3·32	3·36	2·94	4·06	3·20	3·22	2·94	3·54	3·55	4·26	5·27
65 — 75	7·15	7·69	6·48	—	6·61	5·62	—	7·46	7·06	8·47	10·39

bers have been selected. It may be useful here to remark, that a reduction through selection of 20 per cent. in the mortality for the period of florescence is equivalent in appearance to a retrogression of four years in the limit at which the period of senescence commences. If, as is the fact, this limit in the total male population of England is at the age of 53 years, the corresponding position of this limit in Friendly Societies affected by selection in the degree mentioned would be at the age of 49 years.

In the three several observations, the members are distributed into three classes, according to their residence in "Rural," "Town," or "City" Districts; and the rates of mortality and sickness at different ages are separately stated for each class. The general result of all the observations, is, that the mortality of the town is 25 per cent. greater than the mortality of the rural districts; and the mortality of the city 25 per cent. greater than that of the town districts. In Mr. Ratcliffe's observation, the mortality of the aggregate population is greater than the mortality of his town population; but in Mr. Neison's and Mr. Finlaison's observations, the mortality of the aggregate is considerably less than that of their town population. These variations are accidental, and arise from the absence of any settled principle regulating the distribution of the members into the three classes. Mr. Ratcliffe has distributed his numbers equally amongst the three classes of rural, town, and city residents; and has formed his rural class from residents of townships or parishes whose total population is less than 5000 of all ages and both sexes. Mr. Neison (who has been followed by Mr. Finlaison) has distributed his numbers, so that the rural, town, and city residents are in the proportions (nearly) of 4, 2, and 1 respectively; and Mr. Finlaison (with Mr. Neison probably) has formed his rural class from residents in townships or parishes whose total population is less than 3000. Instead of these classifications, without any apparent principle, it appears to me that the preferable course would have been, to comprehend in the "town" class about one-half of the total numbers, and so to have adjusted the limits of magnitude of the places designated as "towns" as to render the mortality of the class resident in towns coincident in amount with the mortality of the aggregate population observed. Having thus fixed the intermediate "town class," the two extremes of rural and city classes would be simultaneously fixed. I acted upon the opinion now expressed, in forming a system of Theoretical Life Tables, which I published twenty-two years ago. I divided the population into three classes, and gave to the three degrees of mortality the designations, "Village," "Mean," and "City." The names of the two extreme classes were indicative of extreme rarity or extreme density of population; the intermediate term was used to indicate, either a population of mean density, or the aggregate population independent of density.

Both Mr. Neison and Mr. Finlaison have, in their observations, made an important subdivision of the residents of rural districts into two classes, whose mortalities differ from one another in as great a degree as the mortality of town districts differs from that of rural districts in general. One of these two subdivisions is a class consisting chiefly of agricultural labourers, the other subdivision is a class consisting of the residue of all residents in rural districts. According to both observations, the mortality of agricultural labourers is less than the mortality of the residue of the rural class in the proportion of 4 to 5, which is the relation of rural to town, and of town to city mortality. Attempts have been made to subdivide the "town" and the "city" members of Friendly Societies into classes suffering similarly well marked different degrees of mortality, but, apparently, hitherto without success. This failure of the investigation, so far as regards town and city districts, affords, however, no ground for doubting, what is evidently the fact, that the range of mortality between classes occupying the extremes of good health and bad health is much greater in city than it is in rural districts.

The mortality experienced by members of Friendly Societies resident in "City" Districts, according to the observations of Messrs. Neison, Finlaison, and Ratcliffe, approaches nearly to the mortality of the male population of large towns of England of the healthiest class, such as York, Sunderland, Plymouth, Brighton, &c. (See Table II., hereunto annexed, and THE LANCET, vol. i. 1850, p. 330.) The result has been obtained by combining together the members of Friendly Societies resident in large towns, of the first, second, and third degrees of health. Liverpool and Manchester represent large towns or cities of the third or lowest degree of health in England; the mortality of these large towns being 50 per cent. greater at most ages than that of the healthiest class of large towns just mentioned; and 100 per cent. greater than the mortality of the

four healthiest Registrar's divisions, which comprehend one-third part of the total population of England. It may also be seen, on comparing together the first and last columns of Table II., that the least mortality observed between the ages of 35 and 65 years, is one-third part only of the greatest mortality observed in England at the same interval of age,—the least mortality being that of agricultural labourers, observed by Mr. Neison. The true range of mortality is, however, considerably greater than the observed range of 1 to 3. For it is nearly certain that, in all towns of great magnitude, there exist two large classes, occupying the extremes of good and bad health, one of which suffers a mortality one-third less, and the other a mortality one-third greater, than the average mortality of the whole population of the town. Whence we are justified in concluding that, in the least healthy class of large towns of England, there exists a considerable portion of the population suffering a mortality four times as great as that which has been observed to exist in a class formed by selection from agricultural labourers.

All three observers, in their statements of "city" mortality at ages above 55 years, agree in presenting a similar anomaly. According to all three statements, city mortality is considerably greater than town mortality at all ages under 55 years, whilst at ages above 55 years, the relation is reversed, though in a less degree. On inspection, however, of the three last columns of Table II., exhibiting the rates of mortality according to age of three classes of the largest towns of England, arranged according to their degrees of healthiness, there will be found no such anomalous appearance. It will there be seen, that at ages above 55 years, the unhealthiness of either class of towns is as strongly indicated by increased mortality, as it is at ages below 55 years. There is thus no countenance afforded to the paradox presented by Messrs. Neison, Finlaison, and Ratcliffe, that as the unhealthiness of large towns increased, the mortality of the population at ages above 55 years, proportionally diminished.

The anomalous appearance in question is probably attributable to the mixing together in one observation of classes resident in cities, whose mortalities are widely different. All three observers have formed their "city" class out of residents in large towns whose mortalities, for their total populations, differed from one another as much as 50 per cent. as already stated. In the case of such combination of two classes differing greatly in mortality, the result exhibited at the early ages will be the mean of the rates of mortality for the healthy and the unhealthy parts of the population. At the higher ages, however, the rate of mortality belonging to the healthier portion of the population will alone appear, by reason of the previous extinction by death of the portion subject to the higher of the two rates of mortality. The error arising from defective classification is much greater in city than it is in town or rural populations; but it can never be altogether avoided. In deducing the mortality of the total population of England, a defect of the nature alluded to must exist through the difficulty of forming classes of people whose mortalities are nearly on an equality. The mortality of a combination of correctly constituted classes will never increase according to age, so rapidly as the mortality of the classes observed separately would increase. In the total male population of England, the line which apparently divides the period of florescence from that of senescence is at the age of 53 years. It is not improbable that the true line of division for the separate classes is at 51 years of age, the difference of two years being the effect of the combination of various classes whose amalgamation is necessarily imperfect.

(To be continued.)

## A CASE OF GREAT HYPERTROPHY OF THE HEART.

By WILLIAM SEDGWICK, Esq., M.R.C.S. & L.S.A.,  
LATE SURGEON TO THE NORTH DISTRICT OF ST. MARYLEBONE.

THE following case has been selected for publication from a large number of cases of heart disease that have come under my notice, as a striking instance of the great size this organ may attain at a comparatively early age. It is probably, for the age of the patient, the largest heart of which there is any definite record. The circumstances attending the death of the patient will be found to possess peculiar interest, as tending to prove that the heart, "by the simple vehemence of its action," does not kill, the immediate cause of death in this case being inflammatory softening of the brain, passing into suppurative, which is not an unfrequent effect of dilated hypertrophy of the left side of the heart.

M. A.—, aged twenty-six, a dressmaker, short, full-faced, and having a very youthful appearance. The cheeks are of a deep purplish-red colour, which has been persistent for some years past, and does not disappear on her becoming faint or exhausted. She has never menstruated; at the time when menstruation was expected to occur, she began to suffer from severe pains in the head, which she states "were worse than headaches." These pains have continued more or less severe ever since, and she has often felt "as if the bones of the head were separating." She has suffered from "rheumatism and chalk gout," which commenced in the hands about ten years ago; the joints of the fingers were swollen, and little lumps formed there. She consulted two or three medical men without, she says, deriving much benefit from their advice. The pains in the joints continued to return at intervals, but without being at any time severe, or attended with much fever. The chest was not examined by any of the medical men who saw her. Her heart used to beat so as to trouble her "more than ten years ago," but its action was far from being so violent and distressing as it has been during the last six years, since which time, in consequence of the excessive palpitation which has come on whenever she has made any exertion, she has been obliged to keep very quiet, and during the last two years has not been able to do needlework, or to exert herself in the slightest way, without the palpitations of the heart being most distressingly increased. In the autumn of 1851 she had an attack of erysipelas in the face; the inflammatory symptoms were severe, and she was subjected to very active treatment.

I was requested to attend her on April 2nd, 1852, in consequence of her being taken alarmingly ill. On my arrival, I found her propped up in bed, breathing with great difficulty, and referring all her sufferings to the chest, which appeared to be in constant movement, from the violent and tumultuous action of the heart. On laying bare the chest, the heart could be seen beating over the whole of it in front in a very violent and confused manner, the walls of the chest being heaved up by the force of the impulse, which appeared irregularly diffused, so that the point at which the apex beat could not be made out. The sensation communicated, on applying the hand to any part of the chest in front, was that of an irregular, galloping movement, which appeared to be so excessive and unnatural as to lead me to suppose that the patient could not long survive, if it continued unabated. On percussing the chest in front, it sounded generally dull, except at the upper part of each lung, where there was marked resonance: behind, at the lower part of the left lung, it was dull; the upper part of the left lung and all the right lung was resonant. At the lower part of the left lung, behind and laterally, I detected small crepitation; elsewhere, behind, exaggerated breath-sound. Pain was complained of in the lower part of the left side of the chest; there was a short, hard cough; the expectoration thin, rusty-looking, and streaked slightly with blood; the pulse very weak, and difficult to count, about 128 in the minute; bowels costive; and great pain, with a burning sensation, was complained of in the head, which was not hot to the touch. Fourteen leeches were applied to the left side, and some opening medicine given, followed by a saline antimonial mixture every five hours.

April 3rd.—The leeches had sucked well, and the bites had continued to bleed for some hours afterwards. The pain complained of in the left side of the chest is much relieved. Since my visit yesterday she has spat up a good deal of blood, and this morning about a mouthful came up at one time, since which there has been no hæmoptysis. The first dose of the mixture produced sickness, but not the subsequent ones. Ordered to continue the medicine, with a dose of blue pill and opium night and morning.

4th.—Improving.

5th.—At half-past seven A.M. the patient "was seized with a fit, during which she was strongly convulsed." I saw her at two P.M., and found her comatose, the mouth open, the breathing laboured and gasping, the pupils much dilated, the skin of the body generally cold and clammy, and the feet and hands quite cold. Mustard plasters were applied to the lower extremities without effect. She died at three P.M. the same day.

*Post-mortem examination, three days after death.\**—The body thin, but not emaciated. The face still presents that purplish flush which it always had when I had seen her during life, and the cheeks are rather full. The chest is well formed, rather prominent, with no inequality of the two sides.—Head: Dura mater healthy. Arachnoid opaque in some places, espe-

cially posteriorly; the amount of serous fluid considerable. In the posterior lobe of the left hemisphere of the cerebrum is an irregularly-shaped cavity, about the size of a large walnut, filled with a brownish pulsatous matter, intermixed with the softened and disorganized structure of the brain; it is bounded by softened brain, having a whitish appearance, and is situated so close to the surface of the lobe, that in opening the head the thin partition between it and the exterior of the brain was partly destroyed. Under the microscope, the brownish matter presents an immense number of exudation-corpuscles, mixed with those of pus in smaller quantity, some blood-corpuscles, and oil-globules. The rest of the brain appears healthy. The quantity of fluid in the ventricles is moderate, but somewhat more than usual.—Chest: On removing the sternum and costal cartilages, the heart, with the pericardium, is found occupying nearly the whole of the space, a very small portion only of lung being seen on each side above. The pericardium is very dense and fibrous, with a large quantity of fat spread out over its surface. On attempting to remove the pericardium from the heart, it is found to be universally adherent, the adhesions being of old standing. There is considerable engorgement of the smaller vessels supplying these parts. In some places, where the pericardium can be separated by means of a scalpel, its surface presents a closely reticulated appearance, especially towards the inferior and posterior portions, from the immense number of small arborescent vessels filled with dark purple blood. Elsewhere the separation of the pericardium cannot be effected. Having removed as much of the pericardium as is possible, the surface of the immense heart is now brought into view, occupying a horizontal or slightly oblique position across the chest, the right auricle being under the right mamma. The surface of the heart is much streaked with fat, which in some places is accumulated in large masses. The veins supplying the heart are much enlarged, and distended with blood.—Size of the heart: Its length from base to apex is nine inches; its weight, after being emptied of blood and fibrinous clots, and with the vessels cut close, is 3lbs. 2½oz. avoirdupois, (50½oz.)—Right side of the heart: The right auricle and right ventricle are both much enlarged, and the auricle is distended with dark gelatiniform blood; the lining membrane throughout healthy.—Left side of the heart: The left auricle contains a large and loose fibrinous clot; the lining membrane, chiefly around the base of the mitral valve, is roughened with fibrous deposit. The left ventricle is dilated and very much thickened; the walls at the thickest part measure rather more than one inch and six lines; the lining membrane is roughened with fibrous deposits, which on the ventricular surface of the semilunar valve are aggregated together, so as to give it a very irregular and coarsely nodulated appearance. On testing the integrity of this valve, by pouring water into the aorta, it is found to be entire. The mitral valve is very much puckered and nodulated, especially the right curtain of the valve, in which the fibrous deposit is accumulated towards the free edge in considerable masses, so as to render it thick and rigid, and thus prevent its being brought into apposition with the other curtain. The whole of this valvular apparatus is much hypertrophied, and the chordæ tendineæ, particularly those connected with the right curtain, are remarkably thick and strong. The aorta, beyond being much increased in diameter, does not present any other abnormal appearance. Both pleurae are healthy and free from adhesions.—Lungs: The right lung is emphysematous. Left lung: The upper lobe is very emphysematous; the lower lobe is the seat of recent and acute pneumonia; the greater part of this lobe is in a state of intense engorgement; at the lowest part of the lobe hepatization has commenced, but has not proceeded far.—The abdominal and pelvic viscera, on superficial examination, appear healthy.

*Remarks.*—Numerous cases have been recorded of unusually large hearts, which in a few instances appear to have even exceeded the one under notice; but, generally speaking, the statements on record, respecting their size or weight, are vague and unsatisfactory, the writers contenting themselves with saying that the heart was as large as a bullock's—a favourite form of comparison—or simply that it was enormous. Cruveilhier\* states that he has seen cases in which the heart has occupied at least half the cavity of the thorax. In the museum of St. George's Hospital there is a heart (E. 11) which is said to weigh five pounds; the patient from whom it was taken was a middle-aged man, who had been known to suffer from disease of the heart for some years, but no history of the case is recorded. This is the largest heart that I am acquainted with. Amongst other instances of large hearts, is the one observed by

\* Mr. Squire, and the late Mr. Grant, of the St. Marylebone Infirmary, kindly favoured me with their able assistance on the occasion.

\* Traité d'Anat. Pathol. Gén., 1852, tom. II. p. 692.

Otto,\* which weighed forty-two ounces; the case recorded by Lobstein,† of a man, aged fifty-four, whose heart was found to weigh two pounds; and the case described by Dr. Ritchie,‡ of a girl, aged twenty-three, whose heart weighed thirty-two ounces and a half. The heart of Gustavus Adolphus weighed twenty-five ounces.

On comparing this heart with the heart of a healthy adult female of the same age, it may be stated that the weight, 50½ ounces, is rather more than six times the average, which, according to Dr. Clendinning,§ is 8½ ounces; and that the thickness of the left ventricle, one inch and six lines, is about 5½ times above the average, according to the observations of M. Bizot,|| who gives 3¼ lines as the average thickness in the healthy state. The extreme length of the heart from base to apex was nine lines; in the healthy state it would measure about five lines, but this is liable, as is well known, to great variation.

The causes which may be considered to have contributed to produce this enormous enlargement of the heart were—1st, valvular disease; 2nd, adherent pericardium; and 3rd, non-appearance of the catamenia. The valvular disease probably commenced soon after the first attack of rheumatism, when the patient was about the age of fifteen or sixteen. The most serious lesion was that of the mitral valve, giving rise to mitral regurgitation; the deposit on the surface of the semilunar valve no doubt produced obstruction at the aortic orifice, but this probably contributed less to the hypertrophy than the diseased condition of the mitral orifice. Adhesion of the pericardium, (which has been observed in nearly all cases of great hypertrophy of the heart, and in this case was of old standing,) is said by some writers on the subject to have no tendency to produce hypertrophy; but it does not seem unreasonable to conclude that, as it must impede the free play of the heart, it would consequently lead to increased development. Suppression of the menses, by producing cardiac congestion, would also tend to the same result.

Park-place, Upper Baker-street.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### ST. GEORGE'S HOSPITAL.

#### AMPUTATION OF THE THIGH: HÆMORRHAGIC DIATHESIS.

(Under the care of Mr. CÆSAR HAWKINS.)

THERE is at the present time, in this hospital, a patient who offers a very good illustration of the hæmorrhagic diathesis, the tendency to loss of blood having become manifest after amputation of the thigh for disease of the knee-joint. We need hardly say, as the attacks of bleeding have now regularly recurred for several years, that most of the means at the disposal of the surgeon have been used to control the diathesis, and this circumstance puts in a stronger light the obstinate nature of the hæmorrhagic tendency. It is well known that this propensity will become manifest upon very slight solutions of continuity, and it will therefore not be surprising to find that so serious a surgical measure as amputation should have given full scope to the natural disposition of the patient, who certainly presents the principal characteristic feature of the diathesis—namely, a white, thin, and almost transparent skin.

And yet, when the numerous general astringent remedies, and the equally considerable number of local styptics at our command are considered, it seems at first sight absurd to suppose

that with such weapons we could not conquer the enemy. But it must unfortunately be confessed that the powerful means which we possess have only a temporary influence, and that in general the perilous tendency to hæmorrhage is not long in again becoming clearly manifest.

Pathologists are quite agreed that the blood escapes principally from the capillaries, and that the cause may also be the deficiency of the fluid in the due proportion of fibrin. That blood, where serum predominates, should not freely coagulate, can easily be understood, as also that weak capillaries should have no power of retraction when cut; but what is not so clear, is the inability of the system of such patients of taking up the large amount of fibrin which is generally administered, in various forms, by the surgeon. This might perhaps be explained by a want of power in the process of assimilation, the nitrogenous elements not finding their way to the proper set of tissues. Whether the corpuscles are also deficient in number, or whether there is a peculiar power in the *liquor sanguinis*, in such cases, of dissolving the corpuscles, is not accurately known; and this is one of the problems (amongst a pretty large number of others) which modern chemistry has not yet as solved. The urine of a group of these patients should be carefully examined during a given period of time; and it will perhaps be discovered that some of the constituents deficient in the blood are carried off by the kidneys, or possibly by the skin.

At all events, we should, in the meanwhile, as practical men, pay much attention to prophylaxis; and, above all, warn the individuals affected with the hæmorrhagic diathesis against incurring any solutions of continuity, or using any great effort. But it sometimes happens, as will be seen by the case to which we are drawing attention, that nothing, up to a certain period, indicates the hæmorrhagic diathesis; an operation of much importance, as an amputation for instance, is required and performed, and the tendency becomes manifest.

In such cases, the surgeon will always begin by taking a certain amount of blame to himself; for when a bleeding stump is to be treated, the operator is apt to suspect imperfect deligation of arteries, improper dressing of the stump, an erroneous line of regimen, a bad position, inappropriate internal medicines, &c. When the stump finally becomes conical, he begins to think that the soft parts were cut too short, that the bone was not sawn sufficiently high, that the stump was ill-placed in bed, &c. And yet both hæmorrhage and the conical stump may simply be owing to the above-mentioned tendency which, before the operation, was not known to exist. Mr. Hawkins's patient affords a case in point.

Louisa C—, aged thirty-four years, unmarried, and usually residing at Hammersmith, was admitted May 17th, 1854.

About twelve years before her admission, this patient had the left thigh amputated at the junction of the middle with the lower third, for disease of the knee-joint. This latter affection had lasted several years; but neither during the course of the malady, nor before it broke out, had any signs of hæmorrhagic diathesis been observed. The stump healed very slowly, and not completely, a portion of the cicatrix remaining imperfect for a long time. At last, a twelvemonth after the operation, when the wound was almost closed, bleeding occurred for the first time, and has annoyed the patient at various intervals up to her admission in this hospital—that is to say, for a period of twelve years.

The stump (very probably owing to insufficiency of fibrinous elements) assumed a conical form, and when the loss of blood had, by continual trickling, become very perilous, a surgeon in the country, suspecting the presence of dead bone, cut down upon the femur, and removed some necrosed osseous particles.

After this procedure the patient went on for several years in a weakly state of health, the stump not cicatrizing, becoming more and more conical, and the bleeding now and then occurring in the same trickling manner as heretofore. The most effective hemostatic means, and one which she of course mostly had to use herself, was cold water.

Years thus passed away, the patient now and then repairing to the country, when she finally, twelve years after the amputation, placed herself under the care of Mr. Hawkins.

About one month after admission, the patient was brought into the theatre, for the purpose of having her stump, which was extremely conical, rectified by removal of the bone and adjustment of the soft parts. The operation did not present any difficulties, though apprehensions were entertained that hæmorrhage might be more considerable than with ordinary patients. About two inches of bone were removed, and the soft parts so brought together as to favour the formation of a good stump. The number of vessels which had to be tied was not so great as was expected, and the patient was carried into her ward in very good condition.

\* Pathological Anatomy, translated by South, 1831, p. 265.

† *Traité d'Anat. Pathol.* Paris, 1833, tom. ii. p. 419.

‡ *Edin. Med. Journal*, 1850, p. 290.

§ Croonian Lectures for 1834. *Med. Gaz.* p. 446.

|| *Mémoires de la Soc. Méd. d'Observation de Paris*, tom. i. p. 262. 1836.

Her progress was pretty satisfactory for some time after the operation, but in a few weeks the old hæmorrhagic tendency became again manifest, and bleeding occurred from the stump. The cicatrix did not, in consequence of this attack, form in the expected firm and satisfactory manner; the bone again showed a propensity to protrude; and Mr. Hawkins was obliged, about eight weeks after the first operation, to remove a further portion of bone, and adjust the soft parts in the way best calculated to conduce to a better stump. But the diathesis was not conquered, and attacks of bleeding recurred after this second operation.

It is plain, from the details given above, that the tendency to bleeding is, in this patient, of the most inveterate kind, and not likely to be removed by the usual means; but it may perhaps be conjectured that a great disturbance and radical change in the action of the part might lead to a more favourable state of things. This disturbance has actually occurred, in the shape of sloughing phagedæna, with which the stump has been attacked. This destructive process went on at a rapid rate for some time, but was finally arrested, and the patient is now fast recovering.

This is certainly an instance of hæmorrhagic diathesis well worthy of record; it shows very forcibly that the tendency may remain latent for a great number of years, and be made manifest by the infliction of a wound of more or less extent.

This reiterated and obstinate reappearance of the same symptom leads us to mention another case, also under the care of Mr. Hawkins, which sets in a very strong light the uncontrollable nature of some recurring tumours of the breast.

#### CYSTIC TUMOUR OF THE BREAST: REMOVAL OF THE TUMOUR, WHICH HAD RECURRED FOR THE EIGHTH TIME.

(By Mr. CÆSAR HAWKINS.)

It is now some time since we had occasion to mention this case, an account of which will be found in a former "Mirror," (*THE LANCET*, vol. i. 1853, p. 177;) but it will surprise none of our readers that it should again be brought forward, since the propensity to recurrence of these tumours is generally known. Still it should not be passed unnoticed that the growth has reappeared as many as eight times, without the patient's health being affected, and without the glands of the axilla becoming enlarged.

It will be recollected that the patient is a tall, robust looking woman, who came under the care of Mr. Hawkins as much as eight years since, when the breast, affected with a cystic tumour, was removed. At that time, as well as after every operation which has since been undertaken, the intimate nature of the growth was carefully investigated, but no traces of malignant disease could be found. And were even the means of ascertaining by the microscope the actual structure of the diseased parts less perfect, it would be sufficient, for classing the tumour amongst the benign group, to observe the unshaken good general health of the patient after such frequent recurrences as we have above alluded to.

On October the 5th, the patient appeared in the theatre for the eighth time, the growth having sprung up again at one of the angles of the cicatrix, and reached the size of a small orange. It may easily be imagined in what state must be the mammary region of this patient on the side affected. It presents, in fact, an extensive radiated cicatrix, firmly adhering to the ribs beneath, almost all the soft parts being seemingly removed, and none but a thin scar tissue being left, which presents the usual puckering and colour of new texture.

After the tumour had been removed, Mr. Hawkins stated that he considered this case of much importance, as showing the almost unlimited power of reproduction which these cystic tumours exhibit. There was no evidence of malignancy in the different growths which had been removed, and he saw no chance of prolonging life but by removing the tumours as they reappeared. A time would, nevertheless, come when it would be impossible to have again recourse to surgical procedure.

We sincerely hope that the disease will, as it is commonly called, wear itself out, though it must be confessed that what has already occurred is not encouraging for the future; the most satisfactory feature being, at the same time, that the general health does not suffer.

Mr. Hawkins mentioned, after this eighth operation, that the tumours had mainly consisted of imperfectly arranged cysts found in the ducts. Of course the structure must have been considerably modified by the frequent recurrences; still it would appear that the general outline is each time reproduced. The peculiar tendency of recurrence in this kind of mammary tumours is not, as far as we could find, clearly alluded to in some of the late works on the subject.

## LONDON HOSPITAL.

### FATTY TUMOUR OF THE THIGH: LOCAL ANÆSTHESIA BY MEANS OF DR. JAMES ARNOTT'S FREEZING MIXTURE: REMOVAL OF THE TUMOUR.

(Performed by Mr. CRITCHETT.)

THE fatal consequences which have, in several instances, followed the inhalations of chloroform, make it very desirable that means should be found to produce local anæsthesia; it is, therefore, very natural that efforts should be made to find an agent capable of rendering the soft parts insensible to cutting instruments. Dr. Hardy, of Dublin, has succeeded in benumbing the cervix uteri in cancer, by means of an ingenious apparatus, with which chloroform or ether may be doused against the affected organ, and deaden its sensibility. This favourable result was hailed with enthusiasm in Paris, and the problem of local anæsthesia was thought to be solved. Numerous experiments were made in hospitals, very clever improvements upon Dr. Hardy's apparatus were introduced, (especially for obtaining instantaneous evaporation,) and, after a short exultation, the legitimate hopes were not realized.

It would thus appear that, as far as we have gone, local anæsthesia is not to be obtained to a satisfactory degree, except by congelation. Under these circumstances, we naturally turn to Dr. James Arnott, the persevering advocate of the ice and salt mixture; and the question arises whether, by freezing the integuments and subcutaneous cellular tissue, we can save patients the pain accompanying surgical operations, without exposing them to the risk of an overdose of chloroform.

This question, we are inclined to think, may be readily answered by those who have seen a few operations performed upon congelated parts; and it amounts to this: that all surgical procedures in which the knife reaches no further than the skin and cellular tissue, may be undertaken without giving the patient any pain; but that the freezing mixture can do no more. Hence it is clear that Dr. Arnott's plan is extremely valuable in some cases, especially abscesses, and gatherings of all kinds where the escape of the accumulated fluid is desirable, as in dropsy, &c.

We suspect that, in private practice, the freezing mixture will be largely used when surgeons have become familiar with the necessary manipulations, and chloroform need in fact be employed but when the knife is expected to enter the muscular and other tissues.

Mr. Critchett's patient is a man about forty years of age, who presented on the upper part of the left thigh a fatty tumour about the size of two fists. A mixture of ice and salt, pounded together in a linen bag, was placed on the tumour, on the 22nd of September, and in about two minutes the skin covering the swelling was quite white and hard, no expression of uneasiness having escaped the patient.

The usual longitudinal incision was now made, the part being quite insensible and tough, this circumstance rendering the dissection somewhat laborious. When, however, the knife was made to sweep between the inner aspect of the cellular tissue and the fatty mass, severe pain was experienced by the patient, and this continued more or less until the adipose accumulation had been quite removed.

This case, and some others of the same kind, seem to set the matter at rest, and to prove that congelation, though very successful in some instances, cannot be thought of when the operation goes deeper than the skin.

## Reviews and Notices of Books.

*The Science and Art of Surgery.* By JOHN ERICHSEN, Professor of Surgery in University College, and Surgeon to University College Hospital. 8vo, pp. 951. 1853. London: Walton and Maberly.

THE activity of the medical mind and of the medical press at the present day is so great that one might be disposed, at first thought, to believe a desideratum in our literature a thing not readily to be discovered; or, at all events, that amidst the "new books" and "announcements of forthcoming works" with which the journals teem, and which now render the initial and concluding pages of a popular one so important a portion of its sheets, no very serious void in the supply of our actual literary necessities could be found. Nevertheless, it is a fact that such an one has been felt for some time past, and that to an inconvenient extent.

A little consideration, and above all an examination of the literature of the day, will serve to show that the rapid progress of surgical science which has characterized the present century has, in a great measure, been developed through the agency of numerous labourers, each bestowing undivided attention upon some particular branch, the result of which has been the production of many valuable monographs, so that a well-stocked library can scarcely fail to furnish a respectable author and a goodly octavo upon any of the numerous subjects which demand the consideration of the surgeon. Meantime, it must be confessed that the wants of those who, after all, form the great bulk of readers—viz., those who either have not the means of possessing a library, or have not the leisure to consult one, or who, as students, are necessarily bewildered and uninformed from its very amplitude and extent—have not of late years been at all adequately provided for. Fifteen or twenty years ago, thanks to the untiring industry of the never-to-be-forgotten Samuel Cooper, such an allegation could not have been made. The students of that day possessed, indeed, a very bible of Surgery in his "first lines," and a rich commentary in his "Dictionary;" but in the onward march of improvement, the old and favourite author of our pupillage has been, by the laws of human progress, left behind. Up to the present time that book has never been replaced on our shelves. We have volumes enriched with the practical experiences of their writers, and we have manuals, but we have not one that does, or that is intended to, supply an extended view of the subjects of which it treats.

It is, then, with great pleasure that we receive "The Science and Art of Surgery" from the pen of Mr. Erichsen, Professor of Surgery in University College; because we are bound to say, after a careful examination of its comprehensive pages, that this gentleman, occupying as he does the chair once filled by Cooper and Liston, has most worthily supplied the want alluded to in the foregoing remarks.

Our limits necessarily confine us to a very brief sketch of the nature and scope of the work. We learn from the Preface that it is designed to form a text-book to Mr. Erichsen's systematic course of Surgical Lectures, omitting those relating to Ophthalmic and Cutaneous Diseases. It is divided into three parts—viz., the First Principles of Surgery, Surgical Injuries, and Surgical Diseases; forming altogether sixty chapters, and occupying nearly 1000 pages of very close letter-press.

Under the first head, the author enters fully into the subject of Increased Vascular Action, its Pathology and Treatment, embracing all that has resulted from the most recent investigations on this important subject. Three chapters, replete with valuable matter in relation to Operations, but chiefly to Amputations, follow, in which are reviewed the general considerations, the directions for the performance of each, and their statistical and other results; and here we at once recognise the teachings of experience.

The second division treats, in seventeen chapters, of Wounds and Injuries of all kinds: first, of their general or constitutional effects; and secondly, as they affect special tissues, organs, and localities of the body. Those which relate to the vascular and osseous systems we feel especially called upon to notice. The chapters on Wounds of Veins and Arteries, including some original observations by the author on the admission of air into veins, open the extensive and important subject of Vascular Pathology, which is pursued at considerable length through six chapters in the third division; on the Diseases of Vessels, embracing the history of Aneurism and a consideration of its several forms—a portion of the work which exhibits marks of great research and extended observation.

In like manner, the Injuries and Diseases of Bone have evidently occupied a large share of the author's attention. He advocates most uncompromisingly M. Seutin's starch bandage in the treatment of fractures, and respecting it states as follows:—

"During the last year I have followed Seutin's plan in a great number, at least in fifty or sixty cases, of fractures of all kinds, putting the limb up in the starch apparatus *immediately* on the occurrence of the injury, and have found the practice an extremely successful one, even in fractures of the thigh; so much so that at the hospital I now rarely use any other plan of treatment." (p. 173.)

The practical application of the bandage, both in cases of simple and compound fracture, is fully detailed and illustrated. Having ourselves witnessed the excellent results which follow the proper application of this mode of treatment, both here and in Paris, we are gratified by its introduction into the practice of British surgery.

Passing over a variety of topics, we are not surprised, from our author's well-known connexion with this subject, to meet with a section devoted to the treatment of Asphyxia, full of excellent practical hints, a subject which perhaps generally receives from surgical writers less attention than its importance demands, considering the frequency with which emergencies of this order arise, and the incalculable value of prompt and efficient treatment. A remark by Mr. Wakley, whose experience in such cases is extensive, has been introduced in reference to the infantile form, occurring in what is called "overlying by the mother," (p. 289.) We recommend a careful perusal of these pages to every practitioner.

In the third division, relating to Surgical Diseases, the subject of Hernia is treated with great perspicuity, and at full length. The same may be said of Syphilis, of Calculus Vesicae, and of the Diseases of the Genito-Urinary Organs generally, both in the male and female. Under the head of Urethral Stricture, it may be observed that Mr. Syme's operation of external division is advocated in certain cases of the worst kind. Mr. Erichsen's experience also in rhino and cheilo-plastic operations, lends additional value to his remarks thereon, and to the description given of his practice, from which we have ourselves witnessed some admirable results.

In this very brief notice of Mr. Erichsen's book, it has been only possible to call attention to some of those parts which appear to us to deserve especial commendation. Regarded as a whole, we recommend it as the best compendium of Surgery in our language. The clear and easy style of composition, and the excellent illustrations, in number more than 260, independently of its other merits, will tend to make the work a favourite both with students and practitioners. Rarely is it our province to speak in such unqualified terms of praise; and rarely indeed is it our lot to meet with an author who, to the possession of a large and sound practical experience, adds a thorough acquaintance with the domains of modern Pathology, and a comprehensive intimacy not only with the British, but also with the foreign literature of our profession.

## THE TREATMENT OF CLUB FEET.

[LETTER FROM MR. SOLLY.]

To the Editor of THE LANCET.

SIR,—I think Mr. Lonsdale would have shown more judgment if he had waited until he had the opportunity of reading the details of the case, the treatment of which he presumes to criticise.

The tone and language of his letter will be appreciated by all who read it.

The surgical profession is not prepared to give up the practice of orthopaedic surgery to the surgeons of the Orthopaedic Hospital, and an attempt to monopolize it would be a sorry return for the liberal support which that hospital has received from the London surgeons.

I intend, as I stated in my introductory address, to publish the details of the case, and the profession will then be enabled to judge for themselves, whether the operation to which I alluded was inadvisable. Mr. William Adams was accidentally present at the operation, but was not consulted regarding it. I remain, yours faithfully,

October, 1854.

SAMUEL SOLLY, F.R.S.



## THE LANCET.

LONDON: SATURDAY, OCTOBER 21, 1854.

THE uninformed opinion of the public upon all matters relating to State-Medicine, and the imperfect convictions of those legislative bodies which are presumed—and, in this instance, perhaps rightly presumed—to represent the feelings of the nation, have imposed upon the President of the Board of Health a course of action, or rather of inaction, not less absurd than pernicious. If we were to imagine the country to be invaded by a foreign army; that we had supinely suffered the enemy to land in our sea-ports before taking any measures to prevent or oppose his disembarkation; that we had then, with the enemy on our soil, slowly and frugally organized an inadequate force to wage petty and ineffectual battle against him when he had taken possession of every town and district of the empire; that we had, with the stupidity of terror, or the recklessness of indifference, watched the gradual decimation of the people, and the ruin of our commerce; that we had suddenly ceased every effort, and abandoned all operations against the enemy the moment he gave evidence of retreat; that even before the country was freed from his presence, whilst he was still, like the Parthian bowman, dealing destruction and conquering even in his flight; that we, having by our ignominious pusillanimity, invited his speedy return, had disbanded our army, neglected the most obvious measures for future safety, and given ourselves up to a shameful and illusory security—if we imagine all this, we should have present to our minds a faithful counterpart of our conduct in dealing with the pestilence now oppressing the land.

Last year the Cholera appeared in the ill-fated town of Newcastle. It raged with unexampled violence. The warning was ominous enough: it could scarcely be unheeded. But it had to be repeated before we could be goaded into defensive measures. The pestilence had slowly gained a footing in the Metropolis, and week by week the number of its victims was augmenting, before Parliament was moved. At length the Board of Health was remodelled. Sir BENJAMIN HALL was put at the head of our sanitary department; but, by an unaccountable perversity, the means of action were denied him. He was a minister without power; a general without an army and without money. He was at liberty to do all that science could suggest; all that his known public zeal and administrative ability should prompt him to attempt; but—laws that were sure to neutralize his efforts were suffered to remain; Boards of Guardians, animated by petty local interests, and views circumscribed by parish boundary-lines, were allowed to control or to reject every measure that the President, having in view the safety of the public at large, might recommend; and his active operations were speedily brought to a stand by the exhaustion of his scanty pecuniary allowance. The Cholera has been treated much on the same principle as we treat a case of pneumonia or a fractured limb. A man is exposed to cold, or meets with an accident: the physician or the surgeon is called in to cure the resulting inflammation of the lungs or the broken leg; and he takes his leave when the cure is effected. No prophylactic measures that he can recommend will guarantee

his patient against another attack of inflammation, or another broken leg. In either case he has had to deal with an isolated malady, the whole consequences of which begin and end with the individual affected. The pneumonia will not spread to the patient's neighbours; broken legs are not epidemic. The duty of the medical practitioner is at an end. The Cholera, we have said, has been dealt with in a similar spirit. No steps, generally speaking, were taken to prevent the attack or the spread of the pestilence. We have waited until we were struck. We have then, as the penalty of our supineness, been compelled to contend against the malady in detail; we have had to encounter individual cases one by one; our skill and our energies have been exhausted in efforts to cure that which might have been prevented; and, as the climax of folly, we have concluded that particular cases of Cholera being cured or dead, we could do no more. We have even retreated whilst the enemy was still in possession of the field.

Notwithstanding the lessons that have been incessantly taught us, by the Reports of the Registrar-General; notwithstanding that those lessons have been repeatedly confirmed, and proved with all the certainty of mathematical demonstration, we are still deaf to the conclusions of science, and the voice of experience. Throughout a period of sixteen years this country has enjoyed a superiority in the accumulation of those facts upon which the Law of Life is based. Down to the present day the invaluable knowledge we possess has borne no fruit. In vain has Dr. FARR, week by week, and year by year, produced every variety of proof that zymotic, or epidemic and preventible diseases, annually carry off greater numbers of our fellow-citizens, to a greater extent impair the productive force of the country, and add more to our local and general taxation, than do sporadic, or accidental and individual diseases. Neither the public nor the Legislature have yet comprehended the GREAT TRUTH, that epidemic diseases are to be encountered, not in detail, not case by case, but in the aggregate. Epidemics are to be prevented. Prevention consists in timely action. That action only is timely or wise which is exerted steadily and continuously. At present we submissively bow before the Cholera—we fall as passive victims under its periodical ravages as our forefathers did under the annual raids of the Danes. The pestilence declines, and we consecrate our stupidity, and our object cowardice, by thanking Heaven for having withdrawn from us that scourge which a better-interpreted Theology would teach us was intended to arouse mankind to the nobleness of self-exertion and the active duty of self-amelioration.

This is the time, not for premature congratulations that the present epidemic is retreating, but for organising the means of preventing another attack. All who have attained a conviction of the power of scientific sanitary medicine, should bestir themselves now. We have already, in the present generation, witnessed three epidemics of Asiatic Cholera. The last epidemic was divested, by familiarity, of some portion of its terrors. The next will probably be witnessed with still less dread. When there is no fear of instant danger, the public will with difficulty be roused to the exertion necessary for self-preservation. Typhus fever, malignant scarlatina, puerperal fever, and other scarcely less fatal zymotic diseases are endemic amongst us: they annually consume hecatombs of victims; we are accustomed to their perennial presence; they would never rouse us to sanitary exertion. It is not too much to say that, but

for the terror inspired by the Cholera, a Board of Health would never have been thought of. Let us at least have the wisdom to deduce profit from our calamities. Let us consolidate our sanitary forces before the Cholera shall have ceased to be an object of dread. Let the public be well impressed with this—that the Asiatic Cholera will return again and again; that the periods of its recurrence will, in all probability, be closer and closer; that it may come before many years to be a permanent guest amongst us; that it will take rank with typhus and scarlatina, become naturalized in the West, and claim the name of ENGLISH by right of conquest.

Such is the danger in full prospect before us. Can it be averted? In all reasonable human calculation, it can. Let not the ignorant sneer, or the timid despond. Observation, guided by science, has discovered, if not the essential cause of Cholera, enough concerning the laws and conditions of its development and propagation to furnish principles of action that cannot fail, if properly applied, to reduce its ravages within comparatively inconsiderable limits. Let those who are disposed to question the utility of human exertions consider the immunity of Birmingham, and contrast that with the fatality that has marked the progress of the disease in other towns. The local advantages which have secured the salubrity of Birmingham in the midst of other communities which have been desolated, are known. In that town, we are informed, there is no stagnation of sewerage in the soil; the inhabitants enjoy an abundance of pure water. Some of their advantages they undoubtedly owe to their favourable geographical position; but many of them may be obtained more or less completely for communities planted in the most unfavourable situations. What one advantage alone—pure water—will do to keep off disease may be seen from the history of the epidemic on the southern shore of the Thames. The inhabitants of that district, it is well known, have suffered more severely than those of any other part of the metropolis. But the acute observation of the Registrar-General has detected differences in the mortality of different portions of that district. In all respects but one the conditions are precisely similar. Soil, elevation, drainage, crowded dwellings, air, present the same unfavourable characters in all. In the water-supply alone there is an essential disparity. In this district, the Southwark Company distributes the sewage-water taken out of the Thames at Battersea; the Lambeth Company supplies a comparatively pure water from a less contaminated part of the river. The influence of the pure and foul water is accurately traced almost from house to house by the mortality of cholera. The total number of houses supplied by the Southwark Company is stated to be 40,046; by the Lambeth Company to be 26,107. What has been ascertained by diligent inquiry is this: in six weeks there were fifty-seven deaths in every thousand houses supplied by impure water, and eleven deaths in the same number of houses supplied by the comparatively pure water. Evidence of this kind places beyond a doubt the value of sanitary inspection.

There is one aspect of Cholera which should ever be diligently insisted upon. It is not only to be resisted on its own account, but also because in expelling Cholera we are taking the surest steps to diminish the mortality from all cognate epidemics, and to improve the general healthiness of the country. The presence of Cholera in a locality is a test of the degree of its salubrity. It is a sanitary barometer that

speaks indeed fearfully, but truthfully. It indicates with unerring certainty the favourite abodes of typhus, scarlatina, and all those zymotic diseases and health-depressing agencies which swell the death-returns, and diminish the sum of health amongst the living.

The voice of the medical profession must, on a question affecting the public health, speak with irresistible force. The medical practitioners of the country must, of necessity, be the chief instruments in any well-adjusted scheme of sanitary government. They have long been convinced, by painful experience, of the hopelessness of effecting any real good by maintaining the present absurd system by which the Guardians of the Poor are suffered to be also the conservators of the public health. Let them lend the weight of their support to the cause of Sanitary Reform; let them strive for the consolidation of an efficient Sanitary Department in the State, under which they may assume the position that is their due. There is now presented to them a splendid opportunity of emancipating themselves from a degrading thralldom, and of rendering the most signal service to their country.

It has become painfully evident that the medical arrangements for the army of the East have been most inadequate, both as regards the provision against cholera and epidemic disease, and the attendance upon the wounded in battle. We quite agree with Mr. GUTHRIE, (whose letters we publish at p. 343,) that the care of the sick and wounded of our fleets and armies ought not, in any degree, to be left to the spontaneous philanthropy of the public. These things should be matters of foresight and previous arrangement, or our sick must suffer from graver horrors than even those necessarily incident to war and slaughter. If our troops went out really to fight, nothing has occurred at Alma, or elsewhere, that might not have been anticipated; and when the troops left their native shores, it was well known that a pestilence impended over Europe, and would probably visit our sailors and soldiers. Under these circumstances a grave responsibility rests somewhere for the inefficient arrangements which were made to meet such emergencies. We are sure it has not rested with the medical officers of the Army and Navy engaged in the East. It is sufficiently notorious that the conduct of the Admiralty officials, for some years past, has deterred medical men from entering the Navy; and the ridiculous regulations of the Army Medical Service have rendered it impossible to send out the full complement of medical officers with the troops engaged in the East. Our men have died in numbers of their wounds on the field of battle, or crowded, without attendance, in transport ships and hospitals, because, forsooth, a sufficient number of qualified medical men could not be found who had attended the requisite number of lectures on insanity, logic, or midwifery! We consider that a Commission of Inquiry ought to be issued forthwith, to ascertain with whom rests the real responsibility of the grave mistakes which have been committed. Everything promises another Walcheren, with additional horrors. The medical staff of our fleets and armies have to fight our sailors against disease, and the other casualties of war, which cost more men than bullets and bayonets; but the medical officers are thought almost as little of by generals and officials as the drummers and fifers. It must have struck every one with surprise that, in the despatches of Lord RAGLAN, not one word could be found of

pity for the dead or wounded, and not one word of praise for the medical men, who must have slaved night and day in their vocation immediately after the battle of the Alma. If this be not a culpable forgetfulness, it is a gross inhumanity. Surely it would inspirit military surgeons and medical men, to receive their meed of praise with the rest of the Army; and it would be some consolation to the friends of those who have fallen in battle to know that they received, as no doubt they did, the devoted attention and skill of the limited number of surgeons which our country has placed at the service of its heroic soldiers and sailors.

In the first instance, our men were sent to the swamps of the Danube to die by thousands of cholera and fever, in defiance of all medical knowledge and experience. Military men said this was to inure the men to the dangers and diseases of the climate, as though exposure to disease were really a meritorious matter! When they went into action, so little surgical provision had been made, that the wounded had to be sent from the Crimea to Constantinople for treatment, many falling a sacrifice on the passage, and afterwards there is a cry of sending to England for lint and old linen to dress the wounds made some two thousand miles off. It appears that the whole of the medical regulations of our fleets and armies should come under revision. At present they are most imperfect, and tend to a large and unnecessary sacrifice of life amongst our troops. Surgeons, assistants, and nurses are not forthcoming when they are wanted. Sick individual officers are allowed to monopolize the services of the best surgeons, and the sooner an inquiry is made into the matter the better. If this should be delayed till after the meeting of Parliament, Government may depend upon it that loud censures will be uttered by the public voice.

It may be quite true—and we have no wish to call in question the zeal or the foresight of Dr. ANDREW SMITH—that all necessary surgical and medical appliances have been sent in abundance, or even in superfluity, to the East. But were they in readiness at the right time and at the right place? It may be quite true that there is *in the army* one medical officer to every 100 men. But will it be maintained that surgeons were present in that proportion on the field of battle at Alma, or that a sufficient medical staff was ready to take charge of the sick and wounded after that murderous engagement? Was there sufficient hospital accommodation at hand? Has it been found that four or more hospital ships, fully equipped for the reception of the wounded, were waiting off the scene of action, ready to carry them off without delay to some more fitting asylum? We shall be glad to hear that these questions can be satisfactorily answered; but we greatly fear that, however brilliant the courage and glorious the achievements of our soldiers, it will have to be recorded as a reproach against the administrative authorities and the leaders of the expedition, that inadequate provision had been made for the care of the sick and wounded. Not only this, but the history of the present campaign will also show that our government and our generals have scarcely advanced a step beyond those Homeric chiefs who, some thousands of years ago, fought on nearly the same ground, in their practical estimation of the paramount necessity of preserving the health of the troops, although obviously one of the first objects to be provided for in the conduct of a war.

We again insist upon what we urged at the commencement

of the campaign, that Medicine, in its higher sanitary applications, has hitherto found no encouragement in the public services. The subject is one of immense and obvious importance. The general question as to the mode of securing for our armies and fleets all the aid that the resources of Medicine and Surgery can give, as well as the particular shortcomings in the medical department during the present war, must form the subject of a searching inquiry.

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

MR. HEADLAND, PRESIDENT.

SATURDAY, OCTOBER 14TH, 1854.

THE first meeting of the Society for the session was held on Saturday last. The room was crowded. On taking the chair, the President alluded to the alterations which had been made, and eulogised the committee on the pains and labours they had taken to improve the premises, and add to the comfort of the fellows. The room had been lowered considerably, and a complete system of ventilation, on Dr. Chowne's plan, carried out.

A paper was read by the PRESIDENT, entitled  
SOME REMARKS UPON THE NATURE OF THE DISEASE CALLED CHOLERA.

He commenced by stating that it had at first been his intention to write a paper upon "Certain Forms of Hypochondriasis," but the subsequent occurrence of the terrible epidemic of cholera had diverted his thoughts from that channel, and suggested the propriety of offering to the fellows, at the commencement of the session, some few remarks upon a subject which must for some time past have more or less occupied every mind. And he did this, not so much as wishing to lay stress upon any opinions which he might himself entertain, but rather with the hope of eliciting some of the opinions and experience of others upon so important a subject. The facts to be dealt with, so far as the history and prominent characters of this disorder are concerned, were succinctly enumerated. Its first appearance in India about half a century ago; its terrible destructiveness, and the consternation produced throughout the East by its uncontrollable outbreaks—matters which were at length summed up in the Government Reports upon Cholera; the appearance of the disease at Sunderland in November, 1831, and its rapid spread through England in the year 1832; the second epidemic in 1849, and the third in 1854, in all of which medical men had been taken at a disadvantage, because unresolved and at variance as to the real nature of the malady, and the proper mode, if any were feasible, of meeting so destructive a disease. The probable causes of this indecision were next inquired into. Is not much of it to be attributed to the unfortunate name which has been selected for it,—a name which does not remind us of its essential characters, and which had been previously used to denote another disease long known in England, and chiefly characterized by aggravated vomiting and purging? Though these symptoms also strongly attract our notice in Asiatic cholera, they are not perhaps so worthy of remark as the very peculiar signs of the cholera-collapse, the coldness and blueness of the skin, the pulselessness, and arrest of the secretions of the liver and kidneys. One very prominent and yet very natural result of the attention which has been paid to the evacuations, as if they alone were the cause of death, is, that of the immense number of remedies proposed and actually used in Asiatic cholera, including a large proportion of the available *materia medica*, the great majority have been aimed chiefly at the arrest or control of the vomiting and purging. It has apparently been supposed also, that cases of ordinary diarrhoea, if neglected, would be apt to degenerate into real cholera. Here the President expressed a decided opinion that such a consequence was comparatively a rare result; in fact, that diarrhoea could no more produce cholera than any other agent which lowered the system, and so far rendered it more liable to the inroads of an epidemic poison. Diarrhoea would be just as likely to terminate in scarlet fever or small-pox, if the poisons of those disorders were abroad. No hope could be

entertained of discovering, by chemistry or otherwise, the exact nature of the influence which produces cholera, any more than that which operates in any of the other terrible disorders which afflict mankind. But though we must despair of detecting its essence, an idea as to the working of this poison might perhaps be ventured. In its epidemic nature and in the general character of its symptoms, cholera is evidently a blood disease. A serious impression of some sort is made upon this fluid. The suddenness of the attack, its frequent rapidity of progress, and the speedy development in many cases of fatal symptoms, seem all to point to the more vital part of the blood as being impressed in the first instance—i. e., the blood corpuscles, and not the liquor sanguinis. And there are some other indications of this which would seem to come nearer to the nature of proof. It has been justly observed that the coldness and blueness of the state of collapse are amongst the most characteristic of the symptoms of cholera. The process is impaired by which the animal heat is maintained. This function is generally admitted amongst physiologists to reside in the blood corpuscles. The collapse symptoms may occur before the blood has been thickened by the copious discharge from the bowels. It has been even observed by Heller, a German microscopist, that the red corpuscles at this period appear "hacked and mutilated," as if physically injured. The lacteal and lymphatic glands, organs engaged mainly in the manufacture of the corpuscles of the blood, are found, after death from cholera, to be softened and disorganized. Add to which that Virchow and others have discovered in the right side of the heart large whitish coagula entangling multitudes of white corpuscles, from which it would seem as if these had been somehow prevented from undergoing their normal development into the red cells. The blood-corpuscles being thus injured or arrested in their development, not only are the functions which are essential to life fundamentally and fatally disturbed, but the plasma apparently becomes itself affected in the second place. Now the corpuscles, being solid, cannot be ejected from the system, but the plasma is capable of excretion. Next, then, it is passed out by the mucous membrane of the bowels, as if it were a foreign material, constituting the characteristic colourless or "rice-water" discharges, which contain serum and salts, with mucous and fibrinous coagula. This theory is offered as apparently explaining the phenomena of this disease, which no other notion appears to do satisfactorily. The idea of a morbid poison to be eliminated seems hardly sufficient—the discharges, in their non-feculent character, being so much unlike those of any instance of diarrhoea observed in other diseases. The fact, that the ingeniously devised injections of saline fluids into the veins in the latter stage of cholera have never succeeded in reviving the patient for more than a brief period, seems to indicate that the thickening of the blood is not to be considered as the sole cause of death, which is probably rather to be attributed to the extensive devitalization of that fluid. The fatality of an attack of cholera no doubt depends less upon the means which are adopted in the treatment, none of which have been found to control it effectually, than upon the previous condition of the patient himself, rendering him more or less obnoxious to the full effect of the poison. Some have their blood in that peculiar condition which is most likely to be influenced by this. Those who are most impressible are attacked the first, and die the fastest. Afterwards those sicken who are liable in the next degree, none of whom recover. Again, towards the end, those who are least liable, who will escape most easily of all. The epidemic, having then few or none left whose systems it can invade, takes its departure for a season, only to return again when the way is once more prepared for it. By this means we can explain what is always observed, but is at first sight difficult to understand: the terrible mortality of the first outbreak; and the lessening severity of the disease, as though it had become amenable to remedies, remarked at the close. It has been stated on good authority that the absolute rate of mortality is not increased by the epidemic of cholera; but that on taking the average of five years, two before and two after the outbreak of this disease, the real number of deaths is about the same as usual; from which it would seem as though those who are stricken with cholera would, at no long distance of time, have perished of other blood diseases had the opportunity been left to them. This notion of blood liability seems far preferable to the idea of its being a contagious disease. Were the latter the case, it would seem strange that the disease should not spread more regularly, and remain longer at a place, instead of departing so suddenly as it does. (Several facts were here adduced as bearing decidedly against the doctrine of contagion.) The occurrence of the disorder in each case is probably to be

accounted for by two distinct things—an epidemic influence, and a pre-existing wrong in the blood of the person attacked. An atmospheric change co-operates with a systemic wrong; we need not define either, but we must admit their agency. Neither of these causes will suffice by itself. Thus a bar of soft iron will not attract a bar of steel; but if we pass a galvanic wire round the former, converting it into a temporary magnet, it will acquire a power which it had not before. The iron and the electricity together will co-operate in effecting what either alone would be powerless to do. We may learn from this conclusion that the cause of the disease is in great part a pre-existing wrong, as well as from the fatal nature of the malady when it has once fully developed itself,—how important it is to take preventive measures in anticipation of the outbreak. These measures should no doubt mainly consist in all those means which may ameliorate the condition of the poor, or which may serve to counteract those noxious and baneful influences which render the lower and more densely-populated quarters of our large towns the very hot-beds of all epidemic diseases. For this disorder is not one which is equally distributed to all classes. It is shown by the returns of the cholera deaths in 1849, that by far the largest proportion of deaths occurred amongst the labouring classes, and more of the tradesmen died than of the gentry. We may, then, well display our zeal, and evince our real interest in the welfare of our fellow-creatures, by labouring earnestly in the removal of those depressing causes which tend so fatally to shorten their lives and to thin their numbers. In remarking, in conclusion, upon the prolific subject of treatment, the President insisted strongly upon the erroneous character of the notion, so commonly entertained, of the connexion between cholera and ordinary diarrhoea. As an illustration of the strongly-marked nature of the symptoms of the former disease, he narrated the history of the first case which happened to him in the present epidemic, the character of which was such as to defy all treatment. He concluded by expressing a hope that we might, by judicious sanitary measures, be enabled to render the re-occurrence of this terrible malady more unlikely than it seems at present to be.

Dr. CRISP, although agreeing with the author of the paper on some points, differed from him in the main question, concerning the disintegration and destruction of the blood-corpuscles. He moreover thought, that the statistics adduced respecting the influence of rank and occupation did not warrant the inference drawn from them; for when the relative numbers were considered, it would be found that the proportion of cases amongst the mechanics was not greater than amongst the gentry and tradesmen. The assumption, too, that the human constitution was degenerating was disproved by the fact, that the general longevity was never so great as at the present time. Mr. Headland supposed that the white corpuscles of the blood were converted into the red, and that the blood-corpuscles were formed in the lymphatic glands. Dr. Crisp believed that at present no sufficient proof could be given of this. A few weeks since he had injected some saline fluid into the veins of a patient suffering from cholera in its worst form. He examined the blood which flowed from the vein under the microscope, before it was dry, and with the exception of a greater number of red corpuscles, and their more intimate aggregation on some parts of the glass, no important difference was perceptible between this and the blood of a healthy man. Some of the dried corpuscles were now visible, and probably would be so a hundred years hence. In the examination of the blood of a great number of the lower animals he had found, in many instances, more examples of disintegration than in cholera-blood. As regarded the preliminary diarrhoea, he (Dr. Crisp) thought that it would be as rational to say, "that *scarlatina simplex* was not *scarlatina*," as to assume that this diarrhoea was not "*choleraic*," probably half the members present had had cholera in a modified form, as shown by cramps, aching of the legs, and by diarrhoea of a peculiar kind. One fact he thought was indisputable—viz., that thousands of cases of cholera had been cured in the early stage, and what, he would ask, became of the poison, or supposed poison? Chalk, opium, astringents, and calomel, had no specific power over it; but, yet, if you lock it up in the system, the patient is generally cured. He (Dr. Crisp) thought that in the later stages of the disease we had made no progress in the treatment, nor had our knowledge advanced respecting the cause of cholera.

Dr. WINN remarked, that in India the disease usually travelled in straight lines, frequently affecting only one locality, and passing in some instances through the centre of an army.

A MEMBER considered that there must be a predisposition in an affected person to contract cholera, combined with a specific condition of the atmosphere. The disease occasionally affected one side of the street, or one block of houses, but usually chose

the most crowded, and the worst ventilated and lighted neighbourhoods, and persons dissipated in habit. He eulogised the employment of the nitrate of silver in this complaint, which not only acted as an astringent on the mucous membrane of the bowels, but had a beneficial influence on the nervous system.

Mr. HUNT regarded diarrhoea and cholera as essentially different, and remarked that cholera might be wholly without premonitory symptoms. Sixty such cases had come under his notice.

Dr. RISDON BENNETT would not enter into the theory which had been advanced by the author of the paper, which was not new, and did not appear to be supported by facts: these appeared indeed to be against the assumption of any disintegration of the blood in cholera. If it were a poison, in his opinion it operated as a shock upon the nervous system, the influence being exerted on the great sympathetic, the solar plexus chiefly being affected. Two or three facts which had come under his notice during the present epidemic, seemed to show that the disease did not depend on the presence of a poison in the blood, which was attempted to be, or was, carried off by purgation. In St. Thomas's Hospital two patients, one affected with typhoid fever, the other with acute rheumatism, were seized with cholera, from the collapse of which they recovered, and after the reaction consequent upon it, went through their original diseases just as if no cholera had intervened. He thought these cases, with others of a similar kind which he had seen, were opposed to the opinion, that cholera was a blood disease, the poison of which was carried off by purgation; if it were so, the poison of the fever and the rheumatism would also have been eliminated in the same manner.

Mr. DENDY believed that the blood was much altered in cases of cholera, as he had found, after bleeding cholera patients in 1832, as ordered by the then Board of Health, great difficulty in washing away the fluid from his hand. Diarrhoea might, or might not exist as a premonitory symptom. By reducing the system, it might be a predisposing cause of cholera, such a cause, as also an exciting one, being necessary in all cases. With respect to treatment, castor oil only reduced the patient lower. The treatment should be directed to the arrest of the flux, the binding up of the exhalents, and stimulation of the absorbents. He reprobated the system of medical practitioners communicating their opinions to the political journals, the medical periodicals being their legitimate means of communication with the profession.

Dr. SNOW considered that the cholera poison acted upon the alimentary canal, and not on the blood or nervous system. In every case which he had seen, the evacuations had been sufficient to account for the collapse, without reference to any other cause. There was no poison in the blood in a case of cholera; in the consecutive fever, as it was called, the blood became poisoned from urea getting into the circulation in consequence of the kidneys not acting, but not from any poison having been present from the beginning. There was nothing in the atmosphere to account for the spread of cholera, which he believed was spread from person to person; and that in all cases it could be traced in this manner. If atmospheric, why did it attack one or two persons only in a locality, and these having direct communication with each other? Such cases he had seen at Sydenham, where there had been only two instances of the disease. The first case in the outbreak of 1849 had occurred to a sailor in Bermondsey; the second affected person was the successor to the sailor in the room in which he died. He thought he had collected evidence enough to show that in all cases cholera was propagated by swallowing some portion of the evacuations of an affected person. These, as was well known, flowed into the bed, &c., and persons attending on the sick might easily take the poison unawares. With respect to the class of persons affected by the disease, he believed that the very poor and vagabonds suffered less, in proportion, than decent, respectable persons. He regarded the cholera and diarrhoea, as lately prevalent, to be the same disease in different degrees of intensity. We observed the same difference in scarlatina and other diseases.

Dr. RICHARDSON remarked that, as death in cases of cholera resulted from the loss of fluid from the system, and as it had been found that injections into the veins did no permanent good, he suggested that the peritonæum should be injected with water. He had found, from numerous experiments on animals, that such a proceeding, if care were taken, was not fatal, and he believed it might act beneficially in cholera. He inquired if members had observed cholera to be connected with hysterical symptoms, several such cases having come under his own observation.

Mr. JABEZ HOGG had made some observations on the state

of the atmosphere during the prevalence of cholera, and had found it to abound in small animalculæ—the vibriones—the powers of life in which were so great, it was almost impossible to kill them. If the air examined had been collected over sewers, the animals were found to be larger and more tenacious of life.

On the motion of Dr. LANKESTER, seconded by Mr. C. CLARK, the debate was adjourned.

## Correspondence.

"Audi alteram partem."

### TREATMENT OF CHOLERA BY CASTOR OIL.

To the Editor of THE LANCET.

SIR,—In a little tract published in 1832, entitled "Suggestions submitted to the Medical Practitioners of Edinburgh on the Characters and Treatment of the Malignant Cholera," by John Abercrombie, M.D., the following passage appears: "I have conversed with the intelligent captain of a merchant vessel, who, when the disease broke out in his ship, soon after he sailed from Cronstadt, treated himself, and four or five of his crew who were affected, by large doses of castor oil. He commenced by clearing their stomachs with warm water, then gave his doses of castor oil, generally twice a day, and all his patients recovered. It is right to add," continues Dr. Abercrombie, "that the use of castor-oil, in doses of half an ounce, combined with fifteen or twenty drops of laudanum, is a practice which is said to have been employed in India with very considerable success." And if you will refer to THE LANCET of September 15th, 1832, you will find three letters, addressed to the secretary of the Central Board of Health, on "The Treatment of the Malignant Cholera with Purgatives," by John M'Divitt, Esq., Kegworth, Leicester, in which he solicits the attention of the Board to the propriety of using, in the early stage of the disease, and even after collapse has commenced, the most powerful purgatives, instead of attempting to restrain the bowels by opiates and other astringent medicines. Do not suppose, from my calling your attention to the above circumstances, that I approve of the use of castor oil or any other purgative as a remedy in cholera, for no one can be more decidedly opposed to such treatment than I am. Indeed, on several occasions, both in 1832 and 1848, when cholera prevailed so fearfully in this town, I was called to cases which had immediately followed a dose of purgative medicine.

I am, &c. &c.,

ARCHIBALD BLACKLOCK,  
Late Surgeon R.N.

Dumfries, October, 1854.

### THE PROVINCIAL MEDICAL ASSOCIATION AND DR. CORMACK.

To the Editor of THE LANCET.

SIR,—The enclosed letter I forwarded to the Editor of your contemporary, the *Association Journal*, a fortnight ago. It has not (for obvious (?) reasons) been inserted therein, nor has its receipt been acknowledged in any "Answers to Correspondents." Now this latter is a courtesy which few journals deny to those who address them. It does not, however, seem to accord with Dr. Cormack's notions of editorial propriety, even although he holds his present post by the individual voices of those whom he treats (as it seems to me) so disrespectfully, to yield an individual acknowledgment of that which is transmitted to him for publication.

I venture, therefore, Sir, to solicit from you, as a favour, what I might almost have demanded from your less courteous brother Editor as a right,—the insertion in your next week's impression of the accompanying letter.

I am, &c.,

EDGAR SHEPPARD, M.R.C.S. & L.S.A.

Enfield, October, 1854.

To the Editor of the *Association Journal*.

MY DEAR SIR,—I trust I may be permitted to convey my sincere thanks, through the medium of our *Journal*, to the members of the Provincial Medical and Surgical Association, for the respectful tribute which they so recently paid at Manchester to the services and memory of my late father. It will be as gratifying to his widow, and to the daughter so feelingly alluded to by Mr. Bartrum, to hear, in a far off country, of the

estimation in which he was held by his professional brethren, as it is to his unworthy son to acknowledge their kindness and consideration.

And here I must take leave to observe, that it is with very great regret that I close, by this letter, my connexion with the Association and its *Journal*. But I feel so strongly opposed to the changes which have been effected at Manchester, and I am so confident that they will prove (and deservedly so) a death-blow to that Society, the very name of which some of its oldest members (of whom better things might have been expected) are now ashamed of, that I cannot countenance them by continuing on the roll of its supporters.

That an association founded by a provincial physician, and nurtured in its early struggles by his provincial brethren, should have its provincial character so merged in metropolitanism as its history during the past year has too surely predicated, and, during the last fortnight, clearly demonstrated, is, to my mind, anything but matter for congratulation.

The bitter spirit which has often animated many of its members, as manifested in the pages of the *Journal*; the unseemly and unnecessary differences which have year by year been growing worse at our annual gatherings; the jealousy which obtains here, and the rivalry which exists there—all these things, Sir, have so changed the pristine character of our Association, that its best friends might fail to recognise it. I, for one, do not recognise it, and therefore I had better leave it.

The results which I am now deploring, I foresaw, in a measure, at the Oxford meeting, when so many were led away by the fluency and "ready reckoning" of Dr. Cowan. Has the *Journal*, as a literary or commercial speculation, justified the bombastic predictions of that ardent gentleman? Not in the least. It is not one fraction better than it was when published at Worcester. One of the chief reasons urged by Dr. Cowan for its removal to London was, that the metropolis was the centre of civilization and of news; that intelligence of the most recent date would be at the command of the editor on the day of publication, and so be disseminated far and wide to his provincial brethren.

Now, if there is one thing of all others by which the *Association Journal* has been distinguished since its immigration to London, it is by the absence of that most important element—news. This is, or should be, no mean feature in the conduct of a journal which is intended for circulation amongst hundreds, in remote districts, who rely almost entirely upon it for their medical and general information as to what is weekly being enacted amongst the busy herd. They would rather know something, after their professional fatigues, of the doings of the learned in modern Babylon, than have to wade through heavy papers, unrelieved by ought else but a squabble on that eternal and nauseating subject, Medical Reform, or the abuse of a rival journal and its publisher. I have no hesitation in affirming that either *THE LANCET* or the *Medical Times and Gazette* contain more news and general information in one week than the *Association Journal* contains in four. The instances which I have noted down at various periods (and which I should have detailed to the meeting had I been able to attend at Manchester) of omissions in the way of appointments, deaths, medical and multifarious news, have been numberless, and such as to call for unqualified censure. These things interest the generality of practitioners more than the height of the barometer at two o'clock in the day at Uckfield or Grantham. I do not mean to underrate the importance of meteorological observations; but I think it is unfair that atmospheric pressure should have a weekly page devoted to it, and "pressure" of a more general kind be poked into any hole and corner if there is room for it, or be omitted altogether if there is not.

Well, then, if the *Journal* of our Association be so deficient in much that should characterize it, it is likely to be improved by the thrusting upon its Editor additional and most onerous duties? This experiment of joint Editor and Secretary has been tried before, and failed. Why, then, should it be tried again? Why, too, should the emoluments of the Society be all thrust upon one individual, who only dates his membership from 1847, and who attended an annual gathering for the first time (correct me, and I apologise if I am wrong) in 1850 or 1851? The stone of this edifice, Sir, was laid in 1832. Are there none who first enlisted under Sir Charles Hastings, and fought for this Association through evil report and good report, as capable of editing its *Journal* and conducting its finances as Dr. Cormack? I do not, believe me, Sir, mean anything personally disrespectful to yourself; such is far from my intention. But I really do feel indignant when I see the founder of this Association compelled, by the wanton acts of

so many of its members, to resign the offices which, for more than twenty years, he has held with so much honour. It is to be regretted that he consented to withdraw such resignation, upon the soft flattery of "undiminished confidence."

Nor do I think it right that a gentleman who has been so long attached to the Association as Dr. Williams, of Worcester, and who has so ably carried on the duties of secretary for the last few months, should be pushed aside to make room for Dr. Cormack and his "paid commercial assistant."

These ill-advised measures, which I have dilated on, herald, I most assuredly believe, the disruption of that Society which has germinated from the "little band" which met two-and-twenty years ago in the Board-room of the Worcester Infirmary. Already is she seeking to enlarge her borders, and increase her waning influence by fabulous statements of her numerical strength; and some of her members, forgetful of their first love, are endeavouring to supplant her baptismal name. But the "British Medical and Surgical" will never live as long, nor be so much respected, as the "Provincial Medical and Surgical Association;" and no large and bombastic parade of unpaid members will suffice to bolster up for more than a brief period the *status* of an institution which began with a few firm and steady friends, (all honour to Dr. Conolly, Sir John Forbes, Mr. Soden, and the few staunch remaining ones!) and whose usefulness was felt to be in proportion to its harmony and unanimity.

What of harmony and unanimity now?

I have to apologise for trespassing so largely upon your space; but I did not feel satisfied in taking leave of that to which I, and those very dear to me, have been so long attached, without stating my reasons for so doing; and I am sure that your love of truth and impartiality will insure the insertion of this letter in your columns.

I have the honour, &c.,

Enfield, Sept. 25th, 1854.

EDGAR SHEPPARD.

## HEALTH OF THE PRISONERS IN THE HOUSE OF CORRECTION, WANDSWORTH-COMMON.

THE number of prisoners who have been admitted into the House of Correction, on Wandsworth-common, during the past year, has been—3675 males, and 1495 females; total, 5170: of which number 359 males, and 166 females, were in ill-health, and required medical treatment upon their reception. The general health of the prisoners, whilst confined in prison, has been tolerably good, when it is considered that the majority enter these walls with ruined constitutions, from a life spent either under a succession of imprisonments, or, when at liberty, in drunkenness and debauchery.

By far the most prevalent disorder has been "diarrhoea," 297 having been placed on the sick list with that disease; not one case passed into the choleraic form: the other most prevalent disorders have been venereal, 131; boils and abscesses, 102; itch, 95; slight fever, 58; dyspepsia, 37. Under the head of "more serious cases" appeared epilepsy, 16; consumption, 7; typhus fever, 3; diseased heart, 2. The number placed upon the sick-list during the past year, has been 890 males, and 340 females; total, 1233.

Six children were born in the female's prison.

Under the head of "Deaths," only 3 cases are reported to have occurred during the year, 2 males and 1 female; the two former from consumption: one of them was brought into prison in a dying state. The female died from typhus fever.

Out of five attempts at suicide reported, four were feigned; the fifth was a serious one, from the prisoner having inflicted upon himself a severe wound of the throat by means of a razor. It was almost a miracle his life did not pay a forfeit to his rashness. He has completely recovered.

The sanitary means taken to avert the approach of cholera have been—strict attention paid both to the cleanliness of the prison, as well as to the persons of the prisoners; repeatedly flushing the water-closets and drains; the free use of Sir William Burnett's deodorizing fluid; the constant fumigation with sulphurous acid vapour; the strict daily attention paid both to the wholesomeness as well as to the proper cooking of provisions; and frequent whitewashing.

The surgeon paid willing testimony to the ready assistance he had ever received, both from the governor and matron, in carrying out these sanitary measures. There had not been a single case of cholera amongst the prisoners, although prisoners had been daily received from districts deeply infected with that disease.

October, 1854.



## THE WAR.

## THE WOUNDED AT CONSTANTINOPLE.

THE following important letters from Mr. Guthrie appeared in *The Times* of Monday and Tuesday last.

To the Editor of "*The Times*."

SIR,—I take the liberty of addressing you, under the belief that the benevolence of the public is about to take a wrong direction in providing a supply of what are technically called "medical comforts and surgical materials" to be sent forthwith to the army in the East.

During the latter part of the war in the Peninsula, the private soldier when in hospital had every comfort which could be procured for him, without restriction, and at any price. Fowls were purchased as high as 3s. 6d. each; and after the battle of Toulouse, in which the numbers of killed and wounded were about equal with those who suffered at the battle of the Alma, the hospitals were models of perfection, both in medical comforts and surgical attendance. It was found necessary to supply the officers as well as the privates of the army in a similar manner, and the junior ones should never be left to their own resources, if they require such assistance, for everything necessary should be supplied at the public expense.

I have no doubt that at this moment medical comforts and stores of every kind are in the Bosphorus in sufficient quantity; and if they are not, the War Minister will, I am satisfied, have already taken steps to forward them, although they will be too late to be of use to the wounded at the battle of the Alma; for before they can arrive, one-third of the wounded will be about to return to their regiments fit for duty, most of those who were fated to die will have died, and the remainder, I have no hesitation in saying, will have (the hurry of the moment being over) every ordinary comfort and attendance they stand in need of. If they want for anything at Scutari, it will be the fault of the principal medical officer in charge.

It appears to me to be an error to relieve a Government from any part of its duties by public charity; for, if the public interfere, the Government will in future rely on such aid, which will always be too late to assist in saving life, although it may be useful in alleviating protracted suffering.

Far be it from me to discourage private charity on an occasion like this, when so much is owing to the brave fellows who have suffered in the service of their country; but I venture to suggest that the subscriptions received, and the further moneys which may be collected, should be applied for the relief of the widows and orphans of the soldiers and sailors who have fallen in the East, including those of the merchant service who served with them, and that it should be a fund separate from all others.

G. J. GUTHRIE,  
President of the College of Surgeons.

To the Editor of "*The Times*."

SIR,—I am too well aware of the difficulty, to say nothing of the probable danger, of attempting to oppose your views in your own paper, and in refraining from doing so I will beg your courtesy to a final remark.

I am totally unacquainted with anything the Government have done for the service of the sick and wounded in the East. Bandages or rollers are worth one penny each; lint is about 10s. a pound, and I presumed that such articles were sent out in profusion. That these and other more essential things were not, however, in the right place at the right time is evident, provided the different statements published in your paper are true.

A rigid inquiry should therefore take place on this subject, as well as on the state of the medical departments of the army and navy—not for the purpose of finding fault, or of punishment, but that the public may know and be prepared to pay for what ought to be done for the preservation of the sick and wounded of their fleets and armies. Nothing has occurred on the Alma of which her Majesty's Government have not been forewarned, and if such evils as those alluded to in *The Times* have occurred, and are to continue to occur, the public should be made aware they must be endured and cannot be obviated. I know they may be prevented.

G. J. GUTHRIE.

## MEDICAL SUPPLIES FOR THE ARMY IN THE EAST.

Army Medical Department, 13, St. James's-place, Oct. 18th.

Dr. Smith, Director-General of the Army and Ordnance Medical Department, presents his compliments to the editor of *The Times*, and, as much misapprehension seems to exist as

to the sufficiency of medical attendants and of medical stores and supplies with the army and in the hospitals in the East, and as great anxiety has thereby been caused to the relatives of the sick and wounded, he sends the lists, showing the number of medical officers and the quantity of medicine and hospital stores which have been forwarded from this country at different times since the 24th of February last.

In a memorandum respecting medical stores supplied to the army in the East, the Director-General also states that—

"The number of medical officers with the British forces in the East at the time of the battle of the Alma was 276, being 1 to every 97 of strength. In the Peninsula the number of medical officers was 1 to every 154 of strength. At the present moment there are 30 more medical officers on their way to Constantinople, and 15 more are waiting embarkation. Dr. Smith is happy in being able to state confidently that the medical officers at Scutari (he believes 21 in number) have at their command everything necessary to the treatment of the wounded soldier; hence there is no necessity whatever for any effort being made by the public to send out to Constantinople lint, old linen, &c."

## Departmental Memorandum.

The list of medicines, surgical instruments, surgical materials, medical comforts, hospital stores, and means for the conveyance of sick and wounded, is furnished to enable the medical officers of the army in Turkey

1. To ascertain the provision which has been made to meet the wants of sick and wounded and the *matériel* which is with the army available for that purpose.

2. To report to me, through the Inspector-General of Hospitals, what other articles, if any, may be advantageously applied to the supplies which have been forwarded.

Special attention is requested to the carts and waggons which have been furnished for the conveyance of sick and wounded. No doubt many defects will be discovered in both; therefore, the medical officers serving with the army will, in all probability, have an opportunity of improving upon appliances that are known theoretically only to the British army, though practically to the French since 1792, when a supply of light waggons, accompanied by a corps of disciplined attendants, was sent into the field on the recommendation of the late renowned Baron Larrey. But notwithstanding the French have used so long what we are now only beginning to employ, still there is reason to believe much must yet be effected before we shall be able to consider the object in view to have been satisfactorily attained.

Medical officers will, therefore, be pleased to report, through the Inspector-General of Hospitals, whatever defects they may discover in the vehicles which have now been supplied; and also suggest whatever alterations, additions, &c., they may think calculated to render them more suitable and efficient.

ANDREW SMITH, M.D., Director-General.

Army and Ordnance Medical Department,  
13, St. James's-place, June 20, 1854.

MR. GUTHRIE begs leave to forward to the Editor of *THE LANCET* the accompanying letter from an officer who has particularly distinguished himself in India:—

"MY DEAR SIR,—I was very glad to read in yesterday's *Times* your letter, endeavouring to stem the torrent of reproach falling upon the medical department for seeming neglect or inefficiency. As your voice always commands the public attention in these matters, I hope you will force forward an inquiry for the purpose of discovering who are the parties to blame that the immense stores of medical and surgical means and appliances sent to the East were not forthcoming when required. I make no doubt the result of the inquiry would be, not only the acquittal of the surgeons of all neglect, but it would also appear that the fault lay in the want of power of independent action on the part of the heads of the medical department. With respect to the mysterious absence of stores sent out in such abundance, I believe the deficiencies in our hospitals in the East, as compared with the French hospitals, are to be explained thus: the French Government gave their Army Medical Department two ships, covering, I suppose, the amount of tonnage required by the chief of that department. These ships were entirely under the order of the chief of the medical department. He knew, therefore, not only in what part of the fleet to look for his stores, but in what part of the ship to find what he immediately wanted. He had the crew and boats of his vessels to send his stores on shore; his ambulance men to convey the stores from the landing-place to the hospitals. That medical chief is independent—at least,

he can only be foiled by winds and waves. He not only tells his staff and regimental surgeons what they *should* have, but he tells them what they *are* to have, and how and when they are to obtain things. Now what is the case in our medical department? Dr. Smith, I believe, calculates what tonnage he requires, and sends a requisition to the Admiralty for the same. He receives an order to send his stores to the store-keepers at the Tower for shipping as opportunity offers. Dr. Smith sends invoices of these stores to the inspector-general and the apothecaries with the army. The packages are numbered in the invoice, showing the contents of each; but neither Dr. Smith, nor the inspector, nor the apothecaries know in what ships the packages are distributed; for, being taken to fill up odds and ends of tonnage, the medical stores are in, perhaps, a dozen ships. How is Dr. Hull or Mr. Read ever to get these stores? It is impossible. I know it by experience even in the small fleet that went to Burmah; and such was the difficulty there of getting commissariat people to look to the interests of the sick, that I advocated the establishment of a branch of commissariat department especially to concern themselves with those interests. The commissariat must have pork, beef, rum, and also hay, corn, &c., for the horses of commanding and other officers. Whilst an army is marching, and fighting going on, this supplying of the effective is all they will, and perhaps can, attend to. The medical department is served last, perhaps not at all. The commissariat officer risks that. If he does the others well he is safe enough; and besides, the public don't see how the efficiency of the medical department hangs upon the commissariat. We must have independence of action to be efficient; we must be trusted with a little expenditure. As you have remarked, the public at once give their confidence to chiefs of other departments. But to those with whom they will trust their lives they will not trust their purses. Now, I think the public would give us their confidence in pecuniary matters, and here is a time when the expediency of that confidence might be made apparent. If the department is ever to meet the expectation of the public and the demands of the field, it must be able to move independent of the commissariat of the effective force. I represented this to Dr. Smith, from Burmah, early in that business, and I pointed to the experience of the Sutlej and the Punjaub as confirming the necessity of a commissariat for the medical department, or for the ineffective force. Lord Hardinge felt that necessity after Ferozshah, and appointed a special commissariat officer for the hospitals, and that officer had daily to visit each hospital, and personally ascertain from the medical officer in charge that every comfort required for the sick had been supplied. Lord Hardinge, partly, I suppose, to keep that officer in countenance, and partly to show his sympathy and remembrance of the sick, sent his aide-de-camp round the hospitals at Christmas to hand a mince-pie to each wounded man. Let me tell you that a mince-pie at that time was a luxury, and an attention beyond belief. I pleaded for one myself, and can therefore answer that they were worthy of the Governor-General's *cuisine*. But I have digressed from the subject, which is the necessity of power of independent action in the medical department, or a branch of commissariat for the ineffective force. Dr. Kenny, now President of the Medical Board, Bengal, recommends such a measure in his 'Report of the Campaign of the Punjaub, 1848-49.' I could adduce instances showing the expediency of the arrangement here recommended; but I dare say you will think I have already shown impertinence enough in saying as much as I have already said to one so experienced as yourself. Let the present case be investigated, and measures taken accordingly. They will, I feel persuaded, advance the credit and status of the medical department with the service and with the public.

"Believe me, my dear Sir, yours very faithfully,  
"October 17th, 1854"

"AN OLD PUPIL."

**FRENCH AND ENGLISH HOSPITALS AT CONSTANTINOPLE.**—A correspondent of a morning paper, writing from Constantinople, in speaking of the general arrangement and management of the French and English hospitals, says—"I was really quite delighted to witness to-day, with my own eyes, the order, cleanliness, and, I may say, magnificence of their (the French) hospital at Medjidie, and declare that there is not in London or Paris any establishment better conducted; and in thus providing for the wants of the wounded, all praise is due to the forethought, humanity, and munificence of the French Government. Three or four thousand iron bedsteads, with comfortable mattresses, blankets, pillows, and all the *et ceteras*—even mosquito nets for the officers—were provided full three months ago, and which, I must confess, would not ill become any lord-

ling's mansion. I visited subsequently our hospital at Selimie, and I am sorry to say I found everything the very reverse of what I have related in respect to the French hospital of Medjidie. I was really quite shocked, but do not attribute any part of the blame to the medical staff, who are all endeavouring to do their best. I did not observe a single bedstead in the wards; and the narrow miserable mattresses, supplied apparently from the berths of transports, for want of better, were all laid, with the unfortunate sufferers, on a brick flooring. The coverlets, and everything else, were of the most wretched description possible; and I even saw the Russian General Goginoff, in an almost hopeless state, not better supplied than others in this respect. I have neither time nor any wish to develop this dismal theme at present, but promise, if matters should not mend, to give you a full and true account of all, for the edification and comfort of the British public."

**REPREENSIBLE NEGLECT OF THE GOVERNMENT.**—A wounded soldier of the Guards, in a letter to a friend, remarks:—"We have got to Scutari at last, but I thought we should not have brought any men at all, as the men kept during their voyage quickly dying of their wounds; there were only three surgeons on board to dress and look after 600 men. My dear fellow, England has a good deal to answer for in not having sufficient medical men to attend the wounded soldiers who risked their lives and bled for their country's honour. I never had my arm looked at by a doctor from the day I received the wound till yesterday; but, thank God, from previous experience, I was able to look after it myself, and the wounds of others also. During our stay on board the ship, many a bright man lost his life through want of medical attendance; we threw about eighty or one hundred overboard coming down the Black Sea, but it is just as bad at Scutari."

**AN ENTHUSIASTIC SURGEON.**—A private letter from the East states—"That Mr. R. J. Mackenzie was so much attracted by the prospect of active service in the present campaign, that he resigned a first-rate private practice, and went out to Turkey, furnished by the Earl of Aberdeen with a letter of introduction to Lord Raglan, who at once appointed him a temporary Army-surgeon, and attached him to the 79th Highlanders. In addition to the fatigue and hardship, and of the privations incident to such a life of campaigning, Mr. Mackenzie penetrated to Widdin, Schumla, and Silistria, and after the raising of the siege he assisted at a great many surgical operations in the relief of the numerous wounded in the Turkish hospitals at that place." Mr. Mackenzie is a member of many of the medical societies of the northern capital, and held several important appointments there. According to the "British Medical Directory" for 1854, we find that he is an F.R.C.S. Edin.; Surgeon to the Royal Infirmary; Medical Officer to the New Town Dispensary; late Surgeon to the Look Hospital; Lecturer on the Principles and Practice of Surgery at the Ext. Academical School; Member of the Medico-Chirurgical Society, Edinburgh; Ext. Member of the Medical Society, Edinburgh; and Member of the Medical Statistical Association of the same place; besides being the author of several contributions in the Edinburgh medical journals.

**SURGEONS FOR THE EAST.**—The following medical officers left England for the seat of war in the East on board the *Valorous*, which sailed from Sheerness on last Saturday afternoon:—T. F. Longhead, M.D.; E. P. Boyle, M.D.; C. H. Tovey, M.D.; A. Hawkins, M.D.; A. Salter, M.D.; W. J. Pahologus, M.D.; William Grant, M.D.; — Grange, M.D.; — Biddle, M.D.; — Erskine, M.D.; and four other gentlemen, whose names we have been unable to learn. They will proceed direct to their respective appointments with all possible expedition.

During the week, twelve additional surgeons have been despatched from Ireland to the East to attend on the wounded.

On Monday last, a vast quantity of medical stores and comforts for the wounded at Alma, was taken out of the Tower of London, and forwarded to Liverpool, for immediate conveyance to the head-quarters of the medical department of the expeditionary army. Amongst the articles are a number of woollen serge gowns and trousers for the use of convalescents.

**NURSES FOR THE EAST.**—The institution for training nurses at St. John's House, Queen-square, Westminster, are sending out a number of trained nurses for the camp hospitals of the Crimea.

**OBITUARY.**—On the 23rd ult., on board one of her Majesty's ships, off Alma river, in the Crimea, John Mitchell, M.D., Staff-Surgeon in Lord Lucan's division of Cavalry, only son of the late J. Mitchell, Esq., of Montrose.

## THE CHOLERA.

RELATIVE to the progress of cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar-General for the week ending October 14th:—

Districts.	Elevation above water mark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	14
Central (St. Giles, &c.).....	49 "	393,256	24
Western (Kensington, &c.)	28 "	376,427	46
Eastern (Shoreditch, &c.)...	26 "	485,522	50
Southern (St. Saviour's, } Lambeth, &c.) }	6 "	616,635	115
			249

Of these, 71 were below fifteen years of age; 14 between fifteen and sixty; 38 were above sixty years old. 102 persons are stated to have died of diarrhoea.

The deaths from cholera were registered in the last two weeks in the five divisions of London, in the following proportions: In the Western Districts, 59 and 46; in the Northern, 26 and 14; in the Central, 31 and 24; in the Eastern, 95 and 50; and on the South side of the river, 200 and 115. In the second week of October, 1849, the deaths reported as caused by cholera were 110.

## INFLUENCE OF THE WATERS OF LONDON ON THE MORTALITY OF CHOLERA.

*Deaths by Cholera in Six Weeks in the Houses of the South Districts of London, supplied with Water from various Sources.*

Week ending	Number of Deaths in Houses supplied with Water by					Total.
	The Southwark Company.	The Kent Company.	The Lambeth Company.	Pumps, Wells, and other Sources.	Unascertained Sources.	
Sept. 2	399	38	45	72	116	670
Sept. 9	580	45	72	62	213	972
Sept. 16	524	48	66	44	174	856
Sept. 23	432	28	72	62	130	724
Sept. 30	228	19	25	24	87	383
Oct. 7	121	10	14	9	46	200
	2234	188	294	273	766	3805

*Influence of the Water Supply on the Mortality from Cholera in the South Districts of London during the Six Weeks from August 28th to October 7th, 1854.*

Water Company.	Source of Supply.	Houses Supplied.	Estimated Population of the Houses Supplied.	Deaths registered by Cholera in Houses.	Mortality to every 100,000 Inhabitants.	Mortality to every 1000 Houses.
Southwark	Thames at Battersea	40,046	266,516	2284	857	57
Lambeth..	Thames at Ditton...	26,107	173,748	294	169	11
Kent .....	Ravensbourne...	14,594	97,127	188	194	13

HONOURS FOR MEDICAL MEN IN FRANCE.—The *Moniteur* contains a notification that the first physician-in-chief of the navy, M. Cauvergne, has been promoted to the rank of Officer of the Legion of Honour; and two surgeons, MM. Macret and Lambert, have been appointed Chevaliers of the Legion of Honour, for their devotedness to the sick during the fearful visitation of cholera at Toulon.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following members of the College were admitted Fellows at the meeting of the Council on the 12th instant:—

BRIDGE, STEPHEN FRANKLIN, Wellington, Somerset, diploma of membership dated December 18th, 1812.  
COLES, HENRY, Hammersmith, June 27th, 1828.  
SCOTT, HENRY, Adelaide, Australia, May 25th, 1832.  
SHIPMAN, ROBERT, Grantham, July 1st, 1839.  
VETICH, JOHN TOSWILL, Jermyn-street, July 5th, 1839.  
WESTALL, EDWARD, Croydon, March 4th, 1831.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 13th inst.:—

EDWARDS, HENRY, Solihull, Warwick.  
FOY, CHRISTOPHER, Calcutta.  
FOY, JAMES AUGUSTUS, Calcutta.  
LAWRENCE, JAMES ELI, East India-road, Poplar.  
VERNON, HENRY HANNOTTE, Cambridge.  
WEST, JAMES FITZJAMES, Kennington.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, October 12th, 1854.

BANNING, ROBERT JOSEPH, Fairfield, near Liverpool.  
DAVIES, ROBERT, Llanfair, Talhaiarn Abergall.  
GANGE, FREDERICK ABNER, Dover, Kent.  
LA FARGUE, PETER AUGUSTUS, Warwickshire.  
SEGAR, JOHN, Ainsdale, near Southport, Lancashire.  
TAYLOR, EDMOND, Urnston, near Manchester.

THE CITY OF LONDON COURT OF SEWERS.—Mr. Thomas Abrahams, Surgeon, New Broad street, has given notice of the following motion in the City of London Court of Sewers:—"That the present mode of ventilating the sewers by air-holes in the public streets is prejudicial to the public health, and that it be referred to a Committee, to consider and report to this Court whether it be advisable to substitute for the air-holes ventilating-shafts affixed to the houses, in cases in which the owners and occupiers give their permission, or whether any improvement can be made upon the present mode of ventilation."

APPOINTMENT.—George Lowdell, Esq., F.R.C.S., of Cannon-street, Brighton, was elected on Wednesday week to the office of surgeon to the Sussex County Hospital, in the room of Mr. Benjamin Vallance, who retires, from continued ill health. Mr. Vallance has held the office for many years, having been elected upon the opening of the charity in 1828. Mr. Lowdell was formerly house-surgeon to the same institution.

THE CHOLERA AT BRISTOL.—Owing, perhaps, to the sanitary regulations which were wisely adopted after the last visitation of cholera, in which Bristol suffered severely, this city had enjoyed comparative immunity from the destructive disease which has proved so fatal elsewhere. Within the past week, however, there have been twelve or thirteen deaths from cholera, and one amongst them has spread quite a gloom over the city—viz., Dr. Evans, the head master of the City Grammar School. So rapid was the progress of the disease in his case, that, although two eminent practitioners were summoned with all despatch, collapse ensued, and within three hours after the deceased was first attacked with choleraic symptoms he was no more.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCTOBER 14TH.—The Returns for the last week from the metropolitan districts furnish evidence of a steady, if not a rapid, improvement in the public health. The deaths, which numbered 1532 in the previous week, declined to 1394 in that which ended last Saturday. But the mortality still exceeds the average of former years by more than 300 deaths, and it is also greater than the mortality of the same week in 1849, when the number had fallen to 1075. Last week cholera was fatal to 249 cases, diarrhoea in 102. Scarletina prevails to some extent in London, and the mortality from it exhibits a weekly increase. In the last three Returns this disease numbered 88, 105, and 112; this is considerably more than the average.

The births of 779 boys and 763 girls, in all 1542 children, were registered last week in London. In the nine corresponding weeks of the years 1845–53 the average number was 1287.

## TO CORRESPONDENTS.

**J. H. C.**—Such a qualification does not confer any legal right in this country. We would strongly urge our correspondent, as well as all other legally qualified members of the profession, who have not yet made their Returns for the *BRITISH MEDICAL DIRECTORY*, to forward them to the Editors of that work without the delay of a single day. It is to the *BRITISH MEDICAL DIRECTORY* that the credit is due of withholding from the view of the public the titles and qualifications of a host of quacks, whose insulting and disgusting pretensions defaced the pages of the *London and Provincial Directory*, and inflicted a great scandal and degradation on the profession. If the "Returns" are not made forthwith, the names of many qualified practitioners may be omitted from the *BRITISH MEDICAL DIRECTORY* for 1865.

**J. P.**—The following are the regulations respecting the diploma of members of the Royal College of Surgeons:—

"Candidates will be required to produce certificates—1. Of being twenty-one years of age. 2. Of having been engaged during four years in the acquirement of professional knowledge. 3. Of having studied Practical Pharmacy during six months. 4. Of having attended at a recognised hospital or hospitals in the United Kingdom the Practice of Physic during one winter and one summer session. 5. Of having attended, during three winter and two summer sessions, the Practice of Surgery at a recognised hospital or hospitals in the United Kingdom. 6. Of having studied Anatomy and Physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions. 7. Of having attended, during two winter sessions, lectures on the Principles and Practice of Surgery. 8. Of having attended, during one summer session, lectures on Materia Medica, and lectures on Midwifery; Practical Midwifery to be attended at any time after the conclusion of the session. 9. And of having attended one course of lectures on the practice of Physic, and one course on Chemistry."

**Ego.**—Admission to the museum is by an order from a member of the College. "*A Clergyman*" must take the trouble to authenticate his communications. *THE LANCET* is not likely to shrink from "its duty," but will scarcely be urged to action by the remarks of an anonymous correspondent. The work referred to has not escaped our notice.

**Nemo.**—The review appeared in *THE LANCET*, vol. ii. 1853.

**A Young Surgeon.**—A gentleman holding only the diploma of the Royal College of Surgeons cannot recover an account for attendance or medicines in a medical case. The defendant in an action for medical attendance may demand particulars, and the charges may be subjected to the judge or jury, who have the power to decide upon their fairness. But a *surgeon* cannot recover for either attendance or medicines when he practises as an apothecary—that is, when he "attends, prescribes, and dispenses medicine in a medical case."

## "WEBBER OF NORWICH" AGAIN.

**A Correspondent** has forwarded to us the *Ipswich Journal*, containing the account of a fatal gun-shot accident at Bacton. Every possible attention was paid to the wounded gentleman by surgeons of acknowledged ability in the neighbourhood. An inquest was held, and a verdict of "accidental death" recorded. The *Journal* says:—

"It should be added that, just after the jury were sworn, a letter was put into the hands of the coroner by the parish constable, impeaching the mode in which the case had been treated by the principal surgeon. The letter, which was signed 'W. Webber,' and was dated 'Norwich, Sept. 29th,' had been dropped in the morning from a railway train as it passed Finsingham station, and was picked up by the station-master. The coroner read the letter to the jury. The latter said 'they had had enough of it,' all being thoroughly satisfied that the deceased had received proper attention; the coroner, at the same time, deprecating the fact of such a letter having been so written and so forwarded, and stating that he should place it in the hands of the surgeon whose treatment it was attempted to impeach."

Our correspondent remarks, "that such a letter could, from the quarter whence it issued, be treated only with supreme contempt."

**A. B. C.** is thanked for forwarding "the begging letter from the Association." It is unnecessary to publish his remarks upon it. It was shown at the annual meeting that the *Journal* was upwards of £1000 in debt. Mr. Sheppard's letter states the case fairly. It is probable that every member is individually responsible.

**Anti-Specialist** has omitted to authenticate his communication. Unless our correspondent's name was attached to the letter, we could not allow it to appear.

**A Working Man, &c.**—A physician who has made Hmacy his especial study would be the best person to consult. We do not give advice.

**N.**—Two years since.

**M. H.**—It is possible that the charter will pass next session. All persons holding British degrees would be entitled to the extra licence by the payment of a fee.

**Dr. J. C. Atkinson's** paper shall be published next week.

**A Military Surgeon.**—Several interesting letters on the subject will be found at page 343.

**A Friend, (Lincolnshire).**—Full justice was done to the subject in *THE LANCET* at the time. Dr. Charlesworth's statue, erected upon the spot where his benevolent labours had so marked an influence upon the well-being of his patients, is not the most enduring monument to his fame.

**An Old Lancet.**—Draw attention to the point in a note to the editors.

**Juvenis.**—Such cases are by no means uncommon, and are easy of cure. The object of "the advertising quack" is to frighten, and then victimize. Any respectable surgeon will treat the case with success.

**Independent.**—It probably depends on an irritation of the stomach. We never prescribe in *THE LANCET*. Apply to a regularly qualified medical practitioner.

**A Student.**—Information may be obtained from the registrar.

**A Subscriber.**—1. There is no preliminary classical or mathematical examination required of candidates for the diploma of member of the Royal College of Surgeons.—2. We should say that the authorities at the Admiralty will only be too happy to find any respectable candidates applying for appointments as assistant-surgeons at any time. If our correspondent seriously intends entering the service, he may learn all particulars as to the pay and other advantages connected with it, by applying to the Medical Department at the Admiralty. The disadvantages he will not be so slow to discover when he has been appointed.

**Mr. Segor** will perceive that his request has been complied with.

## THE HUDDERSFIELD MEDICO-ETHICAL SOCIETY.

We have been acquainted by a member of this Society with the following particulars:—

"It embraces a country about fourteen miles in extent—that is, we have medical gentlemen at that distance united with us. It was established in June, 1852, to suppress quackery in all its forms, and to uphold the dignity of our honourable profession against *homoeopathy*, &c. The present office-bearers are—President, Dr. Wm. Turnbull; Vice-President, George Robinson, Esq.; Treasurer, Samuel Booth, Esq.; Secretaries, G. W. Rhodes, Esq., and Dr. — Scott.

"The following conditions disqualify from membership:—

"Any practitioner who may act in opposition to the principles involved in the six succeeding laws shall not be eligible to the membership of this Society; and, if already a member, he shall, on infringing the same, be liable to expulsion.

"1. No member shall practise, professedly or exclusively, *homoeopathy*, *hypnotism*, or *mesmerism*.

"2. No member shall, by advertisement or other improper means, solicit private practice.

"3. No member shall give testimonials in favour of any patent or proprietary medicine, or in any way recommend their public use.

"4. No member shall be the proprietor of, or in any way derive advantage from, the sale of any patent or proprietary medicine, or in any way recommend their public use.

"5. No member, who may keep an open shop, shall sell patent medicines, perfumery, or other articles than pharmaceutical drugs and preparations.

"6. No member shall enter into compact with a druggist to prescribe gratuitously, and at the same time share in the profits arising from the sale of the medicines.

"We have many other laws under various sections, as a code of medical etiquette, adjudication of medical disputes, &c. &c. We have found them of essential service. One case lately would have terminated in a York trial if we had not had a court of medical etiquette in Huddersfield, and by that means prevented many hundreds of pounds being spent amongst the lawyers, and obviated a disgrace to our noble profession."

"\* \* We cordially recommend the formation of similar associations in all parts of the kingdom.

**W. B.**—The preliminary examination at Apothecaries' Hall is not compulsory. It is desirable, however, that every intending candidate for the licence should submit to it.

**Mr. Chalmers Miles'** letter shall appear next week.

**A Stranger.**—Foreign medical works can be obtained by an order from any medical publisher.

**Mr. Thomas Collins.**—The fee for a post-mortem examination made by the order of the coroner is two guineas. This includes the medical evidence.

**A Student, (St. George's Hospital).**—Thanks. We will attend to the request.

## BIRMINGHAM GENERAL HOSPITAL.

To the Editor of *THE LANCET*.

**SIR,**—Your correspondent, who signs himself "Anti-Bellman," as if ashamed of his name, (*THE LANCET*, October 13th.) has made a mistake with regard to the number of beds in this hospital. The hospital contains 230 beds, as stated in your students' number. During the last year, 1853, the average number of patients each day in the hospital has been 178. None of the wards are likely to be closed. We could fill more beds if we had them.

I am, &c.,

D. JOHNSON, House-Surgeon.

The General Hospital, Birmingham, October, 1854.

**Mr. Knaggs.**—The communication shall receive close attention on the part of the Editor.

**ERRATA.**—In Dr. Ayre's paper on the "Treatment of Cholera by Calomel," in the last *LANCET*, page 311, 1st col. 3rd line, *for* reported, *read* reprinted; 2nd col., 14th line from the break, *for*, *read* on; 3rd col., 16th line from bottom, *for* measure, *read* medicine; 4th col., last line, *for* presented, *read* prescribed.

**COMMUNICATIONS, LETTERS, &c.,** have been received from—Dr. Robert Lee; Mr. Boly; Dr. Dundas Thomson; Mr. D. Johnson, (General Hospital, Birmingham); Mr. Chalmers Miles; Dr. Lever; A First Year's Student; A Young Surgeon; J. P.; A Clergyman; Mr. Abrahams; Anti-Specialist; Dr. Williams, (Brighton); Mr. J. Berry; Mr. Cotton; A Surgeon at Alma; A Subscriber to *THE LANCET*; Dr. Edwards, (Cheltenham); Mr. Potter; W. S.; One Present; R. W., (Cairn College, Cambridge); Mr. A. Bolton, (Infirmary, Newcastle-upon-Tyne); A Subscriber, (Edinburgh); Dr. J. C. Atkinson; M. H.; Dr. Fraser, (Wolverhampton); Mr. G. Woolcott; Mr. T. Collins; An Old Militia Surgeon; Mr. Braithwaite; A Reader of Twenty Years; A Student, (St. George's Hospital); Mr. Martin; A Junior Medical Officer, (Varna); Veritas; Mr. A. Blacklock, R.N.; Mr. G. S. Morris, (Glasgow); Mr. T. Holmes, (with enclosure); Mr. J. Mackintosh, (Huddersfield, with enclosure); Mr. A. Spalding, (with enclosure); Rev. A. F. Thomson, (Kilburn, with enclosure); J. H. C.; A Correspondent; A. B. C.; A Working Man; Independent; An Old Lancet; Dr. J. C. Atkinson; Nemo; A Military Surgeon; A Friend, (Lincolnshire); Juvenis; A Student; Ego; W. B.; N.; A Stranger; A Subscriber; Mr. Segor; Mr. Knaggs; &c. &c.

## Orthopædic Mechanism.—

Mr. HEATHER BIGG begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the Feet, Spine, &c. It combines mechanical power with free muscular action; avoids the least chance of abrasion or suppurative, (so often resulting from the mechanical appliances hitherto used,) and assists in every respect an increase of development.

Mr. H. Bigg will most gladly show any medical gentlemen, who may be interested in the perfection of such contrivances, instruments adapted for Talipes Varus, Valgus, Equinus, Spasmus, and Calcaneus; also for lateral, Posterior, and Anterior Curvatures of the Spine, &c. &c.

All cumbersome mechanisms being dispensed with, the cost is lessened and the weight diminished at least one half.—PATENTED.

29, LEICESTER-SQUARE.

## New Spinal Support.—Mr. H. Bigg,

29, Leicester-square, particularly invites the attention of the Faculty to his newly invented SPINAL APPARATUS, which is constructed on a principle never before employed. It entirely dispenses with cumbersome mechanism, and having a force analogous to muscular motion, allows the body to move freely in every direction. When applied its action resembles the pressure of the hands against the curvature, accompanied by a gentle uplifting of the drooping side.

It is remarkably light; has a self-adjusting pelvic part; can be applied to every variety of spinal deformity; and arranges itself so perfectly as to escape the closest observation. Patented.

To be had only of the Patentee, 29, Leicester-square.

## New Spinal Support.—Fr. G. Ernst,

Lamb's Conduit-street, Foundling Hospital, begs to draw the attention of the Faculty to his recently-invented SPINAL APPARATUS, which, after some months of trial, has proved superior to any of the various kinds hitherto used, and produced the most satisfactory results. This appliance, being self-adjusting, free bodily motion is permitted; thus, while equal and necessary support is given to the wearer, all injurious or painful pressure is avoided, and a great amount of comfort and benefit consequently yielded. It can be modified so as to suit any FORM OF SPINAL DEFLECTION; its weight is comparatively trifling, and from its capacities for nice adaptation elicits no observation when on the body.

To be had only of the Inventor, 48, Lamb's Conduit-street.

TO THE MEDICAL PROFESSION.

## Fr. G. Ernst, Anatomical Machinist

and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF OF BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam Exner (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 2.

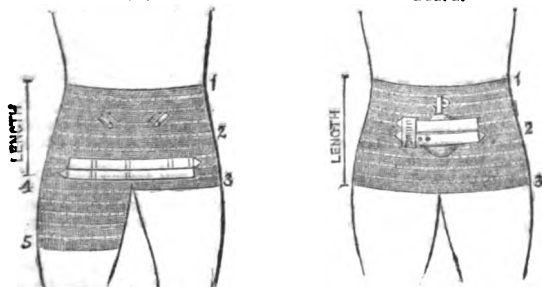


FIG. 1. THE BELT AND AIR-PAD FOR FEMORAL HERNIA.—Mr. Bourjeaud begs to state that this has been extensively tried, and has met with great approbation, especially at Guy's and St. Bartholomew's Hospitals. (See THE LANCET, Jan. 10th, 1863, page 49; and March 13th, 1863, page 267.) The air-pad is carefully adjusted, so that it may exactly rest on the femoral ring, the tube and stopcock being free, to allow of the pad being subjected to more or less insufflation. The belts in all these apparatuses possess the great advantage of encompassing the abdomen without distressing the patient, and of giving such support to the intestines as to lessen the chance of hernial protrusion. It is, in fact, extremely erroneous to confine the pressure to the rings; the whole abdominal mass should be well supported, and the pressure on the rings will then be effectual, without being exerted with the violence so often connected with the steel trusses.

FIG. 2.—APPARATUS FOR UMBILICAL HERNIA.—The belt is of the same kind as those figured in the other diagrams, but an air-pad sufficiently large is here fixed to the centre of the belt, and has the advantage, by its yielding and resilient properties, to fill, in some degree, the umbilical ring; thereby preventing protrusion, and leading the way, especially in children, to the final closure of the ring. Mr. Bourjeaud has had several cases of radical cure with young subjects. (See THE LANCET, July 12th, 1861, page 33; and Feb. 12th, 1863, page 153.)

## Mr. T. H. Wakley's Stricture Instru-

MENTS. Complete Sets of these Instruments may now be had of WEISS & SON, 62, Strand, London.

## Mr. Edwin Osborne, of 24, Savile-

ROW LONDON, begs to apprise the patrons of the late Firm of Dodge and Osborne, that he is now the Sole Licencee and Maker of PALMER'S PATENT (American) LEO; and, having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given (if required).

## Dissecting and Post-Mortem Instru-

MENTS, New and Second-hand. Surgical Instruments of the best description; A. URE'S New Urethrotome for Stricture; New Uterine Compress; Newly Improved Pessary; Instruments for Army and Navy Surgeons; DARTNELL'S Patent Truss; Trusses for Union Surgeons; Enema Syringes; New Syphon Enema, as supplied to the Army; New Spinal Machine, pronounced the best ever invented—at

PRATT'S, Surgical Instrument Maker, 480, Oxford-street.

## Henry Bigg, 9, St. Thomas's-street,

Borough, Surgical Instrument-maker to Guy's and St. Thomas's Hospitals, begs to call the attention of the Medical Profession to the following valuable instruments, made from designs and suggestions kindly given by the Gentlemen whose names are attached—viz., Mr. Le Gros Clark's Talipes Instrument; Mr. Bransby Cooper's Ovarian Trocar; Mr. Cock's Recto-Vesical Trocar; Mr. Cooper Forster's Ear Speculum; Mr. Hilton's Speculum Ani; Dr. Lever's Midwifery Instruments; Mr. Solly's Elastic Catheter, with Catgut Director. These Instruments being constructed on the premises secure their excellence and perfect finish.

9, St. Thomas's-street, Borough, London.

## M. Pillischer's Newly-Constructed

REASONABLE PRICE, surpasses any Microscope hitherto made by any English or Continental maker. The Student's Microscope, with coarse and fine adjustments, single mirror, one eye-piece, a one-inch and one-quarter-inch French achromatic object-glasses of best quality, the whole packed in mahogany case, 7in. by 6in., £5 10s.; or with M. Pillischer's own-made, 1in. of 16 degs. angular aperture, and 4in. of 60 degs., £7.

The above stand with lever stage, extra eye-piece, double mirrors, animalcule case, &c., £8; or with Pillischer's glasses, £9 10s.

A list of prices will be sent free on application to M. Pillischer, 83, New Bond-street.

## A New Discovery.—Mr. Howard,

Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will never CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication.

52, Fleet-street. At home from Ten till Five.

## Teeth.—Mr. Alfred Jones, of Gros-

venor-street, has recently completed a new and important improvement in the construction of ARTIFICIAL TEETH. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the most flatteringly acknowledged of success. Supplied only by Mr. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.

## ELECTRICITY.

FOR NERVOUS, FUNCTIONAL, AND RHEUMATIC DISEASES.



MEINIG'S New and Greatly Improved GALVANIC ELECTRO-GENERATOR, for supplying vito-functional energy to any organ in want of the same, and to the system generally, may now be had at the Establishments, 103, Leadenhall-street, and at 213A, Piccadilly. All wet and metallic

contact with the Body is entirely obviated; it acts with water alone, without acid, the action lasts more than twenty-four hours after each damping, and can be renewed and regulated without undressing, the Generator, enclosed in an envelope, being carried in the pocket or suspended from the neck.

THE EXTRAORDINARY CURATIVE VIRTUES OF THESE MILD CURRENTS OF ELECTRICITY ARE NOW FULLY ESTABLISHED BY EXPERIENCE. The Prospectus (to be had gratis, or by post for two stamps) contains the names of more than 600 persons cured within the last eighteen months, and this remedy is now adopted in nearly all the Hospitals, and by the most eminent practitioners. Sold at 5s. and upwards, according to power, at C. MEINIG'S, 103, Leadenhall-street, and 213A, Piccadilly.

N.B.—In the first stages of CHOLERA the continuous current from the colon to the abdomen has been found eminently successful in checking the further progress of the disease.

POCKET-BATTERIES for Medical Practice on the same principle. (Intensity of 120 cells within the space of a small pocket-book.)

103, LEADENHALL-STREET and 213A, PICCADILLY (near Regent-circus.) Prospectus gratis, or by post for two stamps.



## Infants' New Feeding Bottles.—These

celebrated Nursing Bottles, the best Artificial Mother ever invented, enabling the most delicate infant to feed from its birth with the greatest comfort and ease, are adapted to milk, biscuits, and all kinds of food. The Nipple, of novel material, is elastic, soft, durable, very clean, and so beautiful an imitation of nature, that no infant ever refuses it.—BENJAMIN ELAM, 198, Oxford-street.—7s. 6d.—Each is stamped with my name and address.

## The Pure Warm Air Charcoal

RESPIRATOR, invented by Dr. Stenhouse, of St. Bartholomew's Hospital, for preventing and alleviating diseases of the Throat and Lungs, and also as a safeguard against Fevers and other Infections, which no other will do, is in appearance like the ordinary respirator, but half its weight. When the breath is fetid, which is the case under many forms of dyspepsia, &c., the disagreeable effluvia are absorbed by the Charcoal, and pure air alone is inspired. There are three kinds—one Oral, price 8s., 6d. extra post free; and two Orinatal, one for infected atmospheres, the other for Chemical and Manufacturing establishments.

W. ROOFF, Manufacturer, 8, Willow-walk, Kentish-town.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Pre-payment, in the PURCHASE of

NEW WHITE MOULDED VIALS.

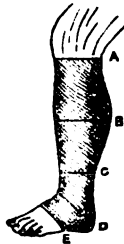
APSLEY PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

1 oz., 1 oz., & 1 1/2 oz. per Gross, 8s.	
2 oz. " 7s.	
3 oz. " 8s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	
4 1/2 oz. graduated in 3 doses 12s. 6d.	

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

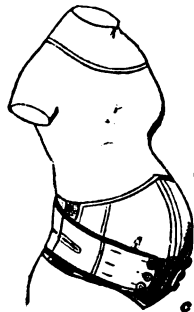
APSLEY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.



## Every excellence which the

Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c. H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stockings: Circumference at A, B, C, D, and E; length from A to D, and D to E.

HUXLEY and CO., 8, Old Cavendish-street,  
late 5, Vere-street, Oxford-street.



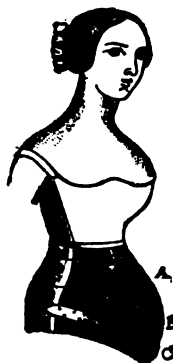
## Huxley's Fulcrum

ABDOMINAL BELT will be found, from its mechanical arrangement, (acting diagonally), and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4oz. Price 18s.

Measures required.—Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the profession.

HUXLEY and CO., 8, Old Cavendish-street,  
late 5, Vere-street, Oxford-street.



## Ladies' Belts.—Bailey's

ELASTIC LADIES' BELTS are found to be some of the most useful articles in his establishment. They are worn by those who are delicate in constitution, as they support the Back and Abdominal Muscles, giving the greatest possible comfort before and after Accouchement. They are without Buckles or any Incumbrances, and easily adjusted. Prices, 18s., 32s., and 42s.

Those without Elastic are much used by Surgeons for persons immediately after Accouchement, and called Bailey's Compressing Belts. Price 10s. 6d., 15s., and 25s.

Hospitals and Lying-in Institutions supplied. Females in attendance, and private rooms for trying on. Elastic Stockings and Knee-caps.

Address, WM. HUNTLY BAILEY, 418,  
Oxford-street, London.

## Mineral Waters.—W. Best begs to

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seidlitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Cologne, Arquebuzard, and Foreign Mineral Water Depot, 22s, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

## Aërated Waters of sufficient and

uniform strength. BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, having given great attention to the manufacture of Mineral Waters, and feeling it important that medical men should be assured of the quantity of Alkali contained in each kind, beg to submit the following list of their preparations:—

Potash Water, 18 grains of the Bicarbonate in each bottle; Citrate of Potash, (a new and valuable auxiliary in Gout and Rheumatic affections), 30 grains; Soda, 15 grains; Magnesia, 12 grains, and Ammonia, 10 grains.

B. S. & B. would especially recommend their Seltzer and Vichy Waters; the latter now bottled in half-pints as well as pints.

BLAKE, SANDFORD, and BLAKE, 47, Piccadilly.

## Hare-Lip.—Extraordinary Application and CURE.

Communication from Mr. BROADBENT, Surgeon, Ferry Hill, Durham.

MR. BENJAMIN NICKELS,  
Sir,—I wish to state concerning your Plaster to the following effect. About ten days after an operation for Hare-lip, the boy fell against a stone step and ruptured the lip. The day previously I had received your Elastic Plaster, and on being summoned to the boy, (without much hope of success,) I applied three strips of the Plaster, extending from ear to ear, bringing the ruptured edges into apposition. Seven days after, the Plaster retained the cheeks in the position I had left them on the day of application. Fresh strips were then applied, and the edges ultimately united. In my opinion, no other plaster could have answered the intention, and I think it specially adapted to wounds on the face.

I remain yours obediently.

(Signed) G. W. BROADBENT.

NICKELS'S PATENT ELASTIC ADHESIVE PLASTER, and ELASTIC ADHESIVE BANDAGES, which are made on quite a new principle, rendering them a cheap, efficient, unvarying support as a spiral covering, or stocking (without the trouble of lacing), for varicose veins, sprains, weak joints, and all rheumatic affections. These Bandages may also be cut and applied as ordinary strapping.

The Patentee has had the honour of receiving the highest testimonials in approbation of his ELASTIC PLASTERS from the following most eminent Members of the Profession, and many other Gentlemen, by whom they are patronized and used in their hospital and private practice:—J. C. W. LEECH, M.D., Physician Accoucheur, Guy's Hospital. Mr. KINGSTON, Surgeon to his Royal Highness Prince Albert, Prof. Surgeon, King's College, London; Surgeon King's College Hospital. Mr. HURON, Surgeon, Guy's Hospital, Surgeon to the City of London Hospital for Diseases of the Chest.

THE PATENT ELASTIC COURT PLASTERS are found most superior both in appearance and quality.

Sold by all principal Chemists in the United Kingdom, and by Mr. BENJAMIN NICKELS, Surgical Plaster Manufacturer, 9, Camberwell-green, London.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases of six square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1853.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction."

60, Grosvenor-street, London.

"Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicator, when carefully applied, and has not been productive of any degree of Strangury."

"ANDREW SMITH, M.D., Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."  
Prepared by Thomas B. Brown, Pharmaceutical Chemist, 43, Admiral-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignees, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.



## Soyer's Aromatic Mustard. — "M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration." — THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

## To Invalids and those desirous of

**PRESERVING HEALTH.**—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## Cocoa of the finest quality, prepared

in the best possible manner.—Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s., for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

## DOMESTIC ECONOMY

## H. Sparrow and Co. beg to announce

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.  
Fine Souchong, 3s. 4d., 3s. 8d., and 4s.  
Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.  
Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.  
Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

## Pure as well as Fine Tea.—

Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in THE LANCET, and also in *The Times*, (October 6th, 1852). The fact, therefore, is now familiar to most, that artificial colour is used to give the *Spring crop* and the spent *Autumn gathering* the same appearance. If this practice were discontinued, a twofold benefit would arise: first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by HORNIMAN and Co., London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the *Spring product* from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE Tea, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are REDUCED:—

Finest Congou, 3s. 8d. Finest Lapsang Souchong, 4s. and 4s. 8d.  
Fine and Pure Green, 3s. 8d., 4s., and 4s. 8d.

HORNIMAN and CO., Wormwood-street, London, Importers of the most approved Teas in general use, but free from the objectionable artificial colour on the surface.

Agents in London, PURSELL, 80, Cornhill; and ELPHINSTONE, 227, Regent-street, and 366, Oxford-street.

Sold by authorized Firms in all Towns, in 1 lb.,  $\frac{1}{2}$  lb., and  $\frac{1}{4}$  lb. packages only.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation as the purest farina of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and alternately with the Patent Barley, is an excellent food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

The proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest Tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets at 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Allsopp's Pale Ale in Bottle, as

supplied to the CRYSTAL PALACE; also in casks of 18 gallons Recommended by BARON LIEBIG.

Address, HARRINGTON PARKER and CO., 54, Pall-Mall, London.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

WOOD & WATSON, 18, Clement's-lane, City.

## Allsopp's Pale Ale.—Medical gentle-

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1853, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

## Metcalfe and Co.'s New Pattern

TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO.'S only establishment, 130 n and 131, Oxford-street, second and third doors west from Holles-street. Metcalfe's Alkaline Tooth Powder, 2s. per box.

## The 16s. Trousers reduced to 14s.—

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

## To Professional Men and others.—

The Oxford Mixed Doeskin Trousers, price 21s. The Stratus Cloth Vest, price 10s. 6d. Stock for choice, or to measure.

S. BATTAM, Coat and Trousers Maker, 160, Tottenham-court-road, four doors south of Schoolbred and Co's.

Patterns of the material and Directions for Measuring sent free per post.

## R. T. Pigram, Practical Tailor, and

Inventor of the Indicator of the Human Figure, whereby a perfect fit is secured, respectfully invites the attention of the public to his mode of art, since none can doubt the importance of an easy and exact adjustment of wearing apparel. Superior Trousers at 17s. 6d. per pair.

R. T. PIGRAM, 51, Lamb's Conduit-street, Foundling Hospital.

TO THE NOBILITY, CLERGY, AND GENTRY.

## Walker Babb's Two-Guinea Coats,

One-Guinea Trousers, and Half-Guinea Vests, made from Welsh, Scotch, and Irish Wools, in their pure state. Will stand any wear, and can be worn in any climate. For Fishing and Shooting nothing can equal them. The Black Tweed is well adapted for Clergymen's Riding Trousers. Waterproof Pocket Coats and Capes, Box Coats, Liveries, &c. &c.

DOYLEY'S SCOTCH WOOLLEN WAREHOUSE, 346, Strand, opposite Waterloo-bridge.

## Assistant-Surgeons.—Gentlemen

receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

L. PHILLIPS', 28, WEST STRAND, LONDON,

the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, and every necessary information, may be obtained on application.

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## Samuel Brothers,

29, LUDGATE-HILL,

Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS, at 17s. 6d.,

Unequalled for superior style, fit, quality, perfect ease, and gracefulness, so requisite for gentlemanly appearance, and so rarely obtained.

Patterns sent free on application.

SAMUEL BROTHERS' Stock of OVERCOATS

for the present Season is worthy of your inspection.

## Memorial of the late Dr. Roupell.—

It is proposed that a Portrait of the much-lamented Dr. ROUPPELL, now in the possession of Mr. Pickersgill, R.A., should be purchased, and placed in the Hall of the Medical College of St. Bartholomew's Hospital, as a testimonial of respect for Dr. Roupell's memory. Dr. Burrows, Mr. Stanley, Dr. Baly, and Mr. Paget, have formed themselves into a Committee for carrying this object into effect, and will receive subscriptions in furtherance of it. The subscription is limited to One Guinea.

St. Bartholomew's Hospital, October, 1854.

## The Queen's Hospital, Birmingham.

A Vacancy has occurred in the Office of RESIDENT MEDICAL OFFICER. He is provided with board, lodging, and washing, and receives a salary of £100 per annum. The Candidates, who must be Members of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company, are requested to send in their testimonials of qualification to the Secretary on or before Saturday, the 4th of November.

October 9th, 1854.

JOHN YATES, Secretary.

## Kendal Union. — Appointment of

MEDICAL OFFICERS.—The Board of Guardians of the KENDAL UNION, will, at their Weekly Meeting, to be held at the Board-room, Kendal, on Saturday, the 4th day of November next, at Eleven o'clock in the Forenoon, proceed to the appointment of MEDICAL OFFICERS, (having the qualifications set forth in the Consolidated Order of the Poor-Law Commissioners of the 24th of July, 1847,) for the Burton District, Salary, £32 per annum; Scalthwaite District, £20 per annum. The Medical Officers will be paid in addition to the above salaries, for all ordinary Midwifery Cases, (where an Order from a competent authority has been given), the sum of Ten Shillings per Case; they will be entitled to the remuneration specially awarded for operations and services mentioned in article 177 of the aforesaid Consolidated Order; also for successful cases of Vaccination, pursuant to the 16 and 17 Vict., cap. 100. They will be required to keep the Medical Relief-book, and to make such medical returns as the Board of Guardians may call for from time to time, to attend all Meetings of Guardians when required, and to perform such other duties as may be prescribed by the aforesaid Order.

During the last three years, the average sum paid for extras, for Burton District, amounted to upwards of £14 per annum, and Scalthwaite District nearly £7 per annum.

Testimonials and Certificates of qualifications to be sent to the Clerk (under seal, free) on or before Friday, the 3rd of November, 1854.

By order of the Board,

JOHN MAW, Clerk to the Guardians.

Finkle-street, Kendal, 7th October, 1854.

AT THE CRYSTAL PALACE.

## "The Duobus," a cheap close Carriage

for a "Country Practice," having all the comfort and convenience of a Brougham, with the weight of an ordinary Gig. Price £42. This Carriage can be seen at the new Crystal Palace, and sketch and particulars obtained on application to T. R. Storey, Coachmaker, Nottingham.

## Ten Thousand Stoves.—The Tenth

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DRAY, and CO., 46, King William-street, London-bridge, and may be obtained of most ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.

## Purification of Linen.—Prevention of

DISEASE.—J. BOILEVE, 55, King William-street, City, London, solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

69, Marylebone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one bushel per day.

I am, Sir, yours truly,

SAMUEL HUBERT.

To J. Boileve, Esq. Firm of JOHN WOOLLAWS and Co., Paper-stainers

## Warming and Ventilating by Hot

AIR, CHURCHES, HOSPITALS, TOWN-HALLS, and other PUBLIC BUILDINGS.—J. BOILEVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

New Independent Chapel, Longsight, Manchester, January 10th, 1853.

SIR,—I am instructed by the building committee of the above Chapel to order one of your No. 3 Calorifere, for heating and ventilating the School in connexion therewith. As the sub-committee, upon examination of most of the public buildings, churches, and chapels in the town, find such general dissatisfaction with the existing apparatus and their imperfect heating and ventilation, they have examined your Calorifere in operation, and believe it best adapted to meet their wants. It is intended, should it prove successful, to apply another apparatus to the chapel.

To J. Boileve, Esq.

SAMUEL RIGBY, Secretary.

New Independent Chapel, Longsight, Manchester, April 12th, 1854.

DRAWN SIR,—I am authorized to inform you that the No. 4 Calorifere, erected to warm the Longsight Independent Chapel, is in every respect satisfactory to the committee and the congregation.

Yours respectfully,

To J. Boileve, Esq.

ROBERT BURNETT, Chairman.

TO THE PROFESSION.

## Mr. Bowmer, M.R.C.S. Eng., 50,

LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

TO PROFESSORS OF ANATOMY, STUDENTS, &c.

## Dr. Kahn continues to execute every

description of ANATOMICAL and PATHOLOGICAL WAX MODELS. For a List of Prices apply at 232, Piccadilly.

DR. KAHN'S ANATOMICAL MUSEUM is open Daily, from Eleven till Five, and from Seven till Ten. Admission, One Shilling. Lectures, as usual, by Dr. SUTTON, F.R.G.S., and F.E.S.

## Mr. G. Hind, F.R.C.S., resumed his

DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.

Class-room, 20, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

## University of London, &c.—A First

CLASS B.A. and M.D. prepares Gentlemen, privately or in class, for the Matriculation, Medical, and Arts Examinations, the Fellowship Examinations, &c. Full MS. and printed notes forwarded. One Vacancy for a PRIVATE PUPIL, who may be Apprenticed.—Address A. Z., Ferriman's, 49, Albany-street, Regent's-park.

## School for the Sons of Medical Men,

CLERGYMEN, OFFICERS OF HER MAJESTY'S ARMY, NAVY, AND CIVIL SERVICE, &c.

ST. JOHN'S FOUNDATION-SCHOOL, Greville-mount House, Kilburn, London.

Head Master—The Rev. Anthony F. Thomson, B.A. Lincoln College, Oxford, (eldest surviving son of the late Dr. Anthony Todd Thomson, of University College.)

Mathematics—Gowan Evans, Esq., M.A. Lincoln College, Oxford.

German—U. Green, Esq., (Nieuwied College, Coblenz.)

French—Hy. Poitovine, Esq., (Paris.)

Music—Dr. Charles Steggall, Trinity College, Cambridge; Professor of the Royal Academy of Music, London.

The system of this School is particularly adapted to prepare Boys for the Medical Profession, the Army, whether Line or Artillery, the Navy, and Civil Service.

The Terms are moderate and inclusive. The House is new, and has been built with a special view to its purpose, at a cost of over £3000. It is situated on high ground, in the most healthy and beautiful position in the north of London.

A Prospectus, with full details, may be had on application to the Head Master, at the School.

## School of Physic in Ireland.—

(Established by Act of Parliament, 40 George III., and under the joint Government of the Board of Trinity College, and the King and Queen's College of Physicians.)

The Professors will commence their annual Courses of Lectures and Hospital Attendance, on Monday, the 6th of November.

At 10 o'clock, Dr. Law, on the Institutes of Medicine and Pathology, every Wednesday, Thursday, Friday, and Saturday.

At 11, Materia Medica and Pharmacy, every Wednesday, Thursday, Friday, and Saturday.

At 1, Dr. Harrison, on Anatomy and Physiology.

At 2, Dr. Apjohn, on Chemistry.

At 2, Dr. R. W. Smith, on Surgery, on Fridays and Saturdays, and at 11 on Mondays.

At 3, Dr. Banks, on the Practice of Medicine, every Monday, Tuesday, Wednesday, and Thursday.

At 4, Dr. Montgomery, on Midwifery, and the Diseases of Women and Children, every Monday, Tuesday, Wednesday, and Thursday.

Dr. Allman, on Botany..... } During the Summer Session.

Dr. Apjohn, on Practical Chemistry..... }

Dr. Brady, on Medical Jurisprudence..... }

Sir Patrick Dun's Hospital will be visited at Twelve, daily, by Drs. Law and Banks, and Clinical Lectures delivered twice in each week during the Winter Session, as also during the months of May, June, and July.

The Course of Practical Anatomy and of Anatomical Demonstrations, will be conducted by the Professor of Anatomy, assisted by the Demonstrators, Messrs. A. Brabazon and W. Peebles.

The Fee for each of the above Courses of Lectures is Three Guineas; Second Course, Two Guineas; but Students in Arts of Trinity College, who have Matriculated in Medicine, will be permitted to attend One Course free of expense, with each of the University Professors.

The Library of the College of Physicians, at Sir P. Dun's Hospital, is open on every Tuesday and Friday, for the delivery of books to Students subscribing 10s. annually.

Students may Matriculate in Medicine on payment of 5s. to the Senior Lecturer of Trinity College, and such have the privilege of attending the Lectures on Natural Philosophy in the University, and have free access to the Museum of Natural History, and to the College Botanical Gardens, where Demonstrations will be delivered by the Professor of Botany.

All the Lectures, with the exception of the Clinical Lectures, will be delivered in the Medical Lecture Rooms of the University.

Wm. E. SERRILL, M.B.,

Fellow and Registrar of the King and Queen's College of Physicians in Ireland.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS,  
14, JOHN STREET, ADELPHI.  
(Established A.D. 1823.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.  
Office hours from 12 till 4.

**Wanted, an Assistant, to Dispense,**  
Visit, and attend Midwifery.—Apply to A. B., Post-office, Skipton-in-Craven.

**Wanted immediately, by a Surgeon**  
in the country, an ASSISTANT, to Visit, Dispense, and attend Midwifery.—Address, stating salary, age, &c., to A. P. M., Post-office, Great Crosby.

**An M.D. and Surgeon, aged 27,**  
experienced, wants an ASSISTANTSHIP. A Town Practice preferred.—Address, D. S., THE LANCET Office, 423, Strand.

**An M.R.C.S. and L.A.C., aged 27,**  
and married, will be happy to be engaged as Out-door Visiting ASSISTANT.—Address, stating particulars, to Alpha, Post-office, Brompton, London.

**A Private Lunatic Asylum in London**  
to be SOLD, or a MEDICAL PARTNER admitted.—Apply, by letter, post-paid, to X., care of Mr. Gooch, Stationer, 65, King William-street, London-bridge.

**Lunacy.—An old-established Private**  
ASYLUM to be Disposed of. The income averages £1000 per annum. Excellently situated a few miles from town, near a railway station.—Apply, by letter, to P. P., the Porter's-lodge, Clifford's-inn, Fleet-street, London.

**Wanted, by a respectable Married**  
Man, aged forty-five, a Situation to attend a Gentleman nervously afflicted. The most satisfactory references can be given.—Apply, by letter, C. G., No. 2, Montague-terrace, Queen's-road, New-cross.

**Medical Assistant.—The Advertiser,**  
aged thirty, requires a Re-Engagement to Dispense, keep Books, and Prescribe, if requisite, in a county or provincial town. Several years' reference afforded.—Address, A. B., 7, Tibberton-square, Lower-road, Islington.

**A General Practice to be Disposed**  
of, in Gloucestershire, for £175, including Surgery, Fixtures, Drugs, &c.—For particulars, address, post-paid, to W. B. H., care of Mr. Husband, Fore-street, Exeter.

TO SURGEONS.

**A Gentleman, married, (unqualified,)**  
is in immediate want of a Situation as General ASSISTANT, in town or country. Can produce unexceptionable references, &c.—Apply, by letter, to J. R. E., 76, Railway-terrace, Nethells, Birmingham.

TO STUDENTS IN MEDICINE.

**A Hospital Physician and Lecturer,**  
residing at the West-end of London, will receive into his family a PUPIL. Unusual advantages are offered. Terms moderate.—Address, X. Z., THE LANCET Office, 423, Strand.

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## LECTURE VIII.—(Concluded from p. 272.)

### ON SUPPURATION OF THE JOINTS FROM INFECTION OF THE BLOOD.

WHEN the disease occurs in puerperal females, it often presents certain characters which have induced obstetric physicians to describe it as a distinct complaint, or confound it with the phenomena of puerperal fever. This I believe to be an error. Puerperal women are often attacked by purulent inflammation of the joints, without any of the symptoms which really indicate puerperal fever; but the constitutional symptoms of the purulent infection on which the articular disease depends have been mistaken for those of anomalous puerperal fever, which they resemble to a certain degree. On the other hand, puerperal fever, as you well know, is frequently complicated with purulent inflammation of the veins of the uterus, pelvis, &c.; and in such cases we may have secondary articular disease, excited, not by the fever, but by the inflammatory condition of the veins which accompanies it as a complication. Here we have purulent infection of the blood superadded to puerperal fever; the disease is a complicated one; the symptoms peculiar to each element become masked, and they may be readily confounded: yet, by remembering the course and symptoms of uncomplicated purulent infection, we can generally find our way through a labyrinth which were otherwise inextricable. That purulent inflammation of the joints does not essentially depend on puerperal fever, but on some other condition, is shown by the fact that it occurs after abortion in the early months of pregnancy, when improper means have been employed to evacuate the uterus, and when nothing resembling puerperal fever occurs. Here we have all the essential symptoms of purulent infection followed by articular disease; and although these unfortunate cases, from obvious reasons, are seldom investigated after death, yet the symptoms during life leave no doubt of their identity with purulent infection of the blood.

The state of the joints in patients cut off—I will not say *by*, but *during* these puerperal affections—is pretty nearly the same as in other cases, but the peculiarities of the puerperal state, or the complication with puerperal fever, may modify the morbid appearances in a slight degree. It would seem to be established that the puerperal disease has a great tendency to attack several joints in rapid succession. There is not, I believe, a case on record in which the inflammation was confined to a single joint. The cartilages, also, are more apt to suffer in this form; in many cases they have entirely disappeared, the ends of the bones being denuded, rough, and perhaps ulcerated. Serum and pus are more frequently found in the tissues outside the joint; and the muscular structures are very often involved, particularly the muscles of the calf of the leg and back of the fore-arm, which may be infiltrated with pus, or be entirely disorganized. Another peculiarity of this form is the oedematous condition of the limb, resembling phlegmasia dolens. The skin covering the affected joint is sometimes of a natural colour; sometimes with a blush of redness over the swollen parts; but the joint never presents the solid rounded form of white swelling, or the elastic feel of synovial effusion. The pain is occasionally slight, but more frequently it is severe, and increases suddenly in a manner quite disproportionate to the changes apparently taking place in the joint. We should, however, form a very incorrect idea of the nature and dangerous character of this disease if we were to confine our examination to the affected joints. In the great majority of cases which have been submitted to careful and minute examination after death, traces of purulent effusion have been found in the internal organs, and in various parts of the body. I even think it probable that pus-globules might be detected in the blood during life; and I am led to this conclusion by the results of the examination instituted by Mr. Gulliver and Mr. Dalrymple, at my request, in the case of Mary L., which I have already related. However this may be, it is certain that circumscribed abscesses or purulent infiltrations are almost always found in the lungs, liver, kidneys, or brain, in the

No. 1626.

heart, in the cellular tissue or muscles, in the uterus or some of its appendages, and finally in the minute veins of the spongy tissue of bones. The symptoms during life will often indicate the precise organ in which we may expect to find these collections of pus. They take place more readily in the lungs and liver than anywhere else; after them, in the muscles, the heart, and brain.

Before describing the general symptoms which accompany this acute purulent affection of the joints, I will say a few words relative to its origin or exciting causes. It commences under circumstances quite different from those which excite other forms of articular disease. Peculiar states of the constitution, such as those arising from gout, rheumatism, syphilis, scrofula, &c., have no influence here; nor can it be traced to any of the immediate causes of ordinary synovial inflammation, as external violence, cold, moisture, &c. It often attacks the healthiest individuals in the prime of life, after amputation of a limb, for example, which has been performed in consequence of some severe accident. Unlike other articular diseases of constitutional origin, it is never chronic, but always of a most acute character, and when connected with the puerperal state it may appear to be epidemic.

The general symptoms are various and irregular, because numerous important viscera may be involved during the course of the disease, as the post-mortem appearances show; still the irregularity is rather one of degree than of kind, and any one who has seen a few cases of the disease cannot fail to detect it. In a great many cases the constitutional symptoms are ushered in by shiverings, which are so severe, and recur in such a manner from day to day, as successive depositions of pus take place, that inexperienced practitioners have mistaken the disease for intermittent fever. The rigors continue sometimes for half-an-hour, and are followed by slight perspiration, they may recur at determined intervals, but generally cease on the second or third day, after which they appear at very uncertain periods, or are noticed no longer. These rigors are immediately followed by fever of a very peculiar kind. It has been said to resemble strongly typhoid fever, but no medical man accustomed to watch the slow development and gradual progress of true typhoid fever could ever be deceived by the points of resemblance. In the form now referred to, the pulse rises rapidly to 120 or even 140, it is however extremely variable, and often weak; the skin is hot, though from time to time the temperature is little above the natural standard, being probably reduced by the partial sweats which break out. The countenance becomes anxious and sunken at a very early period, and there is often a dull, yellowish tinge of the face. The stupor and delirium of typhus fever never exist at the commencement, still the patient's expression soon becomes wild from anxiety, and there is low muttering delirium, from which he is easily roused. As the disease advances various symptoms supervene, and many of these probably depend on the fact, revealed by dissection, that important internal organs are successively implicated in it. Thus, in some cases, the delirium becomes extremely violent, in others we find vomiting of bilious matter, with a sense of oppression at the pit of the stomach; in a far greater number of cases, however, the respiratory organs are involved, the breathing becomes accelerated and in paroxysms, there is a dry, hacking cough, with sub-crepitating rale, and in some few cases with the exhalation of a purulent odour from the breath. These paroxysms of oppressed and hurried breathing, with short dry cough, are extremely characteristic; they are very often preceded, at each return, by rigors, and I consider them as indicative of successive depositions of pus in the substance of the lungs. As the disease progresses the symptoms of exhaustion become more marked, the patient lies in a low, debilitated state, interrupted by agitation and delirium, the tongue becomes brown, the teeth covered with sordes, the pulse is rapid and tremulous; the abdomen is tender on pressure, the leaden yellowish hue extends over the body, and the patient sinks between the fourth and eighth days in a state of extreme exhaustion. In a few cases, however, the struggle is prolonged for several weeks, and nature triumphs over the malady, an event that may probably depend on the rare circumstance of the purulent deposits being confined to the cellular tissue of the external parts of the body. For I ought to have mentioned that signs of articular inflammation or of purulent deposit about various joints, or in the cellular tissue in the calves of the legs, &c., very frequently appear in the course of the disease, and their occurrence after rigors, prostration, low delirium, and paroxysms of oppressed breathing, with short, dry cough, should leave no doubt as to the true nature of the complaint.

The description which I have now given of the constitutional symptoms which accompany purulent inflammation of the

joints from infection of the blood, is a general one, but it can be readily understood how the symptoms may be modified according to the peculiar circumstances under which the disease may have been developed in the first instance. It may arise, for example, after injuries of the brain, when the early symptoms will be complicated with, and masked by, those of cerebral irritation or of actual inflammation of the meninges. In cases of this kind, the secondary deposit often occupies the substance of the liver to a great extent, and if the cerebral symptoms be absent or slight, the disease may be mistaken for an acute affection of the liver. On the other hand, this articular affection frequently accompanies the puerperal state. Here an important distinction must be drawn, without which the disease becomes inexplicable. In many cases it appears as a complication of puerperal fever, especially of that form depending on uterine phlebitis, and then we find all the early symptoms masked by those of the puerperal fever, from which it is almost impossible to separate them. But in other cases, although the woman has been recently delivered, she does not present the ordinary symptoms of the fever just mentioned, she appears to be doing well for several days; there is no tenderness or tumefaction about the lower part of the belly; but after a few paroxysms of shivering, with anxiety of countenance and acceleration of the pulse, the joints suddenly become painful, the tongue gets dry, and the symptoms of purulent infection follow the course I have already described. In this uncomplicated state the disease receives no peculiar stamp from the puerperal state, but presents exactly the same symptoms, and runs the same course, as it does when affecting males after injuries to, or operations on, the genito-urinary organs. There is, however, this difference in the results, that the disease is of a much more fatal character in puerperal females than in males,—a fact admitting of explanation from the circumstance of its being so frequently complicated in the female with puerperal fever, whereas, in the male, it arises from laceration of the urethra, irritation of that canal or of the bladder, and from other injuries which are not in themselves of a dangerous character.

I will say a few words to you here of suppurative inflammation of the eye-ball connected with the disease now under consideration. It existed in the case of Mary S—, which I related to you at the commencement of this lecture. It was first noticed, I believe, by Dr. Marshall Hall and Mr. Higginbottom, who published five fatal cases in the thirteenth volume of the *Medico-Chirurgical Transactions*; but from not having extended their post-mortem examinations to the great cavities of the body, they had no idea whatever of the true nature of the attack, and were unable to explain its uniformly fatal tendency. We now know that this affection of the eye is not peculiar to the puerperal state; it occurs in males as well as in females; and its history, as well as the results of post-mortem examination, clearly show that it is simply one of the manifestations of purulent infection of the blood; the eye becomes affected just in the same way as the joints, the lungs, the liver, or any other part of the body.

Purulent synovitis occurring in recently-delivered women is an extremely fatal disease, or, to speak more correctly, the affection, of which the articular disease forms but a part, generally terminates in death. This is the opinion of most obstetric physicians. Dr. Merriman states, that he never saw a case recover; and the experience of M. Cruveilhier, at the Lying-in Hospital, at Paris, confirms this unfavourable opinion. Still we sometimes find exceptions, and it is highly important to remark that the chance of recovery is greatly increased according to the interval which may have elapsed between delivery and the time of attack. The tendency to purulent inflammation appears to decrease in proportion as the uterus resumes its natural condition and its vessels become contracted. Amongst the few examples of recovery, I may allude to an interesting one, published by Mr. McWhinnie, in the twenty-first volume of the *Medico-Chirurgical Transactions*. In this case the delivery was premature, and, curious to say, the disease commenced in the eye, which became inflamed on the second or third day, and was soon lost. Three weeks afterwards, the right lower extremity began to swell, and matter collected about the knee-joint, and also about the wrist. Soon afterwards the calf of the leg became the seat of purulent deposit: the matter was evacuated by incision. On the thirty-fifth day, effusion took place into the right knee-joint, and the cartilages became absorbed to such an extent that the articular surfaces admitted of being sub-luxated in all directions. Several abscesses also formed external to the joint. These were opened, and although the patient was reduced to the lowest extremity, she ultimately recovered, with loss of the eyeball and a stiff knee-joint.

I have now, gentlemen, described to you the manner in which this purulent affection of the joints originates, the symptoms which accompany it, and the post-mortem appearances discovered, not only in the joints themselves, (for these are insignificant,) but in the principal cavities and viscera of the body. It remains for me to explain the view which I take of the nature of the disease. It is the same as that which I published many years ago, when I said that "the contamination of the blood appears to me the most probable explanation of the varied phenomena of these affections;" but I would add, from further experience, that I now believe the contamination of the blood to depend on the admixture of pus, as such, circulating with the vital fluid. The pus is not absorbed, but admitted directly into the circulation through some breach of surface. In the great majority of cases the formation of pus in some tissue primarily affected can be proved by dissection. A few cases, it is true, are on record, where no trace of pus could be discovered in those tissues supposed to be the primary seat of disease, and hence it has been argued that these cases are sufficient to justify us in removing the disease from that class under which I have comprised it—viz., purulent infection of the blood. To this I would answer that the identity of cause, symptoms, and results in various cases, naturally leads to the inference of an identity of the immediate cause, and that as our knowledge extends under the influence of more careful and accurate post-mortem examinations, numerous cases are now shown to belong to this class of purulent infection, whereas formerly they were either inexplicable or referred to causes from which no rational explanation of their phenomena could be obtained. Thus, to take Dr. Marshall Hall's cases of puerperal affection of the eye, even that acute physician was unable to understand why the eye should become inflamed after parturition, and still less, why inflammation of the globe should prove rapidly fatal. We now explain these points satisfactorily, by showing that such inflammation of the eye is not peculiar to puerperal females, but that it occurs in other cases of purulent infection. Again, the typhoid symptoms under which many patients sink after amputation, after trephining, &c., and the abscesses discovered after death in the lungs, livers, &c., did not admit of explanation, until it was shown that suppurative inflammation existed, in all these cases, in the cancellous structure of the bones. Let us consider also the case which I have related from the practice of M. Velpeau. A superficial examination of the body would not have led to a discovery of the cause of the disease; if the urethra alone had been opened, the surgeon might have said, "here is a case of purulent infection without any trace of inflammation of the veins." But on going a little further he discovered the cause in the veins of the prostate. The same remark applies to the few cases in which puerperal disease of the joints existed without any morbid alteration in the structure of the uterine veins. This exemption of the uterine veins has been considered sufficient by accoucheurs to reject the theory of purulent infection; but the surgeon, not accustomed to confine his investigations to the uterus alone, would not have remained satisfied unless every other organ in the pelvis, and the whole genito-urinary system, had been carefully examined. Inflammation of the mammary veins, or of those of the rectum, are just as capable of exciting purulent infection as inflammation of the vessels of the uterus or its appendages. But even admitting that some cases do exist in which no trace of purulent secretion can be detected after death, I hold it more rational—considering how very limited the number of such cases is—to conclude, either that the seat of the secretion has escaped our notice, or that it has been of so fugitive a nature, and so limited in extent, as to leave no trace after death. From the appearances of the joint during life, and the sensations of the patient, there can be little doubt of its having been the seat of inflammation; yet in many cases, when the disease has lasted for a few days, all trace of inflammation has disappeared, and if the joint were an open cavity no pus or other effect of acute inflammation could be discovered in it. The doctrine which I now advance is the one most conformable to all we observe in relation to this disease, both during life and after death, and I feel persuaded that the time is not far removed when it will be universally adopted.

If these views be correct, it is evident that the local treatment of purulent synovitis from infection of the blood becomes a very secondary consideration. Still, while directing our attention chiefly to general means, we must not neglect the assistance afforded by local remedies. The acuteness of the attack, and the inflammatory symptoms which accompany it in many cases, would naturally point out the propriety of our having recourse to the local abstraction of

blood by leeches or cupping. When the joints have been much swollen, and extremely painful, I have often thought that benefit was derived from the application of leeches; at all events they mitigate the most urgent symptoms. But in the use of bloodletting, whether general or local, we should never forget, that the articular affection is not a mere local inflammation, but the result of a constitutional disease, which the injudicious abstraction of blood may render more rapidly fatal. In cases where the state of the patient evidently contradicted the local abstraction of blood, warm opiate fomentations may be had recourse to, with the object of relieving pain; but, for my own part, I should place more reliance on the application of blisters to the affected joints than on any other method. Should the deposit of pus be confined to the cellular tissue external to the joints, there is some hope of our efforts proving useful; the abscesses should be freely opened, and the wound covered with warm poultices. We have no reason, however, to believe that the articular affection has any influence on the result of the constitutional disease, and it is evident that the only chance of saving the patient's life depends on the energetic and prompt use of such remedies as are best calculated to counteract the general affection. Experience unfortunately shows that, like most other diseases arising from contamination of the blood, it is little if at all amenable to medical treatment. Not many years ago, when surgeons attributed the constitutional symptoms of this dangerous affection to a febrile attack, they employed both general and local bloodletting in a very energetic manner. Dupuytren always had recourse to this method, yet it never led to much good—a result which we can now understand. Laennec was a partisan of tartar-emetic in large doses—a practice followed by Sanson, Breschet, and many other French surgeons, but without success. The nature of the disease is such as to leave little hope of benefit from the use of antiphlogistic measures; and if general bleeding were to be recommended under any circumstances, it could only be in cases where the patient is very robust and the pulse strong and full; at all events bleeding should not be attempted except in a very early stage of the disease. More benefit appears to be derived from active purgatives at this period. Quinine has been tried very extensively, and it is, perhaps, the remedy on which most reliance is to be placed. In my own practice, I am in the habit of combining it with diffusible stimulants. It is a curious fact that this powerful remedy often arrests the periodical rigors of which I have already spoken; yet in many cases where this effect has been observed, the disease has continued unchecked to its fatal termination. In the puerperal form, the rapid introduction of mercury into the system appears to be the best method of treatment which the practitioner can adopt. Calomel should be administered every two or three hours, by the mouth, and mercurial ointment rubbed in over the abdomen until the gums are touched. The few examples of cure on record have been obtained by this treatment, and it would be interesting to ascertain how far it might be extended with advantage to other forms of purulent infection of the blood. In cases of consecutive abscess and disease of the joints from infection of the blood, Dr. Copland advocates the use of chlorate of potash in combination with cinchona, serpentaria, or camphor, having tried this remedy in several instances with success.

## OBSERVATIONS

ON THE

## GANGLIA AND NERVES OF THE UTERUS.

By ROBERT LEE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL, AND OBSTETRIC PHYSICIAN TO ST. GEORGE'S HOSPITAL.

(Continued from p. 308.)

"I CANNOT finish this subject," observes a celebrated writer, "without again repeating, that the anatomy of the gravid uterus is the very foundation of the art of midwifery. A knowledge of this is the security of the accoucheur amidst all the dangers of practice, and his surest guide in every difficult situation. I surely am not saying too much when I affirm, that every rule of practice, every precept in midwifery, arises solely from the anatomy and physiology of the uterus; and

that he who is well acquainted with these points, and possessed of a common share of understanding to deduce the necessary conclusions from his knowledge, requires no other assistance."

This very foundation of midwifery as a science and an art could not be considered as laid in a solid and satisfactory manner, until the nervous system of the uterus, on which its sensibility and contractile power depend, had been demonstrated. It was not by vague conjectures, erroneous and unfounded assertions and contradictions, that the ganglia and nerves of the uterus could be brought to light: this could only be accomplished by the most minute, laborious, and repeated dissection.

The investigation of the nervous system of the unimpregnated and gravid uterus, which I had commenced in 1838, was continued without intermission during the whole of 1839 and 1840, at the close of which year I had completed ten dissections of the uterine ganglia and nerves. All these dissections were made whilst the parts were immersed in strong alcohol, which hardened, but did not alter, the structure of the neurilemma. A lens magnifying six diameters was always employed, which enabled me with unerring certainty to distinguish cellular membrane, bloodvessels, and absorbents from the ganglia and nerves, and to remove them completely with fine forceps and needles. The neurilemma, being considered an important and essential constituent part or tissue of the ganglia and nerves, as it had been regarded by all preceding anatomists, was not broken up or torn, but preserved with the utmost care in a state of perfect integrity. Whilst engaged in making these dissections, I discovered that the neurilemma was the constituent tissue of the ganglia and nerves which chiefly enlarged during pregnancy.

Every preparation was examined in the most public manner, and the truth was thereby well authenticated. But there were several teachers of anatomy, physiology, and midwifery in London who refused to look at these dissections, like the famous professor of Padua, who, though repeatedly and urgently requested to look at the moon and planets through Galileo's telescope, pertinaciously refused to do so, and reviled his labours.

There were a few others actuated by a different spirit, who not merely carefully examined, but came forward boldly in defence of the truth. Dr. Hodgkin was one of these. On the 29th of March, 1840, he inspected the dissections, and he had no doubt that the new structures displayed were nervous structures, and he went and told Sir Astley Cooper that such was his opinion. After this, Sir Astley never called the nervous structures of the uterus, enlarged by pregnancy, the "cart-ropes and chain-cables" of the organ.

On the 4th of April, 1840, Mr. Samuel Solly wrote to me as follows:—"I have taken up my pen for the purpose of expressing to you in writing my firm conviction that the filaments which I saw this morning, ramifying on and into the substance of the uterus, in two preparations at your house, are nerves; and that you have therefore shown by these dissections a far greater number of nerves supplying the uterus than had hitherto been discovered. The deep physiological interest of this discovery I need not dwell upon now."

On the 28th of February, 1840, Dr. Hake, of Bury St. Edmund's, well known as an accurate microscopical observer, examined with the compound microscope portions of the plexuses of the gravid uterus under the peritoneum, and compared them with undoubted nervous structures—the hypogastric plexuses. He assured me that he could discover no difference whatever between them. Dr. Hake further stated, that he considered these plexuses under the peritoneum to be nerves for the following reasons:—"There is continuity of substance with the spermatic and hypogastric nerves; there is a similar mode of distribution; they have a plexiform appearance, which no other structure but nerves could be made to assume; and they are similar in form and colour. Under the microscope, when examined with a low power, there is the same indistinct fibrous surface. When separated into their component parts by the assistance of needles, they are resolved into fibrils, exactly similar in form, connexion, and arrangement, and which answer to the distinct characters of the nervous fibrils given by microscopic observers."

Professor Grant repeated the examination with the compound microscope, and arrived at the same conclusion.

Several eminent practical anatomists—not microscopical anatomists—on whose judgment I could safely rely, examined all the dissections repeatedly, and were of opinion that the new structures displayed were unquestionably the ganglia and nerves of the gravid uterus enlarged by pregnancy.

On the 16th of April, 1840, Dr. Marshall Hall examined these preparations of the gravid uterus of six and nine months



and in the mara. "I have no doubt," he said, "that you have made out the existence of a new system of nerves and ganglia—the special nervous system of the uterus. Never doubt this for a moment, whatever opposition or contradiction you may encounter. I cannot doubt that these great plexuses on the body of the uterus are nervous plexuses. Mr. Watt was careful to render justice to others in all literary matters," added Dr. Hall on this occasion, "and exacted the same from others to himself. Let us follow his example. Scientific fame must be earned; it is not to be bought at the Stock Exchange, or anywhere else."

On the 26th of June, 1840, Dr. Prout examined two of these preparations, and a second time on the 4th of July. He said, "There could be no doubt about the necessity for such a system of nerves. There could be no doubt the new structures were nerves; they had all the characters, and were continuous with nervous structures." He ridiculed the idea that they were gelatinous tissue, which he said was nothing but cellular membrane. These nerves give both motion and sensation to the coats of the uterus, as the organic nerves do peristaltic action to the intestines. Could the intestines move without nerves? No more can the uterus. Dr. Prout thought the best plan was to employ an artist to make drawings, and publish a separate work on the nerves of the uterus, which recommendation I determined to follow.

On the 3rd of November, 1840, I called upon Mr. Kiernan, and informed him that I had made fresh dissections of the nerves of the uterus, and requested him to examine them. This he refused to do. I then requested him to state the grounds upon which, as referee of the Committee of Physiology of the Royal Society in 1839, he had decided with the microscope that the new structures were not nervous structures. This he also refused to do in a still more peremptory manner. Subsequently I addressed the following note to Mr. Kiernan:—

"DEAR SIR,—You would oblige me by stating shortly what the microscopic characters are of the tissues taken from the gravid uterus of nine months which you examined with Mr. Owen at the College of Surgeons. I am now preparing for publication an account of my dissections of the nerves of the uterus, and I am anxious to be able to state clearly the reasons which induced you to conclude that the plexuses on the body of the uterus, though continuous with the spermatic and hypogastric nerves, are elastic tissue."

To this no answer was returned. I made the same request to Mr. Owen, with which he immediately complied.

"The tissue of the broad, white, reticularly-intercommunicating bands of fibrous matter, resembling nerves," observed Mr. Owen, "consisted of minute fibres, which were solid, smooth, equal-sized, cylindrical, and nearly transparent, irregularly interblended in their course; their diameter does not exceed  $\frac{1}{1000}$  of a line. These bands correspond in structure with the fibrous modification of cellular tissue. The component fibres did not form tubes, nor were their interspaces filled with the primitive granules or cells of the nervous tissue."

"In the nerves of the spinal system, the primitive fibres of the neurilemma, which closely resemble those of the ordinary cellular and fibrous tissues, are arranged in the form of tubes, and can be distinguished into cylinder and contents. The same structure, on a minute scale, exists, according to Valentin, in the sympathetic nerves; but, according to the observations of Remak and Schwann, the component fibres form solid bands, and are of a more transparent character than in the spinal nerves, but marked occasionally with swellings, and have granules in the interspaces."

"I consider that the difference between the nerves of the sympathetic and the fibrous cellular tissue to consist, as regards their microscopic character, in the greater proportion of the granules or cells in the interspaces of the fine reticularly-interwoven component fibres of the nervous band; and this difference I believe to exist between the two nerves of the sympathetic system and the white bands of fibrous matter which connect the peritoneum with the muscular substance of the womb, and which resemble a plexus of nerves."

The unequivocal and undisputed continuity of the spermatic, hypogastric, and sacral nerves with the ganglia and plexuses on the body of the uterus, which Sir A. Cooper, Mr. Swan, Mr. Mayo, Mr. Kiernan, and Mr. Owen, had all been compelled to admit, is here passed over by Mr. Owen in total silence, or absolutely ignored. The evidence upon which I solely relied was the continuity of these structures with undoubted nervous structures.

On the 1st of January, 1841, having resolved to take the entire responsibility upon myself, "The Anatomy of the Nerves of the Uterus" was published, with three engravings. In this

work I described the appearances observed in ten dissections of the nerves of the uterus—1. Nerves of the gravid uterus in the seventh month. 2. Nerves of the gravid uterus in the sixth month. 3. Nerves of the gravid uterus in the ninth month. 4. Nerves of the gravid uterus in the ninth month. 5. Nerves of the gravid uterus in the fourth month. 6. Nerves of the gravid uterus in the third month. 7. Nerves of the uterus ten days after delivery. 8. Nerves of the unimpregnated uterus. 9. Nerves of the virgin uterus. 10. Nerves of the uterus in the mara. "These dissections," I observed, "prove that the human unimpregnated uterus possesses a great system of nerves, which enlarges with the coats, bloodvessels, and absorbents during pregnancy, and which returns after parturition to its original condition before conception takes place. It is chiefly by the influence of these nerves that the uterus performs the varied functions of menstruation, conception, and parturition, and it is solely by these means that the whole fabric of the nervous system sympathizes with the different morbid affections of the uterus. If these nerves of the uterus could not be demonstrated to exist, its physiology and pathology would be completely inexplicable."

I received the following letter from the late Mr. Dalrymple a few months after the publication of "The Anatomy of the Nerves of the Uterus":—

"6, Holles-street, April 21st, 1841.

"MY DEAR SIR,—After having seen and very carefully examined, some weeks since, your very beautiful preparations of the nerves of the impregnated uterus; and after having felt convinced, by their continuity, colour, texture, and mode of distribution, that they really were nerves, I was a good deal surprised to hear from you and others that their identity had been doubted. I was aware that it would have been worse than useless to have asked you for a portion of such suspected cords to submit to the microscope, knowing that they had been very many months immersed in strong alcohol. It would neither have been fair to you, nor satisfactory to me, to have made such an attempt at solving the question."

"Being anxious, however, to satisfy myself upon the subject, I obtained an uterus, (unimpregnated,) and while it was quite recent, I traced several nerves, which I recognised, from their situation round the ureter, and upon the body of the uterus, to be similar to some you had previously pointed out to me. These filaments I submitted to the microscope, and used a very beautiful eighth-of-an-inch object-glass, made by Ross. I found that it was impossible, with the most careful dissection, to detach any filament of nerve, without including a quantity of cellular and elastic tissue; so that although the tubular portion indicating the nerve was distinct, yet it was surrounded by innumerable extremely minute threads, coiled and contorted, such as one finds in the component of elastic tissue, and the ultimate element of cellular membrane."

"Under slight pressure, however, the tube was plainly discernable, containing granular matter, not uniformly distributed, but collected in minute masses at intervals. Small bloodvessels were also seen here and there, with blood-discs within them, which served to indicate the difference between the nervous and vascular tubes, and thus to avoid the possibility of error."

"Being, however, aware that some of the most distinguished foreign microscopic anatomists had differed as to what was the real characteristic of nerves of the sympathetic system, I should not have troubled you with this communication had I stopped here."

"Feeling, from this discordance of opinion, that there was no absolute test, or at least one which was not open to cavil, I thought to try a comparison of the uterine nerves with those that undeniably belonged to the ganglionic system. I traced, therefore, some nerves upon the surface of the stomach, up to the great ganglion that gave them origin; and I selected some, also, from the small intestine. These I submitted to the same microscopical power, and under the same circumstances of light, pressure, and medium."

"In all of these I observed the tubular part filled with granular matter, and similarly collected in minute masses."

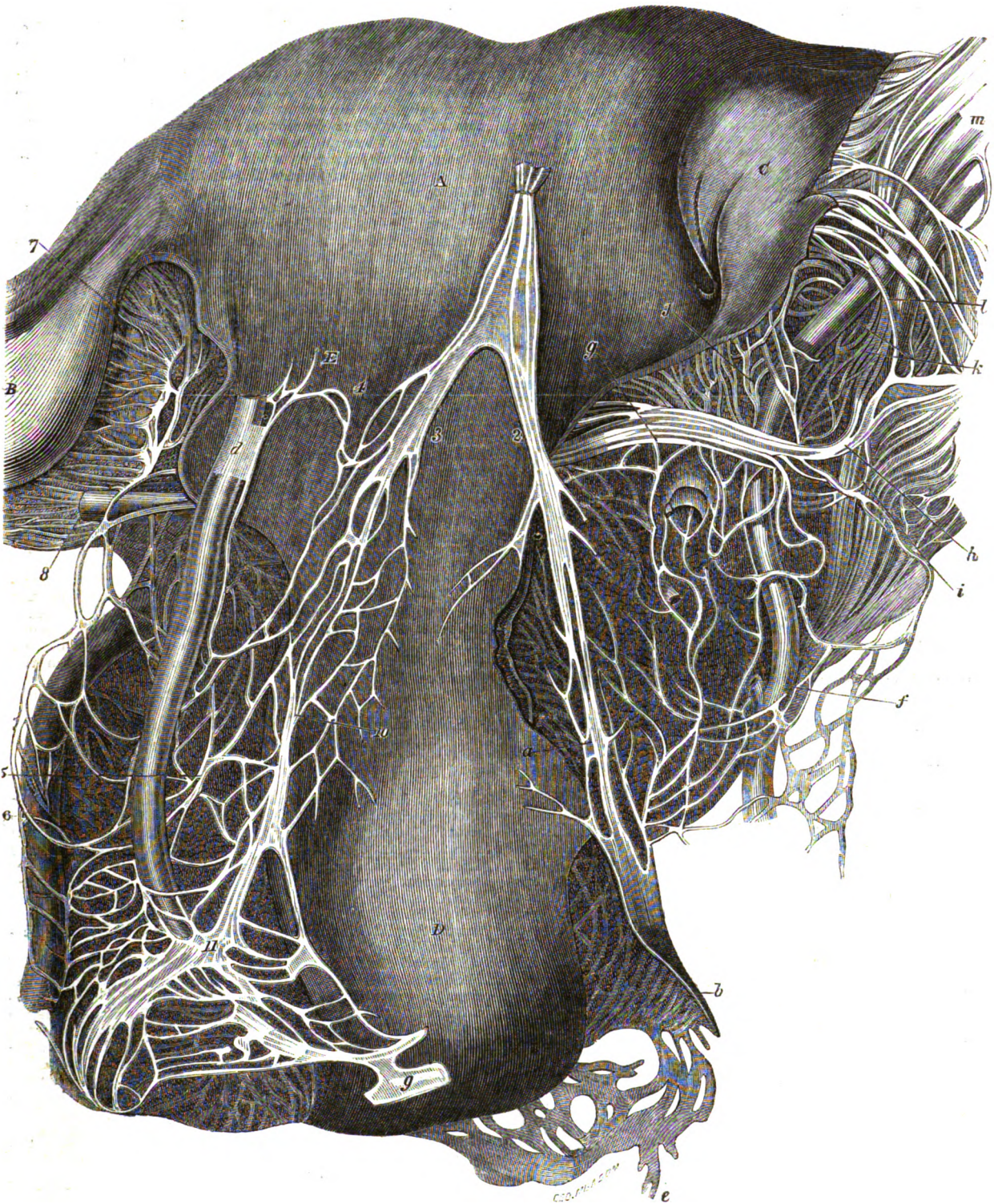
"I also observed that each tube was surrounded by the minute serpentine threads before described. In fact, so closely did they agree, in every particular, with the appearances presented by the uterine nerves, that it would have been impossible to distinguish the one from the other."

"Thus, by comparing the unknown with the known, despite the want of any absolute test, I feel perfectly satisfied of the true nervous character of the very beautiful plexuses you have so patiently, and with so much labour, developed."

"Admitting, then, this intricate structure to be really nervous, it is a matter of no marvel that they increase in size during pregnancy. It would, indeed, be wonderful if the



F.G. 1.



nerves alone remained stationary, while the muscular and cellular, the serous and mucous, and the vascular tissues increased (as it is notorious those structures of the uterus do) during the period of child-bearing.

"If, as is also indisputable, nerves shrink and atrophy when the function of an organ they supplied is lost or destroyed, is it singular that the uterine nerves should increase when that

organ rouses itself from inaction to one of the most extraordinary exemplifications of temporary functional vigour that the animal economy can anywhere exhibit?

"Pardon me this prolixity, and believe me,

"My dear Sir, yours very faithfully,

"To Dr. Robert Lee, F.R.S."

"JOHN DALRYMPLE."

[For description of Engraving, see next page.]



FIG. 1 Represents the ganglia and nerves of the uterus in the sixth month of pregnancy.

- A. Posterior surface of the fundus and body of the uterus.
- B. Left ovarium.
- C. Right ovarium drawn up to the fundus uteri.
- D. Peritoneum covering the back part of the cervix uteri.
- E. Left ureter.
1. Aortic plexus of the great sympathetic nerve, which was situated over the last lumbar vertebra, at the bifurcation of the aorta.
2. Right hypogastric nerve.
3. Left hypogastric nerve dividing into branches to form the left hypogastric plexus.
4. Filaments from the left hypogastric plexus to the left ureter.
5. A nerve proceeding from the same plexus, which passes between the ureter and uterus to a plexus of nerves, surrounding the uterine artery and vein.
6. A plexus of nerves around the trunk of the uterine vein, from which branches proceed to the superior part of the uterus along with this vessel.
7. Filaments of nerves ramifying on the bloodvessels and muscular coat of the uterus, and on the inner surface of the peritoneum.
8. A branch of the spermatic veins which anastomoses on the side of the uterus with the principal uterine vein.
9. Third sacral nerve, sending branches to the posterior part of the ganglion at the cervix uteri.
10. The trunk of the left hypogastric nerve prolonged through the hypogastric plexus to the ganglion.
11. The ganglion at the cervix, from which
  - a. The right hypogastric nerve and plexus.
  - b. Ganglion at the cervix drawn away from the uterus, and all the small soft nerves which passed from it to the cervix removed.
  - c. Sacral nerves entering the ganglion.
  - d. Nerves from the ganglion and hypogastric plexuses spreading out on the posterior surface of the uterus, and ramifying under the peritoneum, and upon the muscular coat.
  - e. Trunk of the right uterine vein, with the nerves accompanying it to the upper part of the uterus.
  - f. A great plexus extending across the posterior surface of the uterus, with nerves from the ganglion and hypogastric plexus entering it.
  - g. Termination of this plexus in the anterior plexus.
  - h. Nerves passing from the anterior plexus into the nerves accompanying the uterine vessels.
  - i. Branches of these nerves passing behind the vein to the fundus uteri.
  - j. Branches from the spermatic nerves joining the posterior plexus.
  - k. Slender filaments passing from the anterior and posterior plexus to the ovarium.
  - l. Spermatic bloodvessels, nerves, and absorbents.

(To be continued.)

## ON THE TREATMENT OF CHOLERA WITH CALOMEL.

### WITH A REPORT OF A CASE INTERRUPTED BY DELIVERY.

By JOHN MACKINLAY, M.D., Isleworth,  
MEDICAL OFFICER TO THE BRENTFORD UNION INFIRMARY.

From the first week in August to the present period, thirty cases of cholera have been treated in the infirmary attached to the Brentford Union, of which eleven patients have died. With two exceptions, (inmates of the house,) they chiefly consisted of poor Irish persons, employed in the gardens, and brought from the low, filthy lodging-houses in Brentford; some were the remnants of families who had perished from the disease, and a few were brought from barges in the river; but in almost all the cases, accompanied with a certificate from the district medical officer, of being in the second or last stage of collapse.

Appropriate wards and attendants having been provided for such cases, the initiatory treatment consisted generally in a mustard emetic, a mustard foot-bath, and sinapisms or turpentine epithems to the chest and abdomen, the patient being placed in warm dry blankets; but no other artificial means of heat, which I consider useless, preferring an open window, with a free circulation of air. Moderate stimulants of ether and ammonia, or diluted brandy, at intervals, and in quantities according to circumstances. The main treatment commenced by the employment of calomel, in most cases according to the plan of Dr. Ayre, in small and frequent doses, which, even in apparently the most desperate cases, proved to be eminently successful. The first change exhibited after a perseverance in this plan was an alteration in the appearance of the motions—from their rice-water character to that of a watery bottle-green fluid. An aperient was then given, usually consisting of rhubarb, sulphate of magnesia, and carbonate of soda, with some warm tincture in mint water. This would probably require repetition, and be followed by dark, fetid, and somewhat more consistent motions, with general reaction, from which time might be dated the probable

convalescence of the patient, who was then treated according as symptoms presented themselves; though in several cases this favourable condition was followed by the fatal consecutive fever.

Without giving any opinion as to the different modes of treating this formidable disease, my successful cases have been from amongst those who, upon their admission, seemed in a most hopeless state of collapse. In some instances from 200 to nearly 300 grains of calomel were administered, and in no case has the slightest trace of mercury been left in the system. In certain cases, where the stomach was irritable, I preferred the larger dose of ten grains, with a few drops of laudanum and wine given at longer intervals. In two cases of singultus, capsicum powder in pills, with aromatic confection, appeared beneficial.

One of these cases deserves some special notice, being that of Ann C—, aged twenty-six, in her ninth month of pregnancy, who was admitted on the 18th of September, apparently in the last stage of the disease, and brought from a cholera district. She was put under the system of treatment above described. On the Thursday (two days afterwards) her condition became evidently favourable, and continued as till Saturday, when she had a sudden relapse of all the choleraic symptoms, with extreme irritability of the stomach. Ten grain doses were then given, every four hours, for six successive periods. On the following evening, there was decided improvement in her condition, and the treatment was suspended. On Monday followed all the symptoms of consecutive fever, with the least possible hope of recovery. On the following morning, at four o'clock, my assistant was hastily summoned to attend this woman upon her confinement. She was speedily, but unconsciously, delivered of a living child, which left her at the lowest ebb of life for the succeeding twenty-four hours, when she began by slow degrees to show symptoms of rallying, and she is now progressing towards a perfect state of recovery; but has no recollection of her delivery, or of her child, which only lived a day.

October, 1854.

P.S.—I omitted, in the above article, to state, that my observations and experience in cholera have been by no means confined to these isolated cases, but I have had a large share out of doors, both in the present and former visitations, in this country, and which falls short of what I have met with in the East Indies.

## THE HUMAN MIND UNDER THE INFLUENCE OF CHOLERAIC POISON.

By JOHN CHARLES ATKINSON, M.D.

In the few remarks I have to offer, I have nothing to say about the treatment of cholera—that will yet remain a *questio venata*. I wish simply to bring before the notice of the profession the following fact—viz., that there is in persons who have imbibed the choleraic poison a species of apathy with regard to consequences and measures that truly demands earnest attention, inasmuch as I attribute the high mortality in adults in some measure to this single circumstance—viz., *self-neglect*, arising from the circulation of poisoned blood, and thus affecting in this way the nervous centre.

I have observed, even before well-developed symptoms of cholera are ushered in, in infected individuals, an inexplicable, I may say uncontrollable, feeling of absence of mind—giving no notice of the possible presence of danger. The mind, hitherto active and alive to the law of *self-preservation*, becomes suddenly altered in its normal characteristics; there is complete indifference; you may urge the necessity of remedies when serious diarrhoea has set in; you may talk of collapse, and its danger to life; you cannot alarm your patient: he tells you quietly, he was greatly relieved by the last evacuation, and that another or two will set him all right: the bare fact of going to the closet, and sitting easily, is stated as very satisfactory to the feelings—the tension of the abdomen, with all its accompanying unpleasantness, is thus temporarily got rid of, and he contentedly arranges his dress, declares he feels better, and disdains treatment. This state of things we all know ends in the extinction of the life of the patient.

It is well known that *Hope* and *Fear* are the panniers of life, which, when equally poised, enable us to proceed best on our journey; but, under choleraic poison, although the mind is cloudless, or apparently so, there is no fear of coming peril. The calmness of mind present in extreme collapse is marvellous; but there is no evident sympathy for the alarm of sorrowing friends; no tears, no expressed interest, about

living. All is icy coldness—the mind as well as the body. Even when the true *facies et vox choleraica* are present, the mind is capable of arranging and disposing of effects and property as in a perfect state of health, as far as the deliberate knowledge of the act is concerned. Strange! when we expect *deliquium* and insensibility from the great loss of serum from the blood, we still have the integrity of the mental faculties remaining; no congestion; no delirium!

The anxiety to apply for means of defence is hourly lessened as the disease progresses. You may tender advice and remedies, but neither the one nor the other will be voluntarily carried out without you have a resolute nurse or attendant determined to assist you.

Again, it is difficult to excite emotion in many of these cases. In two cases, I can confidently assert that the determined attitude and firm language I employed, assisted materially to save my patients. The total neglect of therapeutic means recommended excited my ire. I did not hear this *sub silentio*, but quickly adopted the following step. In both cases I shook my patients thoroughly, (of course they were males,) and declared I should be compelled, if they did not immediately take the remedies prescribed, to give them a good \* \* \*. The blood, commencing to get into the stagnant condition, received a befitting impetus; the reaction thus induced soon gave a corresponding effect on the nervous system, the medicines were taken, and the patients recovered.

It is a sad thing, alas! that a professional man should be necessitated to carry out an old medical aphorism, somewhat amended, *fortiter in modo*, in the place of *suaviter in re*. The proceeding clearly “points a moral,” but “un-adorns a tale.”

From my experience, then, of cholera patients generally, I have arrived at the conclusion, that great firmness in carrying out any well-devised scheme of medical treatment is essentially necessary; and, further, that although the cases cited may appear exaggerated in description, yet it will be found that the peculiarity of mind above recorded is almost invariably present in a greater or less degree, and which will, sooner or later, cause the mind of the pathologist and psychologist to be directed to it, as well as that of the physician.

Romney-terrace, Westminster, October, 1854.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum  
et dissectionum historias, tam aliorum proprias, collectas habere et inter  
se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### ST. BARTHOLOMEW'S HOSPITAL.

#### FIBROID RECURRING TUMOUR OVER THE RIGHT PATELLA.

(Removed by Mr. PAGET.)

We referred last week to an important case of recurring tumour of the breast, under the care of Mr. Hawkins, at St. George's Hospital, the nature of the growth being muco-cystic; and we have now to direct attention to another kind of obstinately recurring tumour, known under the name of the fibroid. It will be seen that the tumour recurs, as happened to Mr. Hawkins' patient, about once a year.

The patient is, in this case, about twenty-five years of age, and was brought into the theatre September 23rd, 1854.

Mr. Paget stated, before proceeding with the operation, that the case presented a good example of the fibroid recurring tumour, a pathological change to which we have already had occasion to refer pretty frequently. The tumour, situated over the right patella, had been removed four times before, and had now grown again for the fifth time. In 1850, 1851, and 1852, it had been taken off by Mr. Skey; in November, 1853, a fourth recurring tumour had been removed by Mr. Stanley, and it had, in all these instances, been found to be of a fibrous character. The patient's health had been very good during the four years when the repullulation of the disease had gradually taken place; no cancerous degeneration had occurred, but the remarkable feature of the case was the obstinate recurrence of the growth.

When the patient had been narcotized with chloroform, Mr. Paget removed the tumour, which had this time reached the size of a small orange, and had grown exactly over the cicatrix left after the last operation. The nature of this fibroid tumour, recurring for the fifth time, was, to the naked eye, the same as had been before noticed; and it is not unlikely that, within a twelvemonth, it may again be reproduced.

Perhaps a certain amount of pressure, when the cicatrix is again formed, might blunt the vitality of the tissues, and incapacitate them from displaying their morbid activity. It has also struck many surgeons, that certain substances of a narcotic or highly astringent kind, as belladonna, acetate of lead, &c. &c. either rubbed on the cicatrix or brought in contact with the raw surface, might modify the nervous and vascular ramification, and arrest further recurrence.

Mr. Paget took occasion to mention that Mr. Stanley has removed a tumour of the same kind from a patient as many as five times, and that the excision had at last proved effectual. It is to be hoped that an analogous result may be obtained in the present case, as the same number of recurrences has now been reached.

In referring to Mr. Paget's work “On Tumours,” we find the author making on this subject the following statements:—“I have proposed the name (recurring fibroid tumour) for a group of which the chief characteristics are, that their general aspect very closely resembles that of common fibrous tumours; their microscopic structure consists of corpuscles, caudate and elongated, as if developing into fibres; and the most striking feature in their history is their proneness to return after removal.”

After relating several cases, fully illustrating this recurring tumour, Mr. Paget says:—“How may we interpret this singular proneness to recur,—this tendency which, by its existence, separates these to some distance from all innocent tumours, and by its existing alone, separates as far from malignant tumours? Two views may be taken of the fact. The tumours may from the first, be formed in a cluster or group, and then the removal of one of them only leaves the remainder to continue their growth; or, secondly, the apparent recurrence may be a real one, such as we suppose occurs in the case of cancers, in which we presume that, in a first operation, every morbid structure already formed in a part is removed, and entirely new growths are produced in the same part. Some,” adds the author, “would add a third, by supposing that in all these cases of recurrence portions of the tumour were left behind in these operations. But this is unreasonable. These tumours are not more difficult to remove wholly than many are which never thus recur, such as the fatty, the fibro-cellular, and the like. Besides, in the cases I have cited, the names of the operators are a sufficient guarantee that the whole of the tumour was every time removed.”

Now it certainly is an important inquiry to ascertain whether these tumours, originally quite benign, may not degenerate and become malignant. On this head, if we again consult Mr. Paget's excellent book, we find the following words (the author having first pointed out that, in some cases, these fibroid tumours have assumed malignant characters):—

“Although there be cases in which this evil career has not been run, yet I think we may regard these tumours as approximating to characters of malignancy, not only in their proneness to recur after removal, but in their aptness to assume more malignant features the more often they recur. Whatever be the truth concerning the supposed transformation of an innocent into a malignant morbid growth, I think it can hardly be doubted that, in the cases of some recurring growths, such as these, and certain recurring proliferous cysts,” (see the case at St. George's, last “Mirror,”) “the successively later growths acquire more and more of the characters as thoroughly malignant disease.”

### GUY'S HOSPITAL.

#### PURPURA HÆMORRHAGICA; DEATH; AUTOPSY.

(Under the care of Dr. BARLOW.)

THE case of hæmorrhagic diathesis observed at St. George's, and which was given last week, brings to our recollection one of a kindred kind, but where the debility of the capillaries and deficient state of the blood were caused by insufficient food. It was, in fact, a very aggravated instance of purpura hæmorrhagica, followed, as is very seldom the case, by the death of the patient. The etiology, progress, and symptoms of the disease are well exemplified.

The notes were taken by Mr. E. B. Hammond, the clinical clerk.

Edward McC—, a baker, aged thirty-six years, was admitted under the care of Dr. Barlow, Feb. 18th, 1854. This patient was in this hospital seven months before his present admission, suffering from bronchitis, and is described in the report as a thin, sallow, unhealthy-looking man, with dark hair and eyes. His mother and seven of his brothers and sisters died of phthisis, and his own health has never been very good. He then remained in the hospital three weeks, and went out pretty well, but could not return to his business as a baker, as he could not bear the heat, so he did any portering work that he could meet with.

About three weeks afterwards, he began to feel very unwell again; had a return of the cough, and went into the country for a few weeks. The patient returned to town, feeling quite well. He continued to follow the occupation of porter, and his health remained tolerably good until six weeks before admission, when his cough came on again, and he began to waste away and lose his strength. He says that he has been living very badly, not being able to procure proper nourishment for himself, wife, and child. He only had a small quantity of meat and potatoes twice a week, and was also quite unable to get any beer.

A few days before admission the patient got up from his chair to walk across the room, when he fainted away, and, on recovery, brought up nearly two gallons (?) of dark-coloured coagulated blood. He had felt very sick for some time previously.

The man continued to cough and vomit up blood during the remainder of the day and night, and some purple spots made their appearance on his arms; he also began to pass blood with his urine.

On the next day, the patient continued to bring up much blood, and more purple spots came out on the trunk, arms, and legs. This state of things continued for several days, when he applied to this hospital.

On admission, there were found purple spots and blotches all over the body, especially the arms and legs; the gums were spongy and bleeding, and there was effusion of blood under the conjunctiva of the left eye.—State when examined: He coughs up a quantity of frothy blood mixed with black coagula, and complains of feeling very sick. The urine is loaded with blood, the same fluid is also passed by the bowels; the voice is husky and indistinct; the respiration laborious; skin hot; pulse 112, compressible. The chest is resonant on percussion, the respiratory murmur being muffled by wheezing and crepitation; heart's sounds, healthy.

Dr. Barlow ordered low diet, ice, lemonade, and twenty minims of the tincture of the sesquichloride of iron, to be taken in an ounce of lemon-juice every fourth hour.

On the next day, it was found that the patient had passed a very restless night, being much troubled with cough; but there was less blood in the expectorated matters. Pulse 120; skin hot.

Venesection to three ounces was now ordered, as also twenty minims of dilute sulphuric acid, in infusion of roses, every fourth hour.

On the second day after admission, the poor man continued to get worse until three o'clock A.M., when he died, retaining his consciousness to the last.

*Secio cadaveris, twelve hours after death.*—Body much emaciated, and well formed, covered all over with spots of purpura; effusion of blood under the conjunctiva of the left eye.—Brain: Dura mater healthy; veins filled with blood; slight sub-arachnoid effusion; the whole substance of the brain perfectly healthy.—Cellular tissue of the trachea and œsophagus filled with blood.—Lungs: The organs did not collapse on opening the chest; adhesions on the left side; effusion of blood under the pleura generally, and at the root of the lungs several of the lobules filled with blood; otherwise healthy.—Heart: Flaccid, with points of ecchymosis; pericardium containing half an ounce of serum; left ventricle empty; a little atheromatous deposit on the valves.—Abdomen: The mucous membrane of the stomach entirely covered with spots of ecchymosis; venous congestion in the small intestines; colon containing much green, fluid, fecal matter; extravasated blood under the mucous membrane; effusion of blood into the mesentery, and the glands much injected. Liver, large and pale. Spleen, of normal size. Kidneys, large, with effusion of blood under the mucous membrane of the pelvis and ureter; structure pale and smooth, with points of ecchymosis beneath the tunic. Bladder, healthy, except a few small points of ecchymosis.

It will be observed, that although seven brothers and sisters of this patient died of phthisis, (as he states,) no tubercles were found in his own lungs.

## UNIVERSITY COLLEGE HOSPITAL.

### RETENTION OF URINE; DEATH FROM CHLOROFORM.

(Under the care of Mr. ERICHSEN.)

DEATHS from chloroform are now becoming a kind of unfortunate casualty which, like shipwrecks and railway accidents, may from time to time be expected. It is satisfactory, under such painful circumstances, to know that in all cases every precaution is taken, before the inhalation, to prevent unfavourable results, and the most strenuous efforts used, when life is threatened, to save the patient from his fate. The case which lately occurred in this hospital fully exemplifies this, for the anæsthetic agent was administered by a gentleman appointed for the purpose, and the means of revival were most promptly and vigorously employed. We give a few particulars of the case, as noted down by Mr. Howitt, the dresser of the patient.

George S—, aged 29 years, was admitted October 11th, 1854, suffering from retention of urine. The patient is a fine, well-made man, who says that he experiences great pain; the intellect is quite clear, but there is slight incoherence.

He states that, three months before admission, he had a first attack of retention of urine, from which he was relieved by Mr. Swindle, of Finchley, who drew off the water several times. He remained quite well for two months, up to four days before admission, when, after a short journey, he had slight pain, and had his water drawn off for two consecutive days. As the urine, however, came away very imperfectly afterwards, several attempts were made to pass instruments without effect, and he lost a considerable amount of blood. The patient was then sent up to Mr. Erichsen, who saw him on the day of admission, at a quarter to four, and found the bladder distended to the umbilicus, and the man complaining of severe pain.

No. 4 catheter was now tried, when Mr. Erichsen felt several false passages in the anterior portion of the urethra, and a stricture near the bladder. No. 1 was then tried, but as, with the most careful management, no instrument could be passed, Mr. Erichsen determined to puncture the bladder through the rectum.

Accordingly, at four o'clock, Mr. Cardell, the house-surgeon, made the patient inhale chloroform, commencing with forty drops, poured on lint. In a few minutes forty more were added, when the man became violent, talking loudly and struggling. Forty drops more were given in about two minutes, (whilst Mr. Erichsen was endeavouring to pass a catheter,) when the pulse suddenly stopped, (having up to that moment been regular at 76,) the breathing became stertorous, and the face flushed.

Cold water was immediately dashed into the face, and the lungs inflated by Mr. Erichsen, using the mouth-to-mouth insufflation. As respiration was beginning to fail it was kept up artificially, and the galvanic battery sent for. This arrived in less than two minutes from the stoppage of the pulse, and was set to work directly. At this time the man rallied, and Mr. Erichsen thought that he would come round, but he again declined and breathed irregularly for a few minutes more. Artificial respiration and stimulant frictions to the limbs were then kept up till five o'clock P.M., when the body was quite cold.

*Post-mortem examination, seventy hours after death.*—External appearances: A strong muscular man, with incipient signs of putrefaction about the abdomen, neck, and chest. Lividity about the ears and the posterior and lateral parts of the neck. The face does not present the usual pallid aspect of death, but has a somewhat reddish hue. Rigor mortis present, but not to any great extent. Thoracic and abdominal muscles healthy in appearance. The veins of the upper part of the thorax, accidentally wounded in opening that cavity, poured out a quantity of dark venous blood.

It is rather strange, considering that the deaths from inhalations of chloroform have now, in this metropolis alone, been rather numerous, to find a case of this kind inserted in the *Bulletin de Thérapeutique* of Paris, on the 15th of April, 1854, mentioned as the first which had occurred in the French capital. It is true that two or three cases had been recorded before the above-mentioned date, but our French brethren ascribe them to the severity of the operations, and to the nervous shock experienced by the patients. However this may be, we are desirous to allude to this first case, as it bears analogy, in one respect, with Mr. Erichsen's case.

The patient in Paris, a woman forty years of age, was to be operated upon for a polypus uteri; and as she had had several fits of hæmorrhage, the surgeon, M. Richard, proposed to operate without chloroform, as he considered the vital energy somewhat lessened by the loss of blood; but the patient requested the use of the anæsthetic agent. It should be noticed that the period of excitement was well marked, a circumstance

rarely observed with women; and whilst the operator was introducing the ligature which was to encircle the base of the tumour, the pulse suddenly stopped, and no effort could excite the action of the heart.

Now Mr. Erichsen's patient had lost a good deal of blood by catheterism before he entered the hospital, and was much exhausted by pain. Perhaps it will be worth while for surgeons to carry these circumstances in their memory, the more so as it stands to reason that paralysis of the heart is not unlikely to take place where the vital fluid is deficient in quantity. Indeed, anemia is perhaps as important a counter-indication to the inhalations of chloroform as fatty heart; for in the former case, it seems that the blood is, at a certain moment, not sufficiently stimulating to the central organ of circulation; whilst the heart is, in the latter case, unable, at a certain period of the anesthesia, to go on contracting, for want of healthy muscular substance.

Nor should we omit to allude to the insufflation into the lungs, to which Mr. Erichsen had rapidly recourse in the hope of saving the man's life. It is well known that M. Ricord succeeded, in a case of the same nature, in exciting respiration and the action of the heart. Mouth-to-mouth insufflation requires on the part of the surgeon a certain amount of generous resolution, which the desperate circumstances in which it has been used are well calculated to inspire.

### Medical Societies.

#### MEDICAL SOCIETY OF LONDON.

MR. HEADLAND, PRESIDENT.

SATURDAY, OCTOBER 21st, 1854.

##### INJECTION OF THE CELLULAR TISSUE IN CHOLERA.

DR. RICHARDSON referred to a paper by Dr. Buchanan, in which it was stated that he had injected the cellular tissue with water in cases of cholera. His (Dr. Richardson's) suggestion was made quite independent of these experiments. Dr. Buchanan's treatment had proved unsatisfactory, it not being possible to inject sufficient fluid to be of service into the cellular tissue; the proceeding producing considerable pain, and the fluid not having been absorbed. It would be difficult, if not impossible, to throw sufficient fluid into the cellular tissue to effect a cure: but this was not the case when the peritonæum was injected. During a debate in the Society last session, Dr. Richardson had predicted that, if a case were ever met with in which a dropsical patient should become affected with cholera, the dropsical symptoms would be relieved by the new disease on the one hand, and the patient would be saved from the fatality of the choleraic attack on the other. He referred to a case of cholera, complicated with cardiac disease and dropsy, both which diseases disappeared under treatment.

MR. HENRY SMITH presented to the Society the parts removed after

##### EXCISION OF THE KNEE-JOINT,

which operation he had performed four days previously, upon a little boy who had been under his treatment for nearly a year with disease in the joint. Mr. Smith, in showing the parts, stated that some of the violent opposers of this operation had at first grounded their opposition upon the fact that, in the earlier cases, death had taken place; but now that the operation had been performed by various surgeons, with a success equal, if not greater than that attending amputation through the thigh, the objection thrown out was, that the cases in which the operation had been performed were not sufficiently serious to warrant any such measures, and would have recovered by themselves. He was anxious to show the Fellows of the Society that no such objection held in the present case, for, independent of there being a large amount of disease within the joint itself, which would have precluded recovery, there was an abscess of considerable size in the head of the tibia, which had obliged him to remove more of that bone than he had intended. He had tried to save the patella, but the articulating surface of this bone was so much diseased that he took it away. The patient was at that time doing admirably, and he should inform the Society faithfully as to the future result of the case.

##### CHOLERA BLOOD.

DR. CRISP said that a few weeks since, when examining dry cholera blood under the microscope, (with a one-eighth inch

glass,) about a week after it was taken, he saw a small insect, about the sixth part the size of the human blood-globule, ( $\frac{1}{1000}$  of an inch.) It moved with great rapidity upon the glass, with a swimming-like movement, using the posterior legs chiefly as a means of progression. Its movements were so rapid, that it was difficult to take an accurate sketch of it; but it resembled in form, and in its mode of progression, the *Dytiscidae*. The insect was watched for nearly half-an-hour by Dr. Crisp and his friend, Mr. R. Corner, and an endeavour was made to detach it from the glass by means of turpentine, but the attempt was unsuccessful. The same glass had been used previously for other objects, but the insect was seen soon after the examination of the cholera blood. Dry blood from various animals had been repeatedly examined before, but nothing of this kind had been observed. The sketch of the insect had been shown to Professor Quekett, who said that it was new to him. Dr. Crisp remarked that he should not have mentioned the subject at the Society had he not received that morning the *Gazette Médicale de Montpellier* for October 16th, 1854, in which there was an article on cholera, headed, "Miraculous Discovery: the Cause of Cholera an Insect, and that Insect a Scorpion; the remedy an emeto-cathartic of tartarized antimony and sulphate of soda every quarter of an hour." Dr. Crisp said he attached but little importance to the communication he had made; but he was anxious to know if the insect he had alluded to had been seen by others, and in a disease about which so little was known he thought that some speculation was allowable. The

##### DISCUSSION ON CHOLERA

was resumed by

\* DR. LANKESTER, who opened the debate by making some remarks on the very unsatisfactory results of inquiries with regard to the origin and nature of cholera. With regard to its origin, we could only reason from analogy. Certain diseases, which were ordinarily sporadic or endemic, became contagious. Instances of this were given in the case of erysipelas, gangrene, and dysentery. Gangrenous matter sometimes produced the highly-contagious puerperal fever. Phlegmonous erysipelas had been rendered communicable, and followed by epidemic parotitis. In this way cholera may have been started into existence, as, probably, syphilis, and other contagious diseases, had been before it; and evils yet unknown might occur from this process of transformation in morbid conditions of the system. Whether this process occurred as the result of a changed condition of the cells, or a chemical change of matter produced in the cells, could not yet be determined. It had been a question whether the cholera poison was propagated in the body, or out of it. Facts seemed to indicate that matters not connected with the living body could retain for months, or even years, the poison; and probably, under some circumstances, it might be reproduced even out of the body. Dr. Snow believed it to be reproduced in the mucous membrane of the body, and diffused by the agency of drinking water. The extensive co-existence of the disease with water suspected of contamination did not confirm this theory, and facts occurred inconsistent with it. Thus, in the case of the Broad-street pump, which Dr. Snow had accused of spreading the cholera in that district, he knew that in one family where cholera had been fatal, that although they had drunk water from the Broad-street pump, they had, for above a week before the attack occurred, taken it boiled. The sewer near the well alluded to by Dr. Snow was a new sewer, and not in a condition to allow of a free passage of its contents into the suspected well. He believed that impure water was a predisposing cause; and in the case of the Broad-street pump, he could say, from having examined it, that, like most of the surface well-water of London, it gave indications of the presence of a considerable quantity of organic impurities. The most important element in the cholera problem seemed to be the predisposition to the disease. In what the condition of the system consisted that invited cholera, we were ignorant; but the proximate causes of that condition we knew something about. The exhalations from decomposing animal and vegetable matter was one. In six houses in Marshall-street, in which the sewers were trapped, no cholera occurred; whilst in nearly every other house the inhabitants suffered. Where one house or gully was trapped, and another was not, the untrapped spot exhaled a larger quantity of the gaseous and injurious matters. Putrid food was bad. He had seen cases occurring immediately after the ingestion of decomposing or "high" food. In Dr. Guy's tables, published after the epidemic of 1849, those trades appeared to suffer most who might be supposed to be exposed to the ingestion of, or the exhalations from, decomposing food, as fishmongers, poultryers,

and greengrocers. Drunkenness was undoubtedly a predisposing cause, and many trades suffered from this where no other cause seemed to exist. With regard to the treatment of severe cases, he spoke despondingly. He warned the profession against being ruled by the results of individual experience. It was only by a large collection of cases, well compared, that any true results could be arrived at. He could bear testimony to the value of sulphuric acid in the diarrhoea, but not in the collapse. He thought no case, in the early stages, should be treated without opium, but he could not say so much for any other remedy.

Dr. COGSWELL, with reference to the exciting cause of cholera, remarked that he considered that there were sufficient historical facts to show that cholera was contagious. He then entered at some length into the mode in which the disease entered into America, and spread through that continent, and its appearance in the Bahamas, and other places, to show that the disease had been propagated by contagion. These facts bore much upon the treatment of the disease; for if established, as he thought they were, it would become desirable to prevent the importation of cholera.

Mr. F. F. CLARK, having been in the midst of the cholera in Soho, could speak from some experience of the late epidemic. In the parish in which he resided, nearly three thousand cases of cholera, in its various forms, had come under treatment in the course of a single month. These cases presented themselves in various degrees, from mere pain and uneasiness in the epigastric region, to vomiting and purging; vomiting and purging attended by cramps; and collapse, attended or preceded by one or more of these symptoms, or coming on suddenly, and striking down the patient before premonitory symptoms could be developed. Under whatever name these various forms of the disease might be designated, he felt assured they were all of one type, and dependent upon one cause. He agreed with Dr. Bennett in thinking the first shock was made on the sympathetic. Without entering into the question of contagion, beyond stating his conviction that the disease was occasionally contagious, he might mention that atmospheric change had a great effect on the disease, and alluded to the "dreadful Friday night," when the heat was most oppressive, and the air scarcely respirable, on which about 300 persons died in his own neighbourhood. With respect to treatment, he believed that in the premonitory stage, when this existed, the disease was easily to be remedied by medicine calculated to stop the diarrhoea; but when collapse had set in, he knew of no remedy that could in any way be depended upon. The patients sunk as if from a dose of prussic acid, so to speak. When a less dose of the poison was taken, they recovered. He spoke in severe terms of the purgative and castor oil systems of treatment, which had been productive of most extensive mischief in his own district, every patient placed under it having died, and many cases having been engendered by the resort to purgation by patients themselves. He eulogised the proceedings of the Board of Health with respect to cholera, and urged the necessity of medical men throughout the kingdom acting in unison with them. He could speak from experience of the good effects of this unison in Soho. He concluded with some severe remarks on the unprofessional and dangerous practice of communicating "cures" for cholera to the newspapers.

Dr. WEBSTER observed that it was curious that, though cholera was fatal to so many persons in 1849, that in 1860 the mortality had fallen so much below the average that there was no excess of deaths in the two years. When cholera was epidemic, other diseases were less fatal and less prevalent. At the St. James's Dispensary there had been less general disease during the present year than there was in 1853 by one-half. It was curious that in 1849 the greatest mortality had occurred on a Friday night in the first week of September, on which day the weather was exactly similar to the corresponding day in 1854, except that in the latter the wind was a little more northerly and easterly. He did not regard the state of the water as the only cause; others, as errors of diet, impure air, bad drainage, might be mentioned. With respect to the late outbreak of the disease in St. James's parish, it was somewhat remarkable that the higher parts of the parish were the affected districts, whilst the lower ones, some of which were in every way as bad as Berwick-street in respect to filth, overcrowding, &c., escaped. In his experience, treatment was only effective in the early stages; when in the state of collapse, remedies seemed to exert little or no influence. Stimulants, as camphor and capsicum, external warmth, and frictions, had been the means to which he had resorted in these cases. He condemned the infatuation of the profession and the public respecting the use of castor oil in this disease, and was gratified that the eyes of both were now opened respecting this dangerous "remedy."

Mr. STREETER had studied the disease carefully in its various outbreaks since 1832 to the present time. He thought the opinion which had been stated respecting doing nothing in the collapsed stage of cholera was unworthy of us; and suggested that, to treat the disease successfully, we should study accurately the mode in which death takes place. His own opinion with respect to the poison of cholera was, that one-third of the persons affected would die from the large dose taken, one-third would recover from the power of the constitution, and the remaining third would live or die according to the treatment pursued. There was a peculiarity in the collapse of cholera which distinguished it from syncope or ordinary asphyxia, and seemed to him to be dependent upon coagulation of the blood beginning in the rete of the lungs, and extending from thence gradually to the heart. The poison, whatever it was,—and it seemed to him to belong to the cyanogen class,—was, he believed, eliminated in the chyliferous processes from the last meal. The poison did not exhibit itself immediately the food was taken into the stomach, but some hours after; it was conveyed with the chyle into the thoracic duct, from whence it got into the circulation, and exerted its deadly influence. He spoke of the necessity of carefully watching the symptoms in cholera, and referred to the records of some cases of the disease in the earlier volumes of THE LANCET as good models for our guidance. With regard to treatment, vomiting often was of great benefit in preventing the coagulation of the blood. In the so-called castor oil treatment, the patients were treated by a plentiful allowance of cold water, the application of mustard poultices and dry warmth to the extremities. In one case a mustard emetic roused the patient from lethargy, and in another turpentine was added. These were the remedies which were ordinarily employed.

Dr. HARE, with respect to the statistics of the mortality of cholera, remarked, that when the plague was epidemic in London, the greatest mortality had occurred in the first week in September, or last week in August. This disease had also in another respect followed the same laws as cholera, by attacking most formidably Southwark, Lambeth, and the other low situated places, while those persons who encamped at Hampstead-hill and other high localities escaped. With respect to the spread of cholera, he thought that the atmosphere had much to do with it, and did not believe that contagion alone could explain the sudden outbreak of the disease amongst five or six hundred people. At the same time, facts seemed to show that, under favourable circumstances, the disease was contagious. Notwithstanding what had fallen from Mr. Streeter, he considered the plan pursued in King's College Hospital, was essentially the castor oil treatment, for as much as a pint and a half had been administered in some cases. The castor oil plan of treatment had been most faithfully carried out on eight patients in University College Hospital, and these all died, though one of the cases, at least, as a colleague of his had observed, ought not to have been a fatal one, as it was not severe. He had tried this plan because it had come from a respectable source, and because he considered that with respect to treatment, we could only expect to be successful from experiment, and could anticipate no good results from theory.

Mr. HEADLAND, in reply, remarked that he had brought forward his paper rather in the character of a student than a teacher, and because he thought that cholera should be more carefully investigated. He had not time to enter fully into all that had been urged against his views, but he did not think any arguments had been advanced which militated effectually against them. He still maintained his opinions, and could not regard cholera as simply "an affair of stomach and bowels," though it was upon these that the most prominent symptoms presented themselves. But the remedies which were most effective in common vomiting and diarrhoea were of no use in cases of cholera; and, notwithstanding what had fallen from Mr. Streeter, respecting the effects of treatment in the stage of collapse, he (Mr. Headland) must repeat, that when the patient was pulseless, blue, and cold, with suppression of urine, and other signs of collapse, he had never seen a recovery take place under any kind of treatment. Dr. Bennett had remarked that there was nothing original in his (Mr. Headland's) views, but he was not aware that any one before had referred the first effect of the disease to the blood corpuscles. These he looked upon as the elements of life, and an interference with their integrity as the cause of death. His view explained why those attacked early in the disease died, as their blood was more damaged than those who became affected at a later period, and who were saved by having enough of good blood left in the system.



## WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

THE first meeting of the session was held on Friday, the 20th inst. The chair was taken by the President, Dr. JAMES ARTHUR WILSON, who, in a brief address, congratulated the members upon their meeting again without any loss in their ranks, after the severe ordeal they had passed through. At the annual meeting in May last, we were anticipating the visitation, which had now nearly passed over us, and he was glad to find that this first night of the session was to afford an opportunity of eliciting the results of the experience of those who had had large opportunities of observing the disease in this western district of the metropolis. As his custom is, when the opportunity offers, he made many practical suggestions; and, in conclusion, adverted to albumin as attracting much attention at the present time; and stated that, whilst it was interesting to the chemist, the production of it in large quantities was promising to be remunerative in a high degree; and at the same time a subject coming legitimately within the scope of the objects of this Society.

Dr. C. J. B. ALDIS then read the notes of some cases of cholera that had occurred in "Belgravia," and although the cases themselves presented no marked peculiarities, they served as a text for the discussion that followed. He commenced by describing the district comprised in "Belgravia," and declared it to be, with its fair outside, too like many other parts of London, "but a whited sepulchre," inasmuch as this district, to the 18th of October, furnished 223 deaths from cholera to the Registrar-General's report. He proceeded to point out that very many of these cases, and certainly the earliest ones, occurred on the banks of the Ranelagh sewer, which forms the western boundary of the district; it is uncovered for a great part of its course, and has been a fertile source of disease for many years past. This Society memorialised the Home Secretary on the subject last year, after many representations had been made to the Commissioners of Sewers by medical men and others in the neighbourhood; but to the present time it remains, without any visible step being taken to abate so abominable a nuisance. Dr. Aldis then related in detail several cases of epidemic cholera, interspersing the relation with remarks as he proceeded, to illustrate more fully the character of the locality, or the result of the mode of treatment employed. Thus, in respect to the use of calomel, he is disposed to attribute good results to its administration where it has been absorbed; but he believed that often where calomel was given in substance, it was neither absorbed, nor even swallowed, in consequence of the completeness of the collapse that existed. He agreed, upon the whole, with the majority of the meeting, in discouraging the use of those, so-called, "heroic" plans which many writers had advocated.

Many members took part in the discussion which followed, and the feeling of the meeting was pretty generally expressed in "a careful attention to the wants of the patient, to prevent all unnecessary exhaustion of the vital powers, and to administer the remedy, whatever it may be, in such doses and at such intervals as the symptoms appear to demand: exercising a judicious watchfulness that, in the progress of the case, and in our anxiety to be doing, we forget not the possibility that the agents we employ as remedies may prove to be dangerous poisons."

At 10 o'clock the meeting adjourned to the 3rd of November, when Dr. CASHILL will read some cases of typhoid fever.

## Reviews and Notices of Books.

*Poisoned Wounds: their Distinctive Features and Classification; with Remarks upon the Classes, and a Special Treatise on those resulting from the Bites of Venomous Reptiles, &c. Being a Report of a Committee to the Medical Association of Missouri.* By A. F. JETER, M.D. Quincy, Missouri, U.S. 1854. Pamphlet.

A NEAT little essay, and to the point throughout. We would print a great part of it entire, if our space permitted; but, happily, in this country its contents are of less importance than in that part of the transatlantic continent where the author resides, which is infested with rattlesnakes, copper-heads, and other venomous serpents. Dr. Jeter, however, remarks that the poison of the bee is similar, if not identical, in nature with that of the rattlesnake, and that where a sufficient num-

ber of bees, wasps, or hornets, have united in stinging a person so as to overcome the vital energies, they produce symptoms, both local and general, in all respects similar to those resulting from the bite of poisonous snakes.

According to a series of experiments instituted by Mr. Blake, Professor of Anatomy in the University of St. Louis, it would appear that an interval of not less than nine seconds were essential, in all instances, to their manifestations upon the nervous centres; but our author denies this conclusion, and states that the bites sometimes act sooner by direct nervous implication. He gives cases in proof of his opinion; and he asserts that the virus, though tasteless, is not, as many suppose, harmless, when taken into the stomach.

As to the treatment of venomous snake-wounds, Dr. Jeter says—

"Excision of the part, its destruction by caustic, actual or potential, may all be very efficient measures of relief in such cases, if resorted to in time. Section with the mouth or with cupping-glasses, after free scarification, are also useful means of averting the evils of this poison, when timely used. Ligation of the member on the cardiac side of the wound will at least prevent such rapid introduction of the poison into the circulation as would be likely to prostrate the nervous system, or, at all events, suffice until some remedy for sustaining the vital powers can be obtained. These appliances, however, are only available for a few minutes after the bite, and unfortunately are rarely brought into use, in consequence of the absence of both physician and materials from the scene of accident."

Potent and diffusible stimuli are always indicated immediately after such wounds, and the author states he has administered to a girl between three and four years of age, who had been bitten, a pint and a half of fourth-proof brandy, without any signs of intoxication ensuing. Sinapisms over the whole body are announced to be the next most reliable means of averting collapse; dashes of cold water along the spine; flagellation; or any other method of keeping the function of innervation alive until the force of the virus is in some measure expended.

In cases where the poison has been taken into the circulation, without causing immediate death, diuretics are required, and Dr. Jeter prefers Labarraque's solution of hypochlorite of soda, given in teaspoonful doses, combined with an alcoholic stimulant, or with carbonate of ammonia or camphor. He says, "Quinine and other tonics often subserve useful purposes; but opiates, in our experience, have been uniformly hurtful." For local application, free inunction with olive oil, or constant bathing of the inflamed part with ammonia or Labarraque's solution, is recommended, to which last some creosote or turpentine may be added, if mortification be imminent.

*On the Pathology of Delirium Tremens, and its Treatment without Stimulants or Opiates.* By ALEXANDER PEDDIE, M.D., F.R.C.P., &c. Edinburgh. 1854. pp. 51.

DR. PEDDIE has here reprinted a paper which lately appeared in the *Monthly Journal of Medical Science*, and, in order further to illustrate the opinions therein advanced, additional cases have been detailed, as also the results of some inquiries made of the medical officers of some of the large Scottish prison establishments, in regard to the effect of the withdrawal of wonted stimulants in the case of prisoners of known intemperate habits. We have not space to discuss critically Dr. Peddie's views, nor the value of the data brought forward to support them; but we most strongly recommend his very interesting and thoroughly practical paper to the attention of our readers, being convinced it is one that few can peruse without profit.

ST. BARTHOLOMEW'S HOSPITAL.—The vacancy left in St. Bartholomew's Hospital by the lamented death of Dr. Roupell creates another opportunity for the "average man." Dr. Martin, the lecturer on Natural Philosophy in the School, has announced himself as a candidate.

## THE LANCET.

LONDON: SATURDAY, OCTOBER 28, 1854.

LET those who argue that the medical officer attached to our armies is, in all essential respects, a civil officer; that his duties are of a civil and not of a military nature; that the scene of his labours, in great measure, preserves him from the dangers to which other portions of the army are exposed; and that his position, his honours, and his rewards should be regulated in accordance with this idea;—refer to, and well and carefully read over again, that eloquent passage in the letter of the correspondent of *The Times* at the seat of war in the Crimea, which runs thus:—

“What is that grey mass on the plain, which seems settled down upon it almost without life or motion? Now and then, indeed, an arm may be seen waved aloft, or a man raises himself for a moment, looks around, and then lies down again. Alas! that plain is covered with the wounded Russians still. Seven hundred and fifty wounded men are still upon the ground. \* \* \* We have done all we can for them, and now, unable as we are to take them along with us, or to send them away, we must depart.”

But striking and painful as this picture may be, let them read a little further, and say—In the midst of this mass of 750 wounded men, what further object presents itself to the view? Who is that single individual who, of all the host which is marching away from the scene of its late triumph, is still to be found upon that blood-stained field? and what is the errand in which he can be engaged—there, alone amongst his enemies, watching the retreating forms of his friends, his countrymen, and gathering up his courage as best he may, to undertake those duties which, in obedience to the dictates of humanity, it has become his stern duty to perform?

“In order to look after their wounds, an English surgeon was left behind with these 750 men. This most painful and desolate duty devolved on Dr. Thomson, of the 44th Regiment \* \* \* and then, provided with some rum, biscuit, and salt meat, he was left alone with his charge.”

Well may *The Times'* correspondent describe him as a painful and desolate duty! and well may we ask, if the courage required to sustain him in this most trying emergency was not at the least equal to that demanded of our gallant soldiers when called upon to face such difficulties as those they had so recently, so gloriously overcome?

We desire particularly to direct attention to this incident, as serving to show the nature of the duties our army surgeons are liable to be called upon to undertake. We know that a man, in the ardour of the fight, in the full tide of battle, side by side with his comrades, with the eyes of his fellow-men upon him, will, in the moment of excitement, nerve himself to face the cannon's mouth, and to perform deeds of daring which in his cooler moments he would not venture to contemplate. But what is to be said of the heroism required to face death in the thousand forms in which it must have presented itself to the mind of that lonely man, alone in the midst of hundreds, with nothing to relieve his sense of desolation, and supported only by that moral courage which the consciousness of being engaged in the discharge of the noblest of duties—that of humanity—could confer? We answer that, let the deeds done by others in that gallant army be what they may, none are more worthy of mention, or required more real

courage, more heroic courage and self-devotion, than this of Dr. THOMSON, of the 44th. Melancholy to relate, two days after these noble and charitable exertions, Dr. THOMSON was hurried from the scenes of his benevolence by that fearful scourge, the cholera. He died after twenty-four hours' illness.

But conspicuous as is this instance of heroism on the part of one army surgeon, we know that the duties which the whole body were called upon to perform after the battle of the Alma were such as to demand the exercise of qualities of the very highest order. The soldiers of our army fought for *three hours*, and truly they did their work as English soldiers know how to do it. But we also read of the medical staff, that for *forty-eight hours* after the battle they were incessantly occupied in their dreadful and arduous duties! and we do not hesitate to say that, during these forty-eight hours, every one of these men underwent as much danger of death as any individual amongst the officers or men who so gallantly stormed the heights two days before. Doubtless, the perils of the surgeon are surrounded by no halo of glory; they have no such thrilling accompaniments as belong to those encountered at the cannon's mouth, or when charging upon the sword of the foe. But the dangers are no less real: the enemy is to the full as deadly, and his aim as sure: they occur for the most part silently and insidiously; they were ever present during his labours for the two days and nights upon the field of fight, exposed to the chances of death from fatigue, from cold and dew, and from the tainted atmosphere which the neighbourhood of the wounded and dying inevitably brings; and they are present in a peculiar manner when he is called upon in camp or in hospital to incur the risk of contagion from cholera or other pestilence which accompanies constant intercourse with the sick, in addition to the ordinary liability to the illness which he shares in common with the rest of the army from residence in the infected district.

The dangers being thus at least equally shared by the whole army, we should of course expect that the rewards of successful daring would be equally divided also. Whether this is so our readers are but too well aware.

IN THE LANCET of last week we adverted to the fact that, in the despatches received from Lord RAGLAN, no mention is made of his medical staff, or of the vast services which they must have rendered immediately after the battle; not one word to cheer or inspirit them; they are passed over in silence; their very existence forgotten. The public, indeed, now that the emergency has arrived, and upon the mere suspicion of a deficiency in this particular, has shown, by unmistakable signs, that they feel to the full extent the exact value of the medical staff attached to an army, and are willing to recognise the vital importance of this arm of military science. But the Government of this country (and, consequently, the agents of the Government) evidently look upon them as performing duties of a very secondary nature; and although upon their skill and devotion to their calling the restoration of our soldiers and friends to life and health, and, in many instances, their restoration with a whole body instead of a maimed trunk, entirely depends, any extraordinary encouragement, or any greater stimulus to exertion in their labours, or any other object of honourable ambition for which to strive, than is provided by their own consciences, their sense of duty, the calls of humanity, or the distant prospect of promotion in the ordinary course of things, is systematically denied to them. A man can, without difficulty, be rewarded by knighthood or a baronetcy for a success-

ful speech in parliament, or for a vote which has saved a ministry; but for the man who has saved hundreds or thousands of his fellow-countrymen, by services to the army, any such distinction is considered to be entirely unnecessary.

If the prevention of epidemics be one of the chief cares properly devolving on the Board of Health, it follows that the prophylaxis of small-pox, than which no zymotic disease is more terrible, or requires more constant vigilance, ought, in the nature of things, to be under the charge of that department. No example can more strikingly illustrate the present confusion that prevails throughout our sanitary legislation, than the laws and practices professing to have for their object the prevention of small-pox. We have on former occasions exposed, from the statistics of the Small-pox Hospital, drawn up and analyzed by Mr. MARSON, the not very creditable fact that England, the birth-place of JENNER, the country to which all other countries owe that discovery of all others the most valuable in its results that medicine ever gave to the human race, exhibits not only the most imperfect vaccination, as regards the diffusion of that operation throughout the population, but also the worst in point of individual performance. This fact is incontrovertibly proved by authentic and consistent observations, extending over many years. Vaccination, often bad when performed at all, and the total neglect or refusal of vaccination by a large portion of the population, necessarily left never-failing sources for the maintenance and spread of small-pox. The Compulsory Vaccination Act of Lord LYTTLETON was passed in the hope of making vaccination universal and effective. It cannot be doubted that, could that object be attained, small-pox would be, if not entirely expelled from the land, at least kept within such narrow limits as to cease to be a national infliction and a national reproach. Does the Act hold out any reasonable hopes of attaining this point? The most undeniable evidence proves that the Act has failed. Vaccination has not been extended. Small-pox has not been diminished. It was obvious to those who had studied the subject of sanitary police, that failure would ensue. At the time when the Bill was under discussion, we pointed out the defects in its principle and in its provisions which surely foreboded that result. We have now the means of exhibiting the state of the country, as far as regards small-pox and vaccination, since the attempt has been made to bring the Act into operation. We conceive that we shall discharge an urgent duty, and render a good service to the cause of Sanitary Reform, by showing the manner and the causes of the failure of this Act. The materials from which we draw our conclusions are contained in the "Quarterly Return of the Registrar-General" ending in June last.

If we examine the reports of the local Registrars, we shall find abundant evidence of the extent to which this loathsome, and fatal, and preventible distemper has prevailed; and distinct indications of the causes which entertain it.

The Registrar of St. George's, Hanover-square, says:—"Small-pox has prevailed with fatal effect, principally in unvaccinated persons." In Lambeth, it is reported that "there have been many cases of small-pox. The Registrar has no means of ascertaining how far the Vaccination Act is complied with, there being no appointed public vaccinator in his district." At Kingston, in Hampshire, the Registrar says: "Small-pox is on the increase. Like fever, it has been most fatal in those localities where drainage, sewerage, and

"ventilation are most wanted. I am of opinion the disease is propagated by mothers and nurses, who purposely take the children into infected houses!" In Landport, "the increase in the deaths above the average is attributable to the ravages of small-pox, which has been, and continues to be, epidemic here." In Southampton, "small-pox has continued to be very fatal during the first two months of this quarter." At Leighton-Buzzard, in Bedfordshire, the disease "has been very prevalent." At Luton, "the increase of deaths above the average is mainly caused by small-pox; but I believe that the disease has been fatal only to those who had neglected vaccination." At Norwich, "small-pox continues to be epidemic, but only one death has occurred where vaccination had been previously performed." A Registrar says: "I regret to add, that many of the poor and uneducated parents are extremely averse to having their children vaccinated." At St. Thomas, in Devonshire, "vaccination is still objected to, and duplicate certificates are slowly returned." At Plymouth, "there have been twenty deaths from small-pox." At Stogumber, "small-pox has been raging. Parents pay very little attention to the vaccination of their children, and many refuse, notwithstanding the Vaccination Act, and when the disease is spreading around them." At Taunton, "the Vaccination Act is not carried out." In Droitwich, "small-pox still continues to rage." At Ashbourne, in Derbyshire, "small-pox is still very prevalent." From Stockport we find an almost solitary testimony in favour of the Act, and even that testimony carries an important qualification: "The Compulsory Vaccination Act is working well. There are a few parents that have strongly objected to it, but by reasoning with them they have given way. The chief difficulty arises from apprehension that the vaccine matter may be taken from unhealthy children." In Bolton, "the Act is evaded." In Yorkshire, "small-pox has been prevalent at Topcliffe. Two deaths had been registered, in neither of which had the parties been vaccinated. Vaccination is still much neglected by the labouring classes." In Kendal, "small-pox has been very prevalent."

Such are examples of the evidence supplied by the Registrars. That evidence leaves no doubt as to the prevalence of small-pox. It affords also the most distinct proof that vaccination is still obstinately resisted. It is equally proved that the Compulsory Vaccination Act is unequal to the charge of diffusing vaccination.

In considering the amount of the evils inflicted by small-pox, it must be borne in mind that that amount is not to be measured by the deaths. Many who recover with their lives suffer from a variety of secondary evils; blindness, deformity, debility, scrofula, insanity, impair the enjoyment of life, and predispose to early death.

But why has the Vaccination Act failed? Upon this point we have the most certain information. Our own observation, and the uniform testimony of the medical profession, who, more than any other class of the community, enjoy the opportunity of ascertaining the unbiassed feelings of the poor, concur in demonstrating that the association of the Boards of Guardians with the execution of the Act constitutes the one great and insurmountable obstacle. The special and peculiar duty of Boards of Guardians is to administer the Poor Law. The poorer classes will naturally contract a dislike, that may be a prejudice, against those who are charged with this unpopular office. Vaccination coming from them, and coming

with the additional drawback of compulsion, will necessarily be regarded with suspicion. Whatever is forced upon the labouring classes by the Poor-law officials assumes the odious form of Poor-law relief. The vaccinators are appointed by the Guardians. The poor are told that they *must* carry their children to be vaccinated by medical men who may be strangers to them. They apprehend—and the apprehension is not altogether unfounded, or unshared by the educated classes—that the vaccine matter employed may carry with it the seeds of other diseases not less loathsome than the one it is intended to prevent.

The consequence of this wide-spread discontent is what we have seen: diminution of vaccination, and increase of small-pox. What is the remedy? what is the course to be adopted? Is it not obviously to withdraw the charge of extending vaccination from the inefficient hands of the Boards of Guardians, to entrust it to that department whose special and natural function it is to prevent epidemics, and to watch over the general health of the community?

There is surely no valid reason why small-pox should be made an exceptional case; why one zymotic disease should be picked out from its congeners, and the care of preventing it taken away from that department which is alone able to cope with it in a comprehensive manner; and without wounding the honest pride of large classes of the people.

GREAT as is the cause for animadversion upon the conduct of our medical establishments, we would emphatically express our belief, that, in the preparation of medical and surgical means for the service of our army now in the field, Dr. ANDREW SMITH, the respected head of the medical department of the army, did all that was needful. If necessities were wanting in the field, or in the hospitals at Scutari, we must look to the executive authority on the spot for the explanation. This is a point not understood by the public, and hence the unjust observations of some portion of the daily press.

In a most fair and liberal article on the alleged neglect of our wounded soldiers, the *Examiner*—one of the ablest of the weekly journals—does ample justice to Dr. ANDREW SMITH, and to those acting under his orders. The Editor declares his belief, that every fresh information will increase our satisfaction with the medical arrangements—a belief in which we altogether concur. Referring to the sentiments expressed by the French press on this subject, the Editor of the *Examiner* offers the following important observations, which we commend to the attention of the profession:—

“A word in conclusion on the way in which this alleged failure of our medical arrangements, as to which we have been remarking, has been discussed by our friends the French. It may turn out worth while to have been somewhat misled in the matter for a little useful plain speaking. Reports, with probably little truth in them, elicit remarks that have unquestionably a great deal of truth in them.

“The French say, then, that such a failure would be mainly due to the fact that the medical profession has achieved for itself no adequate honour or reputation in England. In France, during the last half century, there is no council board, no administration, no society, in which the medical profession has not found itself represented, whether at the Court of the Sovereign, amongst the Peerage, or in the Legislature. Physicians of the Institute take their place naturally amongst the first of the land. Their views, their discoveries, their cares, their professional ideas and suggestions, must be listened to, cannot be neglected, and may never be treated as intrusive; nor had Napoleon fewer physicians and surgeons for friends, councillors, and dignitaries of state than

he had of any other profession. But in England all such interests find themselves either unrepresented, or not represented worthily, and the best of her physicians is good only to amass money, or, at the highest, to get a baronetcy. What important or salutary medical influence has made itself felt in the public administration since the wounds of Waterloo were healed? and where, in all those years, except to born lords and baronets, have we had the means of looking for sanitary wisdom or suggestion? For answer, we are referred to the whole history of our sanitary and medical administration. Provided only a man be born baronet or lord, we are ready to accept him for a born scavenger and born physician as well; nor can any amount of science or learning be esteemed paramount to our regard, except the science of addressing and managing constituencies, or the knack of palavering either House. There may be some exaggeration in this, but it will be safe to admit that there is also considerable truth; that though the text is inaccurate enough, there is something in the comment it provokes; that honour and influence in this country tend far too much in one direction; and that, so far from our men of mere learning and science finding easy access to their Sovereign or her councils, they have only too much reason to be thankful when they get the ear or be worthy the attention of an Under-Secretary of State.”

This is excellently well put, and to attain to the status of the general body of the profession in France we must bring about a great reform within ourselves. We believe that the political shyness of the profession ought above all things to be overcome. Where there is now one medical man in Parliament, there ought to be twenty. No man ought, in our opinion, to hold the position occupied by Dr. ANDREW SMITH without a seat in Parliament. His explanations of the medical arrangements for the East ought to be made in Parliament, face to face with those who are really responsible for the errors which have been committed. We wish, too, that Sir WILLIAM BURNETT could be brought to believe that his leisure could be better occupied in serving some parliamentary constituency, and upholding the Medical Department of the Navy in the Legislature, than by bottling and sealing solutions of chloride of zinc.

WHENEVER the important subject of the prevention of unqualified persons from practising medicine has come before the public, unprincipled quacks and ignorant legislators have opposed any scheme for the purpose, on the absurd plea that it would infringe the liberty of the subject. England has been called the “Paradise of Quacks,” and a Minister of the Crown endorsed the axiom by his memorable quotation—

“That the pleasure is as great  
In being cheated as to cheat.”

One of his successors in office, however, not appreciating either the morality or the expediency of such a doctrine, made lately a striking commentary upon it, by ordering the prosecution of a notorious quack for having cheated a patient of his life. It has been too much the fashion to regard the suppression of illegal practice as affecting merely the practitioners of medicine—that their interest only is involved in the matter. There never could possibly be a greater mistake. However much a stringent law to suppress illegal practice might benefit the profession, we unhesitatingly affirm that such a measure would confer a far greater benefit upon the public at large. Those whose daily duties call them to the bedside of the sick and the suffering are constantly in the habit of witnessing the dangerous effects of the practice of medicine by ignorant persons. Cases occasionally come before the public in the report of a police-court, or of a coroner's inquest, of poisoning by some potent drug ignorantly administered, or of death from some serious disease wrongly treated. But cases of this kind that

never meet the public eye are undoubtedly of daily occurrence. It is the practice of those who impose upon the public by false titles or quack nostrums to leave their patient in the time of his greatest danger, and the qualified attendant is merely called in at the closing scene to give his assistance in a hopeless case, and "a certificate of the cause of death." We do not overstate the fact when we assert that thousands of lives are annually sacrificed in England to the ignorance of unqualified practitioners. That the members of our profession are deeply injured by the want of a stringent law to prevent illegal practice, we are willing to admit. That they should be allowed to suffer under such an injury is a disgrace to the Legislature. For thirty years we have fought for that protection in the pages of this journal, and until that act of justice is consummated we shall continue the struggle.

Those who can carry their memory back for the last quarter of a century will see something of hope in the future. Parliament and the public think very differently now to what they did on the subject of protection, and it is certain that no measure of Medical Reform will be carried that does not contain a stringent clause for the prevention of unqualified practice. Persons falsely pretending to be lawyers are punished as criminals. An Act of Parliament has decreed that the forger of the "Hall mark" upon base metal shall be treated as a felon. But the public have no protection against any ignorant knave calling himself a physician or surgeon, and practising as such. Property is held sacred. Life is treated as worthless!

The result of the case of the Apothecaries' Company *versus* BROWNRIDGE, as reported in the present number of THE LANCET, must be highly satisfactory to qualified practitioners. From no class do they suffer so much as from the prescribing druggists. To the injury inflicted by these persons are many of the difficulties which beset the path of the young practitioner to be attributed. There is not a member of our profession who will not readily assent to this. Mr. BROWNRIDGE is only a type of his class. We trust that the just verdict obtained against him will stop the prescribing career of many of his brethren. Notwithstanding legal quibbles and subterfuges, the law has reached the offender. It cannot be long, however, before a more summary mode of proceeding than suing for penalties in the County Court will be instituted to stop the dangerous practice of ignorant and unqualified persons.

THERE is in *The Times* of October 25th, an article so forcibly true, that it must excite the attention of every medical officer who has served in the field. It is a fact, now, in relation to the Crimea, and has always been a fact in every British military expedition, that medical officers and their stores have been the last to be provided for, and hence the prevalence of former and present neglect of our sick and wounded. The very sutlers are provided for before our surgeons and the means of relieving those who fall in battle. This lamentable state of things, as the article referred to truly states, is brought about by the utter want of all independent action in the medical staff of our armies. The military medical officers ought to be masters both of their own men and of their own stores. If this were the case, our superior military surgeons, whether in home or foreign administration, would become justly responsible, both to their commanders and to the Government. The truth has been exactly as now stated in the public press, and it has ever been, and always will be so, with our

medical stores and medical officers, until an independent action is permitted. They ought no longer to be under the entire control of generals-in-chief or generals of division, but they should have everything within themselves. They should then be responsible to their generals and to the authorities in this country for the use made of the means at their disposal. This is what is wanted in our fleets and armies. The commissaries-general and their superior officers enjoy on service a completely independent action, and yet they are as thoroughly responsible as the lieutenant-colonel or the major to the generals and to the Government. It is for this kind of independent action that we contend, as being absolutely necessary alike to the efficiency of the medical department and to the welfare of the soldier. More than enough of medical officers and stores were sent with the army from this country; but the generals left them at Varna, and no doctor had even the privilege to complain. Sir ROBERT PEEL states, on the information of the authorities, that courts-martial are to be held in the East upon the recent blunders. No good can come of this. The inquiry, to be efficient, should be made in this country, and it would have to begin with the highest places and personages concerned in the conduct of the war.

## Correspondence.

"Audi alteram partem."

## THE LATE DR. ROUPELL AND THE "THIRD YEAR'S STUDENT."

To the Editor of THE LANCET.

SIR,—My attention has been directed, through the courtesy of a friend, to a recent number of a medical periodical which I seldom peruse. In its impression of the 7th inst. some observations occur in eulogy of the late Dr. Roupell, propounded in the very feeblest language, that makes reference to a trivial and brief criticism which, under the title of the "Third Year's Student," was published many months since in the columns of THE LANCET. Had not my name of late been so frequently associated, both privately and publicly, with the contributions of the "Third Year's Student," it would misbecome, as well as be unnecessary for, me to notice the remarks to which I refer; but the profession is cognisant that such is not the case, and as I believe it to be a most salutary principle that a wilfully malicious statement published in a journal, of however limited a circulation, should, if the topic is of moment, suffer immediate refutation in the most effectual manner, I scarcely conceive that I make an idle request in asking the attention of your readers to the subject of this letter.

Now permit me to quote the passage in question. It is as follows:—

"In the words he (Dr. Roupell) was always accessible to the students, ready to communicate, and full of practical knowledge. *We would not willingly, on the present occasion, allude to a disagreeable subject, but, in justice to his memory, cannot here omit to state, that no one than he less deserved the impertinent and personal criticisms which recently appeared in the columns of a contemporary as the contribution of the 'Third Year's Student.'*" The italics are my own.

Those whose recollection of the "Letters" is by this time obliterated will naturally ask, What are these "impertinent and personal criticisms?" Sir, they were embodied in a single observation. The nature of this remark (although I should have considered it sufficiently intelligible to have been susceptible of comprehension by the least educated person) was, at the period of its publication, misunderstood by a correspondent, and therefore, in a subsequent number of THE LANCET, this criticism was thoroughly elucidated. With your permission, I will cite the entire passage:—

"The charge of ignorance which I am asserted to have 'lodged' against Dr. Roupell is contained in a single remark. 'Dr. Roupell, indeed, uses it, (the stethoscope) but more, I believe, *pro forma*, than from any confidence he himself puts in it.' How far this is 'lodging a charge,' I leave others to

judge. My expressions and phraseology are, I am aware, crude and imperfect, but the statement I intended to make was, that from a careful contemplation of Dr. Roupell's practice in the wards of the hospital, I found it was his habit, usually, to rely upon the diagnostic acumen an experienced eye furnished him, rather than be influenced materially by the confirmation, or otherwise, which the stethoscope afforded. I have often observed, that unless specially requested by a clerk, or other student, Dr. Roupell is not usually wont to use with any frequency either percussion or auscultation, to assist him in the prognosis or treatment of a case."

This, Sir, is the whole of the "impertinent and personal criticisms." The profession will observe, that throughout the complete correspondence of the "Third Year's Student" but a single reflection is cast upon Dr. Roupell, and this was not uttered in disparagement of his educational powers, but in order to demonstrate at the time, how few opportunities the pupils at St. Bartholomew's possessed to make themselves proficient in the ordinary details of stethoscopic science.

With Dr. Hue—an "antiquated automaton"—with Dr. Roupell careless in regard to this matter, surely the "Third Year's Student" might justly, and without peculiarity, take exception at this deficiency in an otherwise excellent teacher, and declare—as your correspondent did at the time—that upon Dr. Burrows alone rested the responsibility of rendering the pupils of the medical wards sound, enlightened, and useful practitioners; upon him they had indeed to rely "for their treatment of disease and integrity of practice." Where then is the cause, what grounds exist, for that most unworthy and ignoble sneer which, relying upon the carelessness or want of recollection of its readers, the medical journal quoted has had the indiscretion to publish?

In conclusion, allow me to say, that Dr. Roupell's reputation as a physician was far too well established, his character as a man too amiable and exalted, to require that "in justice to his memory" recourse should be had to party devices and inaccurate statements. Generous, considerate, amiable, and kind-hearted, he united in his person the most admirable qualities, while he was accomplished and erudite in many branches of knowledge. The School of St. Bartholomew's owes to its late teacher a deep debt of gratitude, for there is not a single department in it which does not afford some proof of his profuse and high-minded generosity. The walls of our college hall have been adorned by Dr. Roupell with portraits of all the most illustrious of those medical worthies who have achieved for themselves niches in the "Temple of Fame," and our lecture-rooms and library exhibit similar examples of his ubiquitous munificence.

Sir, at a time when, in common with all who knew him, I deeply deplore his premature decease, surely such acts as these should scarcely be forgotten; and Dr. Roupell's friends may solace themselves with the belief, that those who knew him less well than they, can sincerely appreciate his many excellent qualities.

October, 1864.

I am, &c.,  
H. CHALMERS MILES.

## WANT OF SURGEONS IN THE CRIMEA.

To the Editor of THE LANCET.

SIR,—My attention was drawn to your leading article in last week's LANCET, respecting the deficiency of surgeons in the East; and in answer to a correspondent, "A Subscriber," you state, that "the authorities at the Admiralty will only be too happy to find any respectable candidates applying for appointments as assistant-surgeons at any time." I feel surprised that they are so badly in want of surgeons, when I call to mind that, about three or four months ago, I felt desirous of going to the East as an assistant-surgeon. Accordingly I wrote to the Admiralty, to be placed upon the list of candidates for the naval service. To my great astonishment, I received a letter, stating that I was deficient "of six months' lectures on the Practice of Medicine," although I had attended two courses, of six months' duration each, and two six months' courses on Clinical Medicine, and I had attended more lectures on other subjects than what was required by the regulations. The board considered my deficiency a *sine qua non*, and would not place my name on the list until I had attended another course of lectures on that branch of medical science.

Now, Sir, I have been in the profession seven years, and possess the double qualification, besides that of M.D. from the University of Glasgow. At that time I did not think much of my application being refused, but since I have read the remarks

made in your journal, and in *The Times*, of the lamentable deficiency of medical officers in the army and navy, I felt a little surprised at my application having been refused, and at a time when our services were required. No doubt many other applications have been refused on these or similar trivial grounds; and in consequence of such absurd regulations, those brave men who have gone forward to fight in aid of a good cause, and more particularly those who have gloriously fallen in defending their country's honour, are deprived of the services, sympathy, and condolence of the guardians of health. When I call to mind the assertion made in *The Times*, that after the battle of Alma 700 wounded soldiers lay upon the field, wallowing in blood, and only one surgeon to attend to them, while the French army was well supplied with the disciples of *Æsculapius*, surely this is a great stain upon our country and Government, and one that will live to be told "by generations yet unborn." I beg to enclose my card, and am,

Sir, your obedient servant,

October, 1864.

SUCH IS LIFE.

## THE TREATMENT OF CLUB FEET.

[LETTER FROM MR. LONSDALE.]

To the Editor of THE LANCET.

SIR,—Were I inclined to enter into a controversy of a personal nature with Mr. Solly, his letter, published in the last number of your journal, contains elements amply sufficient for the purpose. This, however, is not my wish.

Mr. Solly thinks I ought to have waited till the publication of the details of his case before I presumed to give an opinion on the operation in question. Now, this is not at all requisite; for no details of a case can justify the performance of a dangerous operation, if it be found by experience that a cure can be equally well effected without having recourse to it; and such, I repeat, is the fact with the treatment of club feet; and that the severest forms can be cured (if curable at all) without the necessity of removing the os cuboides, however favourably Mr. Solly's present case may ultimately terminate.

In writing the letter which you did me the favour to publish, I believed I was only doing my duty in protesting against what I knew, from extensive experience, to be the promulgation of false principles in surgery, and especially when coming, *ex cathedra*, from a surgeon to one of the largest hospitals in London, and on the public occasion of the introductory address at the opening of the medical session.

Mr. Solly will forgive me, I hope, when I say there is one paragraph in his letter which caused me to smile—I mean where he refers to "the liberal support" the Orthopædic Hospital has received from the London surgeons. Now, of this I must confess that I am quite ignorant, and am really at a loss to know what he means. If I might venture to give an opinion, after having been connected with it for so many years, I should rather say that the Orthopædic Hospital has become a firmly-established and successful institution, quite independently of, and in many instances in opposition to, the London surgeons; and that the real secret of its success is, that the treatment adopted is founded upon sound principles of surgery, based upon large experience and patient observation.

I have no wish to enter further upon the subject, and should feel obliged by your inserting this letter.

I have the honour to remain, Sir,

Your obedient servant,

EDWARD F. LONSDALE,

Surgeon to the Royal Orthopædic Hospital.

Montague-street, Russell-square, Oct. 1864.

NEGLECT OF ARMY-SURGEONS BY THE  
COMMANDER-IN-CHIEF.

To the Editor of THE LANCET.

SIR,—We may fairly infer that there were very few surgeons in the Crimea at the period of the late engagement, and, consequently, that little service was rendered; for Lord Raglan mentions with honour every class of warrior, from generals and admirals to privates and sailors, but with scarcely an allusion to any medical officers. Had they been present their duties would have been as arduous and distressing, in administering to the dreadful sufferings of 2000 fellow-countrymen, as the generality of those engaged in the action, and surely such services would not have been overlooked. All practical medical men have known throughout the expedition that there should have been at least four times the number of surgeons (and additional assistants in various ways also) to have attended the sick; and when bloody and active warfare was immediately

\* Third Year's Student's Letter, (THE LANCET, February 5th, 1863.)



imminent, a greater increase even was required; and ample assistance might have been procured, if an appeal had been made to the profession and fair consideration shown; many qualified young surgeons would have accepted temporary employment, say for a year or two, and many junior members of the profession would have gladly joined as dressers, but redtapeism and bureaucraticism forbid such irregularities, and the most simple, yet useful, suggestions to the War-office, and officials in general, are utterly unheeded.

Many young men, of good name and character, who had obtained diplomas from the College and Hall, had all kinds of obstacles thrown in their way on applying for an appointment, and were obliged to "read up" to a considerable extent for the sake of getting up some peculiar kind of knowledge, and passing another examination; and after all this, they languished for weeks and months at Woolwich, Chatham, the Isle of Wight, and other *dépôts*, whilst hundreds and thousands were dying untended in the East. The position and objects of army surgeons should be borne in mind; they seek the army for a livelihood, and practise an art and science a knowledge of which has been obtained at a great cost of time and money, and sometimes of health; all other officers are men of means, and seek the army to obtain rank, and a footing in society and in the world of fashion; the prospects, therefore, of the army surgeon do not hold out a sufficient or just reward, and many a young man has borrowed £200 to make a start in the late expedition, and has insured his life at 8 per cent. as a security. The initiatory expense and outfit have scared away many. It is not too late now to procure temporary assistance, (say for a year or two, without granting permanent commissions,) and the excuses in a leader in *The Times* of the 16th are as lame and futile as its unwarrantable and most untruthful attack on the profession in its advocacy of the castor oil bubble.

I am, Sir, your constant reader,  
AN OLD MILITIA SURGEON.

## COMFORT FOR THE SOLDIER.

To the Editor of THE LANCET.

SIR,—A plan has occurred to me which I think will prove highly useful to our gallant soldiers and seamen. It is most simple, and I have no hesitation in stating that much good would ensue from its adoption. The plan recommended (to the soldier particularly) is, that he should wash his feet, either every day, or three times a week. The following results would take place:—The feet would become expanded; corns would be cured; the whole foot and calf would be greatly strengthened; there would be a more equalized circulation; warm feet; no headache; the soldier could march with more ease, and my firm opinion is, that from this suggestion, he would be enabled to add from three to five miles to a march.

Whilst on this subject I would further remark, that importance should be paid to the manner in which the nails are cut. It was my practice in youth, and it is not confined to youth, to perform the operation as thoroughly as possible, by paring them down to the quick. Not a word must be said respecting the consequences. A short time since, I was summoned to a policeman, who informed me that he had been unable to walk for nearly three months. I soon perceived that the nail had penetrated the flesh; the portion was immediately snipped out with scissors. The man walked.

I am, Sir, your obedient servant,  
Newcastle-under-Lyne, WALTER SCOTT, M.R.C.S.E. & L.S.A.  
Sept., 1854.

## THE WAR.

(FROM A CORRESPONDENT.)

CAMP GALATA, Sept. 22nd, 1854.

It is now some time since I last wrote, having postponed this letter until now, as a friend of ours told me he was going to write and give you particulars of all that had taken place. No doubt long before you get this, you will have received some important news from the Crimea. Up to this time we have heard that all the army had disembarked, without the least opposition, and were received by the inhabitants with open arms, since which they have obtained us some thousands of oxen, and other things for provisions, and seemed inclined to assist us all in their power. The Russians did not expect us, as they had heard we were decimated by cholera, so they were not prepared. One of their couriers has been inter-

cepted, begging for 50,000 men as soon as possible, or else they could not hold out. They have suffered very severely also from cholera, and in the Crimea there are not above 40,000 soldiers, 30,000 of whom are at Sebastopol. Lord Cardigan, with the 11th Hussars, another regiment of Dragoons, and some Rifles, had gone to intercept two Russian cavalry regiments who were marching to Sebastopol, and it was thought he would be able to come in contact with them. Our spies have gained information that there is great discontent amongst some of their soldiers, on account of the work they have been subjected to all the summer. News can arrive in England from Varna now in less than three days, as the electric telegraph is open to Bucharest. There is a stoppage at the latter place, and from there to the next station it goes by post.

After the landing in the Crimea they had some awful rain or hail, and in a very short time 1100 reported themselves sick; some say 700, some 1000, were sent immediately to Scutari. I trust that cholera has left us, no case having occurred here now for about a fortnight, neither have I heard of one. Fever seems to be getting less, but dysentery is increasing; some very bad cases have occurred, but very few seem to be fatal. Mercury with chalk, with powdered ipecacuanha; sugar of lead, two grains; opium, half a grain; of calomel, are the medicines that are used, and eventually relieve the patient, though some cases are very protracted. In cases of simple diarrhoea we use sulphuric ether and laudanum with great benefit. Diarrhoea is very prevalent, and soon passes into dysentery, if not checked. Bed-sores and sores of any extent show a great tendency to pass on to gangrene, and a few cases have been lost in consequence. It causes us to be very particular, even in putting blisters on. I think we have suffered much less from intermittent fever than we anticipated, but have had a great many cases of low fever. At first the cases of fever were not severe, and did well; but about the end of August and beginning of September they put on a much lower form, and ran a rapid course—either to convalescence or death, requiring a great amount of stimuli. We are now waiting for ships to take the sick to Scutari, where they are to be placed, I believe, under the care of staff-surgeons, and then the regimental assistant-surgeons proceed to Sebastopol. We are all waiting anxiously for these said ships, as we want to see some other work than we have been lately used to, and I trust that we shall soon be at Sebastopol. The army suffered from cholera on its way up. Some cases were extremely rapid, one case mentioned to me being less than three hours in duration; the man was waiting at dinner at four, and at seven they were sewing him up in his blanket, but no doubt he had suffered from diarrhoea for hours; this, however, I could not ascertain. They took fourteen days before they arrived at their destination and disembarked, as they anchored off various places before they stopped finally.

I suppose the second summer has begun here now. About a fortnight ago there was a break up of the fine weather, and for a few days it was stormy, with cold rain; but now it has changed again, and become fine and very warm; the nights are close, with a great dew. We have given up the General Hospital at Varna to the French, who are going to winter there, while they have given up Scutari. I hope our army may never put foot again in these parts; we shall all have vivid recollections of the past.

September 30th.—I told you, a few days ago, in my letter, that I thought the second summer had begun; indeed, it has been but of a few days' duration; now the wet season seems to have commenced. We were aroused on the morning of the 27th, about four o'clock, having had a sleepless night on account of the rain and wind, by our servants telling us, that nearly every tent and hospital marquee in the encampment was down. We were soon up; and too true was the statement; there we saw our village lowered to the ground, only two hospital marquees out of the whole standing, and those were expected to fall every moment; the poor sick huddled (many helpless) together, while those able to get up were standing under trees, or any place that gave them a little shelter. You may imagine the heart-rending sight to see these poor creatures; and it was about two hours before we were able to pitch some of the marquees and tents afresh, as the merciless storm did not abate in the least until then. I am afraid it will be the death of many. The encampments on the other side of Varna were in the same plight, but being close to the town, their sick were removed into the general hospital, then empty. We were too far off, and had not conveyance for them, otherwise it would have been the wisest plan for us. As soon as it is at all fine we are going to remove all into Varna. Our sick here were about 300 at the time of this unfortunate occurrence.

(FROM ANOTHER CORRESPONDENT.)

The Crimea, Sept. 27th, 1854.

By this time the great victory of the Alma is known to you. I intended writing sooner, but have had so much to do that writing has been out of the question. Since the victory and the march inland, the men have been gorging themselves with fruit, and as a consequence cholera has made its appearance. Several valued officers have been cut off. Thomson, (44th.) Reid, our college friend, and Dr. Mackenzie. How shall I record Dr. Mackenzie's death? Poor fellow! Leaving Edinburgh full of enthusiasm, talent, and with the most rising reputation that any English surgeon could have. To die with cholera, away from friends and relations, is sad; how much sadder must the death of such a man be! He was seized, and died in eight hours. What surprise will be occasioned in Edinburgh when the news of his death reaches there! He left Edinburgh to come out here to improve his knowledge, and by so doing advance the interests of his pupils; he has fallen a victim to his noble devotion to science. In him the profession have lost an ornament, and one who was destined to take high rank as an operator.

A number of the medical officers are laid up. I myself am now acclimatised, and bear all hard work well; and hard work I have, and to spare.

In one of your letters you mention something about the purgative plan of treating cholera. I wish the upholders of this doctrine could only see the cholera we have to deal with here. Cases are brought under our notice—cases in which the man is more dead than alive, with all the well-marked symptoms of cholera; and to throw in purgatives! Preposterous! There are some few cases marked by yellowness of skin; in such cases purgatives are of use, because in these cases the liver is the faulty agent.

The medical arrangements are bad—faulty in the extreme. Every man has his own pet medicine; this of course he administers, and then wonders why his patient dies. When I see a cholera case, I get the man made as warm as the limited means will allow, and stimulate,—coffee, opium, in fact, any stimulus that is at hand,—and let the patient drink water. Fever, too, is beginning to prevail; I intend to try the saline plan.

—, and several other assistant-surgeons, are on the sick-list. Double the number of medical men ought to be out here. If the deaths here were known in England, I am sure the astonishment and feelings of pity would be great. In my next letter I shall, I hope, be enabled to send you something interesting.

The following interesting account is from the correspondent of *The Times*:

## THE BATTLE OF THE ALMA.

"I felt proud of my country when I saw little groups of English soldiers tenderly nursing wounded and dying Russians on the field of Alma the day after the battle, particularly when my indignation was hardly calmed at the well-proved stories of ferocious feeling manifested by these same wounded. In several instances they treacherously fired at or stabbed the doctor who had just dressed their wounds, or the kind Samaritan who had slaked their thirst with a draught of water, thus showing all the inextinguishable hatred of a dying wild beast and none of the noble chivalry of a civilized soldier. Notwithstanding the ingratitude of these poor Russian slaves, an English doctor, to his eternal honour, volunteered to remain behind and endeavour to alleviate the sufferings of 700 wounded Russians, who had been removed from the field of battle on the south bank of the Alma to the deserted village on its north bank.

"Dr. James Thomson, Assistant-surgeon of the 44th Regiment, and his soldier-servant, deserve to be held up as heroes. For four or five days they, and they alone, had to wait upon and support this enormous mass of severely-wounded men. The task was in many respects a most dangerous one. As we have seen, the patients themselves were not to be trusted. The Cossacks might also at any time make prisoners of them on the retreat of the allied armies. The dead were festering in heaps around the sick and dying. These two men frequently had to bury a horrid mass of carcases and fragments before they could get at some poor wounded wretches. In this way they must with their own hands have dragged out and buried some 200. There was no food of any kind for the sick, so the soldier managed to drive in a stray bullock, and with the aid of some Russian convalescents, (their misfortune seem to have humanized them,) he killed it and made some soup for them. At length her Majesty's ships *Albion*, *Vesuvius*, and the screw

transport *Avon*, arrived. The whole crew of the first landed and removed the wounded on board the *Avon*, while the *Vesuvius* guarded the shore. In the midst of this humane occupation a Russian force of some 4000 or 5000 men approached the village, and the sailors were obliged to hasten on board, as it was beyond the range of the ships' guns. However, 340 wounded were put on board the *Avon* under the charge of their heroic preservers, Dr. Thomson and his servant. About forty were left behind, and many of these poor fellows, who had previously seemed unable to walk, endeavoured, with all their might, to hobble after their more fortunate comrades. The next day the *Avon* proceeded with them to Odessa. Now, surely, when the Humane Society rewards a man who saves one single individual, society will not fail to do something for two men who, under such dreadful trials, saved the lives of 340." [Since the above was written, intelligence has been received that Dr. Thomson has died from cholera; also Dr. Reid, assistant staff-surgeon.—Ed. L.]

## THE CHOLERA.

RELATIVE to the progress of cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar-General for the week ending October 21st:—

Districts.	Elevation above water mark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	17
Central (St. Giles, &c.)	49 "	393,256	7
Western (Kensington, &c.)	28 "	376,427	26
Eastern (Shoreditch, &c.)	26 "	485,522	20
Southern (St. Saviour's, &c.)	6 "	616,635	93
Lambeth, &c.)			163

Of these 56 were below 15 years of age; 89 between 15 and 60; 18 above 60 years old. 78 persons are stated to have died from diarrhoea.

We find from the above that the mortality from the epidemic declines, but not so rapidly as in the same month of 1849. In three weeks of October in that year the deaths were 288, 110, and 41; in the last three weeks of the existing epidemic they have been 411, 249, and 163. The fatal cases of diarrhoea and dysentery were 102 and 106 in the first two weeks of the present month; last week they declined to 83. In comparing the returns from the five metropolitan divisions for the last two weeks, it appears that the improvement which they show is greatest on the north side of the river. Of the five northern districts cholera lingers most in Marylebone, though the mortality in it is not great. In the last two weeks the deaths in that district were 9 and 12; while in St. Pancras, with a larger population, there were only 3 last week, which occurred in Camden-town. Only one death occurred last week in Islington, and one in Hackney. Amongst the sub-districts on the south side of the river still haunted by the disease, are St. James, Bermondsey; the Kent-road sub-district; and St. Peter, Walworth.

In the present Report a table is given, embracing the Returns of an additional week, in which it is shown that 2353 deaths from cholera occurred in seven weeks in the 40,046 houses supplied with water from the Thames at Battersea, and 202 in the 26,107 supplied from the Thames at Thames Ditton.

We have received a copy of the reprint of Mr. Bodington's pamphlet, first published in 1831. From it it is clear that, twenty-three years ago, Mr. Bodington brought before the notice of the profession the utility of nitrous acid in particular, and of the mineral and vegetable acids generally, in the treatment of cholera. "In so far therefore as the author may have stated subsequently that the sulphuric acid was the particular drug used by him, he has been led into an unimportant error through defectiveness of memory. Still the principle remains quite unaffected by this mistake. He is at present engaged in an investigation into the influences of the mineral acid gases on foul and unwholesome atmospheres, which he trusts shortly to lay before the public."

We extract the following from a contemporary journal:—"According to our latest Arctic narratives, the cholera had made, and was making, frightful ravages amongst the Esquimaux. Now the Esquimaux are a wandering race, consequently their sewage cannot be bad; they live in a climate too cold for putrefactive fermentation, so the low-water level

cannot affect them; and the only water they can get must be absolutely and chemically pure, because it is obtained artificially from the fusion of blocks of ice. Then whence comes the cholera amongst the *Equipeaux*? As Brutus says, 'we pause for a reply.'

## HULL COUNTY COURT.

OCTOBER 12TH, 1854.

*(Before W. Raines, Esq., Judge, and a Jury.)*

## IMPORTANT CASE.—APOTHECARIES' COMPANY v. BROWNRIDGE.

MR. DEARLEY (instructed by Mr. J. J. Thorne) appeared for the Company, and Mr. Seymour, M.P., and Mr. Graham (instructed by Mr. Todd) for the defendant. This was an action brought by the Apothecaries' Company against Mr. Brownridge, a druggist in Mill-street, Hull, for having acted as an apothecary without a certificate. The penalty according to the Act was twenty pounds. Mr. Dearley having opened the case, and Mr. Seymour's objection as to twenty-one days' notice being required having been overruled by his Honour,

Mrs. ANN RUTHERFORD, wife of Thomas Rutherford, deposed that she had had a child, named John Rutherford, twelve months old. That on the 13th of February last, as the child was ill, and his complaint was, in her opinion, a cold in his teeth, she took him to the defendant, in Mill-street. When he saw the child, he said nothing as to what the complaint was. He gave her some medicine for him. She took him on several other occasions, but he got worse. The defendant said the child had a complaint that was prevalent, and that he was very ill, and he would look in and see him when he was passing. He called in twice. He saw him on both occasions, but he did not tell her to do anything, with reference to medicine, beyond saying that she was to fetch it. The child died on the 20th of February. A paper, signed by the defendant, was given to one of her neighbours, who was present. Witness paid him for the medicines when she got them.

Cross-examined.—Was only charged for the medicines when she took the child to the defendant. She said he had got a stuffing in the chest, and that he was not sufficiently ill to need a doctor. Asked for something to remove the stuffing, which was not serious enough to make her go to the expense of a doctor. The defendant gave her something, and said he would look in as he was passing by, and see the child, and she thanked him for his promise. Had had to get medicines from other druggists before, and the charges made by them were the same as those of the defendant. Mr. DEARLEY said, that it was admitted there was no consideration for the visits, beyond the sale of the medicines thereby, but the point was, the defendant had acted without a certificate.

Re-examined.—Other druggists did not come to visit her child at her house.

MARY WHARTON deposed that she resided at 15, Temperance-street. Was once present when the defendant visited the child. The certificate produced was the one she received, and which stated the cause of death to be inflammation of the lungs. She took it to the registrar's office, in Parliament-street, and registered the death there; did not get the child registered the same day. Went to the defendant to ask for the certificate.

In answer to his Honour, the clerk stated that the Act of Parliament said nothing about a certificate from a qualified person being required. There was a printed form for qualified practitioners, provided by the Registrar-General.

TAMAR GOULD, of 5, Success-place, Collier-street, deposed that, in August, 1853, she had two children, and one died on the 23rd November. Knew the defendant. One of the children had been ailing for some time, and when too ill to be taken to the defendant, he came to her house once or twice. After her confinement with the other child, in August twelve months, she took it in blankets to the defendant. Had got her medicine from him, and also from Mr. Lambert, another druggist. She produced a bill, but it contained no charge for attendance.

Mr. DEARLEY said he had eight or nine cases precisely the same as the others.

Mr. SEYMOUR said he would admit them, and they were therefore not gone into.

Mr. BIRCH, clerk to Mr. Thorne, produced a bill signed by J. Brownridge, which he got from his shop. Took it from the counter; there were two or three hundred lying there.

Cross-examined.—Went to defendant to serve the notice upon him. Was not asked to take the bill.

Mr. THOMAS HODGSON, printer's clerk, deposed that the bills were printed at their establishment for the defendant by

his order. The bills when printed would go to the defendant. The bills set forth the excellences of a stomach restorative, which he alleged never failed to cure a disordered stomach, and contained these words—"The above question is one which I have put to me by at least two-thirds of the numerous patients applying for advice."

Mr. SEYMOUR contended that there was no case to go to a jury, inasmuch as the defendant had not acted as an apothecary, either according to the Act of Parliament, or to the common acceptance of the term.

His Honour decided that there was a sufficient case to go to the jury, and

Mr. SEYMOUR accordingly proceeded to address the jury, arguing that his client had not violated the Act of Parliament, or done anything but what a chemist was entitled to do. It was said that Mr. Brownridge had visited the witness's children; but if he did not charge for his attendance, and if he did not charge for the making up of prescriptions, as an apothecary was entitled to do, he contended that he had the same right as any other man to visit another's house through kindly motives; and the learned Counsel called

Mr. JOHN GREEN, druggist, of Barton, who deposed that he was in business prior to the passing of the Act in 1815—perhaps for two years. Before that year he used to visit persons when required to do so, and he then acted, in fact, as an apothecary. He had continued so to act up to the present time.

Cross-examined.—There was a surgeon in those days, and two chemists in the town. Could not say that he charged for his attendance, and he thought he had a right to attend patients as well as surgeons had. Did not know whether it was usual to make charges for attendance.

Mr. LUNN, surgeon, was called by Mr. Dearley to state his opinion. He deposed that he had been in practice since 1803. Before 1815 it was not the business of the chemist, so far as he heard or knew, to visit patients. He did not believe it was the chemists' practice before 1815 to visit as apothecaries.

Cross-examined.—Did not recollect sending Mr. Wilkinson, chemist, a notice not to practise as an apothecary. Druggists were not, so far as he knew, in the habit of attending patients.

Mr. SEYMOUR having replied on this evidence—

Mr. DEARLEY replied on the whole case, commenting upon the conduct of the defendant in visiting his customers, which act was unfair, both to the other chemists and the medical profession.

His Honour then summed up, recapitulating the evidence, and telling the jury, that with respect to the printed bills taken by one of the witnesses, they must put them from their consideration, as what occurred with respect to them was after the present action had been commenced. The Legislature had he thought acted wisely in restricting unqualified persons from acting as surgeons or apothecaries; but whether the defendant's conduct exceeded these restrictions it would be for them to determine. If their verdict went against the defendant the penalty inflicted upon him would be £20.

Verdict for the plaintiffs. Penalty, £20.

## NURSES FOR THE LABOURING CLASSES.

THE following queries have been issued by a committee of the Epidemiological Society to the medical officers of the various union workhouses in England. As it is most desirable that the information sought for should be early obtained, we trust that the gentlemen addressed will return immediate answers.

I. Are you in the habit of obtaining nurses from the workhouse for the labouring classes in sickness?

II. If so, to what kind of persons are they sent, and how do they behave?

III. Do you often feel the want of a nurse amongst the labouring classes in times of epidemic and other sickness?

IV. Do you consider that material advantages would be gained (by the community at large as well as by the labouring population) by organizing a system by which nurses could be easily commanded, either gratuitously or at a low charge?

V. Would the labouring classes be likely to avail themselves of nurses, if the opportunity were offered?

VI. If a staff of nurses were provided in every union (either in connexion with, or apart from the workhouse) so as to be easily attainable by the poor, what results should you anticipate with regard to the arrest and prevention of disease; more particularly in regard to contagious and epidemic disorders?

VII. Would any pecuniary saving be likely to accrue to the ratepayers eventually?

VIII. If the able-bodied females residing in workhouses were extensively employed as out-door nurses, in what manner should they be controlled and supervised? How could they be best made to aid and follow the directions of the medical attendant?

IX. Could you find occupation for male nurses, as in cases of insanity and delirium?

X. Be good enough to add any practical suggestions in reference to the special scheme proposed in the statement of the committee; or to favour them with your views generally in regard to the question of providing nurses for the paupers and labouring population.

XI. What was the total number of patients receiving medical relief at their own houses during last year?

### Medical News.

UNIVERSITY OF ST. ANDREW'S.—List of gentlemen who had the degree of Doctor of Medicine conferred upon them October 20th, 1854:—

ANDREWS, JAMES, M.R.C.S. and L.A.C., London.  
 BAXTER, ROBERT WALMSLEY, M.R.C.S. and L.A.C., Kent.  
 BROWNE, JOSEPH, M.R.C.S., Royal Navy.  
 GARDEN, ALEXANDER, M.R.C.S., London.  
 MARCHANT, WILLIAM ROBERT F., M.R.C.S. and L.A.C., North Curry, Somerset.  
 MARSTON, JEFFERY ALLEN, M.R.C.S., Newcastle-on-Tyne.  
 MORGAN, MOSES, M.R.C.S., London.  
 PALMER, CHARLES, M.R.C.S. and L.A.C., Ormskirk, Lancashire.  
 PEARSE, JOHN SAMUEL, M.R.C.S. and L.A.C., Newcastle-on-Tyne.  
 PRATT, HENRY, M.R.C.S. and L.A.C., Montreal, Canada.  
 PURNELL, THOMAS, M.R.C.S. and L.A.C., Wells, Somerset.  
 ROSE, HENRY COOPER, M.R.C.S. and L.A.C., Teignmouth, Devon.  
 STEVENTON, WILLIAM, M.R.C.S. and L.A.C., Middlesex.  
 TREFFRY, RICHARD BARON, M.R.C.S. and L.A.C., Nottingham.  
 WARWICK, WILLIAM ROLLINSON, M.R.C.S. and L.A.C., Southend, Essex.

ROYAL POLYTECHNIC INSTITUTION.—On Thursday, the 19th inst., the Directors of the institution, in the liberal spirit which has always distinguished this peoples' school of instruction, devoted the receipts of the day for the benefit of the widows and orphans of the brave but unfortunate men who fell at the battle of the Alma. The appreciation of the public of this noble intention was shown by the attendance of nearly 1500 persons. The Earl of Shaftesbury made an excellent and appropriate speech on the occasion, after which a lecture "On the Munitions of War," was aptly enough given by J. H. Pepper, Esq. The lecture was intended to give a general idea of the nature of destructive agents, and also to explain why such enormous mechanical force is produced when gunpowder, gun-cotton, fulminating mercury, terchloride of nitrogen, teriodide of nitrogen, are fired, either by percussion or heat. Mr. Pepper first alluded to the discovery of gunpowder by Roger Bacon, about the middle of the thirteenth century; and stated, that although the honour of the discovery had been claimed for others, it certainly did appear that this learned monk and alchemist was original in his ideas and experiments, and therefore entitled to the position of author of one of the most important substances which have ever been discovered in alchemical or chemical laboratories. The lecturer then pointed out the chief characteristics of the three well-known ingredients, nitre, sulphur, and charcoal; and proved, by many brilliant experiments, that a mixture in which one of the ingredients was omitted, would be useless as a means of propelling a ball; and that even the careful mixture, by hand, of the whole number, did not make a gunpowder which could be supplied to a modern army, but that certain mechanical processes of grinding, pressing, granulating, and drying, must be carefully attended to, in order to obtain a mixture which would keep any reasonable time, and be ready to flash off as it were instantaneously into an enormous volume of gas on the application of flame. The consideration of the other explosive bodies was deferred to a future lecture, and Mr. Pepper concluded by classifying explosive bodies under three heads:—1. Explosions produced by the resolution of a compound body into its simple elements; the examples being terchloride and teriodide of nitrogen, peroxide of chlorine, &c.—2. Explosions caused by a fresh arrangement of the

elements of the solid, a species of internal double decomposition, as shown in gunpowder, gun-cotton, the fulminates, where the elements chiefly concerned in the expansive power—viz., nitrogen, carbon, and oxygen—at one moment solid, were changed to nitrogen, carbonic acid, and carbonic oxide.—3. Explosions caused by quick combustion, whereas the slow burning of the material could be made without an explosion. Examples, coal gas and air; sulphuret of carbon, fired *per se*, and then mixed successively with a volume of air, and a volume of deutoxide of nitrogen; and, finally, oxygen afforded a gradation of noises which could be appreciated by the old-fashioned degrees of positive, comparative, and superlative.

THE ARCTIC EXPEDITION: SIR JOHN FRANKLIN.—Dr. Rae, the Arctic traveller, has communicated some intelligence to the Admiralty which leaves no doubt, we fear, of the melancholy fate of Sir John Franklin and his crew, amongst whom were Assistant-surgeons H. D. S. Goodair, A. M'Donald, and J. S. Peddie. Dr. Rae says—"During my journey from Repulse Bay this spring over the ice, with the view of completing the survey of the west coast of Boothia, I then and subsequently obtained information, and purchased articles of the natives, which prove beyond a doubt that a portion (if not all) of the then survivors of Sir John Franklin's long-lost and ill-fated party perished of starvation in the spring of 1850, on the coast of America, a short distance west of a large stream, which, by the description given of it, can be no other than Back's Fish River. Amongst the articles purchased, (all of which are now in my possession,) which the Esquimaux found where the corpses of the 'white men' were discovered, are a small silver plate, with 'Sir John Franklin, K.C.B.' engraved upon it, several silver spoons and forks, with initials of the following officers—viz., Captain Crozier, Lieutenant G. Gore, Assistant-surgeon A. M'Donald, Assistant-surgeon J. S. Peddie, and Second master G. A. M'Bean."

APPOINTMENT.—At a meeting of the governors of the Royal Cornwall Infirmary, held on Monday last, Mr. Bassett was elected resident house-surgeon, vacant by the resignation of Mr. Ball, who has faithfully discharged that office for the long period of fifty-five years; and, at the same time, Mr. Henry Andrews and Mr. S. Michell were elected visiting surgeons, which appointments had become vacant by the resignations of Mr. Ball and Mr. Bassett.

THE METROPOLITAN FREE HOSPITAL.—There is a vacancy for a surgeon at the Metropolitan Free Hospital, Mr. Harvey Ludlow having resigned his office in order to join the army in the East.

FRENCH HONOURS TO MEDICAL MEN.—Our allies continue to heap rewards on all her medical officers who distinguish themselves in the East. From a paragraph in the *Moniteur*, it appears that MM. T. Marriou, head surgeon of the Black Sea squadron, and L. H. Beau, surgeon of the *Montebello*, have been promoted to the rank of officers in the Legion of Honour; and MM. P. A. Gourier, of the *Friedland*, A. Leroy de Méricourt, of the *Alger*; A. A. J. Bourgarel, of the *Valmy*; L. M. D. Pellegrin, of the *Magellan*; and P. M. G. Macé, of the *Ville de Paris*, have been named chevaliers of the same order, for the devotedness they displayed during the time the fleet was attacked by cholera.

KNIGHTHOOD OF DR. COOPER, OF HULL.—We are glad to have it in our power to record even an accidental honour conferred upon a member of our profession. By a fortuitous conjunction of events, a physician happening to be mayor of Hull, and the Queen happening to pass through that city, a physician has been raised to the dignity of knighthood. This may be all very well and proper. All we regret is, that it was the mayor, and not the physician, who was honoured. We nevertheless congratulate Dr. Cooper, being well assured that he is not less worthy of knighthood as physician than as mayor.

SALUBRITY OF BIRMINGHAM.—Allusion being often publicly made to the marked healthiness of this town, when compared with other populous localities in Great Britain, the following instructive letter, addressed by Dr. Evans, one of the physicians to the General Hospital of Birmingham, to Dr. Webster, and appended to his recent "Report on the Sanitary Condition of England during 1853," seems to explain this fact so satisfactorily, that it is now transferred to the pages of THE LANCET, for the information of those who may not have access to the original. In reply to the question, "What are the chief causes of the great salubrity of Birmingham, compared with other towns, especially on the coast?" Dr. Evans wrote to Dr. Webster as follows:—"1. The elevated situation of the town, which varies from 300 to nearly 500 feet

above the sea-level; its undulating surface; and the greater part of the town being built upon the new red sandstone and gravel. 2. The comparative exemption from filth and stagnant water, which are carried off by the porous nature of the soil and an excellent plan of sewerage; and adequate supply of good water. 3. The smaller density of its population, compared with other large towns, almost every family being provided with a separate house, and no instance of a cellar being used as a dwelling; its wide and well-ventilated streets. 4. That, with few exceptions, the processes employed in the manufactures are not injurious to health. 5. The almost invariable prosperity of trade for many years past, the remuneration for labour being adequate to supply the operatives with the necessities of life. 6. The great number and variety of trades and manufactures, affording extensive scope for the exercise of inventive and practical talent, by which the enterprising artisan is elevated *gradually* to advance himself to the state of a master, his success depending more upon industry, ingenuity, and skill, than the amount of capital at his disposal; hence the number of small firms, and the large proportion of inhabitants who are in easy or moderately affluent circumstances. I believe that this facility of self-advancement," adds Dr. Evans, "is one of the most remarkable features of this town; it operates powerfully as a stimulus to the acquirement of industrious, temperate, and provident habits; it accounts for the more equal distribution of wealth in Birmingham than in other large towns, and contributes greatly to the improvement of the sanitary, moral, and physical condition of its inhabitants."

**PUBLIC BATHS AND WASHHOUSES.**—An account showing the number of bathers and washers, and the receipts, at eleven establishments now open in London, and a few out of the many similar establishments in the country, in the quarter ended Michaelmas, 1854:—

Name of the Establishment.	Number of Bathers.	Number of Washers.	Total Receipts.
The Model, Whitechapel ...	56,986	9,008	£ 929 14 0
George-street, Euston-square	34,738	19,902	808 2 11
St. Martin-in-the-Fields.....	41,430	10,529	759 8 3
St. Marylebone .....	70,998	7,207	961 0 9
Westminster, St. Margaret, } and St. John .....	43,570	14,552	698 14 9
Greenwich .....	26,336	1,222	365 2 9
Westminster, St. James.....	44,972	9,740	694 11 8
Poplar .....	28,499	1,611	387 6 3
St. Giles and Bloomsbury ...	72,041	10,349	1,153 5 8
Lambeth .....	70,509	...	1,062 0 6
Bermondsey .....	47,226	1,140	591 0 0
Totals for London in three } months .....	537,305	85,260*	£ 8,410 7 6
Liverpool—			
Cornwallis-street.....	53,289	...	731 9 1
Paul-street .....	26,759	4,040	366 17 2
George's Pier Head.....	28,262	...	976 14 2
Frederick-street .....	...	2,923	54 8 4
Hull .....	23,651	1,032	226 19 9
Bristol .....	15,140	3,118	209 3 7
Preston .....	14,285	1,964	149 12 9
Birmingham.....	43,681	844	728 16 11
Maidstone .....	14,622	1,729	135 7 5

(Signed) GEORGE WOOLCOTT, Assist.-Sec.  
Secretary's Office, Buckingham-street, Adelphi, London.

**THE MEDICAL SCHOOL OF BORDEAUX.**—By a decree of the Emperor, dated October the 10th, the Preparatory School of Medicine and Pharmacy of Bordeaux has been reorganized. There are to be eight professors in chief, seven assistant professors, a chief of anatomical studies, a prosector, and a pharmaceutical and toxicological assistant. This decree follows upon a similar one, by which the Preparatory School of Lyons has been reorganized. It is in contemplation to extend like measures of reform to all the preparatory medical schools in succession.

**TESTIMONIAL TO DR. ARMSTRONG.**—The ship's company of the *Investigator* subscribed seventy guineas for their surgeon, Dr. Armstrong; and immediately on being paid off a deputation of ten of their number proceeded to the Ship hotel, and pre-

sented to him, in the presence of a number of his brother officers, a gold chronometer and gold chain, valued at seventy guineas, as a testimony of their sincere respect and affection during their five years' arduous service while discovering the North-west Passage. The gift was handed to Dr. Armstrong, with an appropriate address, signed by each man, which was answered by Dr. Armstrong in a neat and effective speech.

**THE CHOLERA AT BIDEFORD.**—The town of Bideford has been severely visited by the cholera, and it appears to have been most virulent in the dirtiest parts of the town. One of the medical men is said to have declared that there was to be found a cause either in choked drains, open sinks, deposits of filth, &c., for every case that has occurred. Disinfectants are freely used, and the streets have been fumigated with burning tar-barrels. In one week there were about forty persons attacked, and nineteen of them died. Houses of reception have been provided for those attacked, and every measure taken to abate the pestilence.

**FEMALE PAUPERS.**—A Parliamentary paper recently printed states that on the last day of the last week in the quarter ending at Lady-day, 1854, there were 21,673 aged and infirm women in the workhouses in England and Wales, and 13,893 able-bodied women. Of these latter, 5855 were of good character, 1904 of dissolute and abandoned character, and 3593 were mothers of illegitimate children, but were not of dissolute or abandoned habits.

**PREVALENCE OF INSANITY.**—It would be interesting to ascertain, even approximately, the amount of mental disease in India amongst Europeans and Eurasians. Although it has been generally believed, and in the main with justice, that southern nations are less subject to insanity than northern ones, it has been nevertheless the popular view that Europeans going to the tropics are especially liable to attacks of the nervous system. Both Copland and Prichard talk of the mania resulting from the effects of warm climates, and these views are embodied in the following extract from Oesterlen's recent "Manual of Hygiene":—"The powerful influence of hot climates on the nervous system is manifested by the production of the most varied nervous affections and mental maladies. In the East Indies, Ceylon, and other tropical countries, (especially amongst new arrivals,) paralysis of the limbs takes place with great rapidity; in others, weakness and even destruction of the memory and the mental powers supervene, reminding us of the fabled Armida's garden in Ariosto; and if, as is often the case in Europeans, there are superadded to this the at once debilitating and exciting influence of hot climates, sleeplessness, disappointed hope, regret at having left home, and nostalgia, the condition of excitable debility proceeds even further, and readily ends in incurable madness or in despair and suicide."—Dr. MACPHERSON'S *Report on Insanity amongst Europeans in Bengal*.

**OBITUARY.**—On the 5th inst., at Balaklava, near Sebastopol, of cholera, Dr. Alex. Rothney Reid, assistant staff-surgeon to the forces, aged 24.—On the 7th inst., Mr. Charles William Henry Howell, surgeon, Stratford, Essex.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCT. 21st.**—The deaths declined last week to 1321. In the ten weeks of the years 1844-53, corresponding to last week, the average number was 942, which, being raised in proportion to increase of population, becomes 1036. About 300 persons died last week more than could be estimated from the experience of former years at the middle of October.

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## TO CORRESPONDENTS.

*A Subscriber to the Eastern Dispensary of Bath.*—Disagreements between the medical officers of our public charities are always to be regretted. We have, therefore, perused with much pain the pamphlet published by Dr. Tunstall in defence of his conduct; not that we can come to the conclusion that he has acted in any way that calls for censure, but because it exhibits a state of feeling on the part of the medical officers of the Eastern Dispensary which should not exist amongst colleagues of a learned profession. The simple question appears to be this: Is there any rule of the dispensary on which the case of Henrietta Smith could be refused admittance? If not, and there appears nothing to show that such is the case, it appears that the real offenders against the charity are those gentlemen who refused attendance upon the woman on the receipt of the subscriber's orders. That Mrs. Smith was a "necessitous person," was clearly shown by the letter of Mr. Mason, and, as far as appears in evidence, entitled to receive the aid of the charity. Upon what just ground then is Dr. Tunstall called upon to resign his office? Anxious as we are for the strict observance of professional etiquette, we cannot see that in the present instance Dr. Tunstall has been the offender. It is to be regretted that there is not a Medical-Ethical Association in Bath, to which such cases could be referred. It would be a protection to the accused party, and would, in such an instance as the present, remove his case beyond personal influences, the exertion of which might result in a denial of justice.

*Yema.*—1. A good book.—2. No notice has been given of any such publication.—3. It has not been announced.

*Mr. W. B. Norcott* is thanked. The communication is most interesting and important. It will appear in our next.

*A. B.*—We are not acquainted with the facts. The information would be acceptable.

## TREATMENT OF CHOLERA BY ACIDS.

To the Editor of THE LANCET.

SIR,—Mr. Boddington and others are contending strongly for the honour of priority in the use of sulphuric acid for the cure of cholera. The profession generally must surely be aware that the practice is old. I have before me at this moment two books, one written by a Frenchman, though in Latin, the other by an Englishman, in which sulphuric acid is recommended for the cure of diarrhoea and cholera morbus. The name of the former author is Donatus Fontanous; the book was published so early as the year 1806. The name of the English author I do not know, the title-page being lost. The book is dedicated to Sir Lucas Poynter, Bart., Physician to his Majesty, &c. &c., so that the date of it is easily known; besides there is at the end an advertisement, announcing that Dr. Moore in Anatomy, Mr. Fife in Anatomical Demonstrations, Drs. Black and Hope in Chemistry, &c. &c., are the gentlemen occupying the respective professorships at the moment of its publication in Edinburgh.

In the English book I find the following on the treatment of diarrhoea:—"The first indication is when the disease arises from matter acting on the intestines, performed by—1st, emetics, &c.; 2nd, diluents and demulcents, &c.; 3rd, by absorbents, &c.; 4th, by acids, as ripe fruit, or acid of vitriol in a dilute state."

The same author, in his directions for the cure of cholera morbus, observes that "Elixir of vitriol in a teaspoonful, repeated as indicated, is reckoned by some physicians to be a specific here."

I find also on referring to an old favourite author of mine—Thomas—that he recommends ripe fruit and dilute sulphuric acid in diarrhoea when there is acie fermentation.

Now, I am at a loss to know on what grounds any man can pretend to originality in recommending, in the year 1851 or 1852, the employment of a remedy known in France 85 years ago, and probably in England just as long. But, Sir, this is not the first time I have found very honest men (no doubt) contending in your pages for laurels long ago earned and worn by others. A notable instance occurred lately about the employment of cinchona in certain malarial complaints, when two gentlemen carried on a smart correspondence in your journal, each claiming a superior title to the merit of a discovery which neither of them made.

Caius College, Cambridge, October, 1854.

R. W.

*Mr. Edmonds'* request shall receive attention.

*Questions.*—Though there may be some truth in the remarks sent for publication "verbatim," it would be an injustice to the Fellows of the Medical Society of London to publish criticisms on their proceedings by an anonymous correspondent.

*Mr. Blacklock (Dumfries)* is thanked for his enclosure. The obituary of Mr. Burnsie shall appear next week.

*Mr. James.*—The matter is to be brought before the Court of Queen's Bench. *A Candidate.*—The following are the regulations last issued:—

"No medical candidate who has not passed his examinations at the Royal College of Surgeons of London, Edinburgh, or Dublin, shall be eligible for the commission of assistant-surgeon; and he must have served as such on full pay five years before he shall be eligible for promotion to the rank of staff-surgeon of the second class."

"Staff-surgeons of the second class must have served ten years in the army on full pay before they shall be eligible for the next step of rank."

"A staff-surgeon of the first class must have served three years at home, or two years abroad in this rank, before he shall be eligible for promotion."

"A deputy inspector-general of hospitals must have served five years at home, or three years abroad in this rank, before he shall be eligible for promotion to the highest rank of inspector-general."

*E. F.*—It would appear the deaths were caused through starvation. An account of the melancholy fate of this expedition will be found at page 366.

*A Secretary.*—We could not give our opinion on the subject unless the whole of the particulars were placed before us.

*Junius.*—About thirty.

*Enquirer.*—No such name appears in the BRITISH MEDICAL DIRECTORY for 1854 as "Richard Henley," who stated he was a surgeon, at the Worship-street Police-court.

Dr. Joseph Williams presents his compliments to the Editor of THE LANCET, and informs him that he is not the Dr. Williams referred to in the "Notices to Correspondents" in a certain weekly publication.

*The Fate of Sir John Franklin.*—Just before going to press we have received a copy of Dr. Richard King's correspondence with the Admiralty and Colonial Boards. We have only space on this occasion to call attention to the interesting series of letters written by Dr. King. They show clearly that, had the advice of this experienced and energetic member of our profession been taken, the fate of the Franklin expedition would probably have been different.

*J. B.* (a Subscriber to THE LANCET).—The pay of a surgeon of militia is *Ms.* per day, with an allowance of *2s.* for horse, and *2s.* extra when on duty away from headquarters. There is also an allowance of *9d.* per mile for travelling expenses when engaged in examining volunteers at the appointed towns in the country. The Lord-Lieutenant nominates, and the Queen appoints.

## GUTTA-PERCHA COFFINS.

To the Editor of THE LANCET.

SIR,—It has been my painful duty during the last few days to conduct the obsequies of a near and most dear relative. Following the excellent example set by the Duke of Portland, we dispensed with the attendance of those ghastly undertakers, (the vendors of mourning are as bad,) and no hired mutes, with cloaks, plumes, hat-bands, and trumpery, were present to reveal in our distress; but we found it absolutely necessary to have a leaden coffin, and the noise of the plumbers and the scuffle occasioned by the weight were most harassing to our feelings. It has since occurred to me (and I venture to trouble you on the subject as the most proper medium in such a case) that an envelop of gutta-percha might be made for such purpose, which would answer all the purposes of lead, and would avoid at once the noise, expense, and mechanical difficulties occasioned by the use of it. If by this suggestion I can help to save any afflicted family from any portion of the annoyances and imposition with which they are visited on the occasion of a death, I shall consider that I have done good service. Your obedient servant,

Nottingham, October, 1854.

FRATER.

*"A Clergyman."*—The name of our correspondent was not required for publication, but merely as a guarantee of his good faith. The case to which he alludes we have also had brought under our notice by a member of the medical profession. The most objectionable work, which calls forth the just indignation of "A Clergyman," will shortly be noticed, as it deserves, in the pages of THE LANCET.

To the Editor of THE LANCET.

SIR,—May I beg the favour of your informing me, in your next number of THE LANCET, whether in any work or periodical there is a code of instruction for the guidance of clinical clerks in the drawing up of cases, or whether any of the metropolitan hospitals have printed instructions to that effect.

I have the honour to be, Sir, your obedient servant,

Infirmary, Newcastle-upon-Tyne, October, 1854. ANDREW BOLTON.

\* \* We would advise our correspondent to consult a work published by the Society of Medical Observation for ample suggestions as to the mode of recording cases.

*Mr. Dixon's* case, "On Delirium Tremens treated without Opium," shall be published.

## "CURES" FOR CHOLERA.

To the Editor of THE LANCET.

SIR,—Without comment, I ask you to publish the following "cures" for cholera. There may be many more, which at this hurried moment I do not recollect; but I am sure you will forgive me when I tell you I have suffered from the "sulphur explosion," which ought, by some means, to save Newcastle and Gateshead from cholera for ever.

S. E.

Acetic acid.	Castor oil.	Or gall.
Sulphuric acid.	Croton oil.	Pure gall.
Gallie acid.	Olive oil.	Yeast.
Nitric acid.	Camphor.	Injections into the veins.
Bismuth.	Colchicum.	Injections into the bowels.
Chalk.	Brandy.	Mustard blisters.
Crocote.	Salt.	Turpentine ditto.
Calomel.	Blue pill.	Brandy ditto.
Carbonate of soda.	Iodine.	Sand baths.
Chlorate of potash.	Magnesia.	Hot sheets.
Capicum.	Opium.	Cold ditto.
Cold water.	Sugar.	Tobacco injections.
Chloric ether.	Sulphur.	and
Chloroform.	Lead.	Thunder storms!!
Cajuput oil.	Eggs.	&c. &c.

Th. Banks of the Tyne, October, 1854.

The following articles, already in type, are unavoidably postponed:—*Mr. G. Allen*, (Bath), "On the Treatment of Cholera;" the conclusion of *Mr. Edmonds'* paper, "On the Laws of Mortality and Sickness of the Labouring Classes of England;" *Mr. Langley* "On the Treatment of Disease by Bloodletting;" and *Dr. Willshire's* "Memoranda relative to some Cerebral Affections of Children."

COMMUNICATIONS, LETTERS, &c., have been received from—*Dr. Marshall Hall*; *Dr. Robert Lee*; *Mr. Lonsdale*; *Mr. Erichsen*; *Mr. Edwards*; *Chirurgus*, (Bristol); *J. E.*; *Frater*, (Nottingham); *Mr. E. L. Dixon*, (Preston); *Mr. Sweetman*; *Dr. Tunstall*, (Bath); *W.*; *Abernethian*; *Causticus*; *A. Sander*; *Surgeon*; *R. N.*, (Baltic Fleet); *Nemo*; *Such is Life*; *Mr. Milton*; *Dr. Bell*, (Bloxfield, Norfolk); *Mr. Norcott*; *Dr. King*; *Mr. Bone*; *Mr. J. J. Thomson*; *A Clergyman*; *Dr. Day*, (St. Andrew's); *Mr. W. B. Diamond*; *Mr. R. T. Webb*; *Messrs. Wood*, (Manchester, with enclosure); *Mr. Woodgate*, (Bournemouth); *Mr. W. Birwhistle*, (Skipton); *Mr. A. Miller*, (Harrington); *Mr. R. Tweed*, (Nayland, with enclosure); *Dr. Williams*, (with enclosure); *Mr. J. J. Hansard*, (Oxford, with enclosure); *Dr. Mackinder*, (Gainsburgh, with enclosure); *A Subscriber to the Eastern Dispensary of Bath*; *Z. Y.*; *Mr. Edmonds*; *Mr. Andrew Bolton*, (Newcastle-upon-Tyne Infirmary); *Enquirer*; *A. B.*; *S. E.*; *Mr. James*; *R. W.*, (Caius College, Cambridge); *A Candidate*; *A Secretary*; *Junius*; *J. B.*, (a Subscriber to THE LANCET); *Mr. Blacklock*, (Dumfries); &c. &c.

## Purify Sick Rooms, and give comfort

to Patients and perfect Safety to Attendants.—The most offensive atmosphere is instantaneously purified, and the air impregnated with refreshing fragrance, by SAUNDERS' ANTI-MEPHITIC FLUID, prepared by J. T. Saunders, Perfumer, 315a, Oxford-street, Regent-circus. Sold by all Druggists and Perfumers. Price 1s.

## Drug Price Currents forwarded free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London Bridge, removed from Hatton-garden; containing the ready Cash Prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c. &c., to the advantages attendant upon the above Price Current.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible; also to his MEDICINAL EXTRACTS, prepared from the fresh plants (*Hyocyanus Niger*, *Conium Maculatum*, *Atrop*, *Belladonna*, *Cystodon Umbellatus*, &c.); also to his Liq. Tamariz, Liq. Gali Aparinis (a valuable alterative), Liq. Parietaris (diuretic), and Liq. Bala (prepared from the Egie Marmelos, or Indian Basil), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BARK on hand.

2, Edward-street, Portman-square.

## Mineral Waters.—W. Best begs to

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seiditz, Pullna, Ems, Seltzer, Fachingen, &c., at his Ems-Cologne, Arguebuzard, and Foreign Mineral Water Depot, 23a, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

## Aërated Waters of sufficient and

uniform strength. BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, having given great attention to the manufacture of Mineral Waters, and feeling it important that medical men should be assured of the quantity of Alkali contained in each kind, beg to submit the following list of their preparations:—

Potash Water, 18 grains of the Bicarbonate in each bottle; Citrate of Potash, (a new and valuable auxiliary in Gout and Rheumatic affections,) 30 grains; Soda, 15 grains; Magnesia, 12 grains, and Ammonia, 10 grains.

B. S. & B. would especially recommend their Seltzer and Vichy Waters; the latter now bottled in half-pints as well as pints.

BLAKE, SANDFORD, and BLAKE, 47, Piccadilly.

## HYGIENIC BATHS.

JENSEN'S TONIC

## DAPHNE MARINA SALT BATHS

When dissolved in a Cold, Tepid, or Warm Bath, imparts so eminently strengthening and beneficial properties to the same, that, when once tried, a Bath will scarcely ever be taken without it. In the buoyancy and freshness it produces in the system, it is far superior to any known Sea Bath.

Sold at 1s. per packet, by the Proprietor, G. MINTO, 103, Leadenhall-street, and 213a, Piccadilly, (near Regent-circus,) and by all Chemists, and Bathing Establishments.

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TO SURGEONS IN THE ARMY AND NAVY, AND OTHERS.

## A Complete Set of Surgical Instru-

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## Dr. Lever's Improved Elastic Utero-

ABDOMINAL BELT being constructed by Mr. H. Bigg, 29, Leicester-square, under the immediate suggestion of Dr. Lever, will be found to combine every advantage possible to obtain. It upholds the parietes of the abdomen, secures support to the uterus, and admits of the elastic force immediately above the pubes being increased by the patient after the Belt is applied.

To be had only of Mr. H. BIGG, 29, Leicester-square.

## Spinal Curvature.—Mr. H. Bigg, 29,

Leicester-square, particularly invites the attention of the Faculty to two new and distinct forms of SPINAL APPARATUS he has recently invented. The principle on which they are constructed, thoroughly supplants the "brute force" of the screw, yielding instead an elastic power analogous to muscular motion; it also encourages respiration, admits of the spine being moved in any direction, and possesses a weight so trifling as hardly to be felt by the wearer.—PATENTED.

To be had only of the Patentee, 29, Leicester-square.

## Treatment of Club Feet, Spinal

CURVATURE, &c., WITHOUT THE EMPLOYMENT OF THE SCREW.—MR. HEATHER BIGG, 29, Leicester-square, begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the feet and spine.

"The living structures do not with impunity tolerate the brute force of the screw." In any case in which the force of the screw is employed, unless for a very brief period, excoriation, sloughing, intolerable pain in the parts compressed will inevitably result. Dr. LITTLE, on "Deformities," pp. 34, 35.

Mr. H. Bigg has recently invented four distinct forms of Orthopaedic Instruments for Talipes Varus, T. Valgus, T. Equinus, Lateral Curvature, &c., in all of which the principle of muscular elasticity is simulated and the "brute force" of the screw ignored.—PATENTED.

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1/2 oz.	1 oz.	1 1/2 oz.	per Gross, 6s.
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APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BEEKLEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

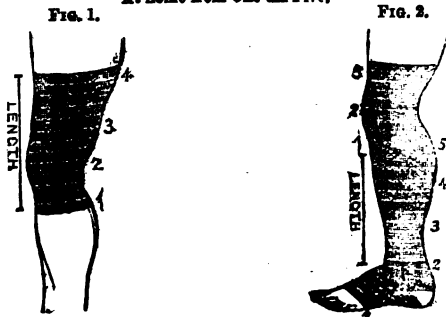


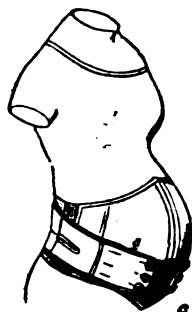
FIG. 1. THE THIGH AND KNEE-PHIOE.—Mr. Bourjeaud begs to state that these are combined to answer certain purposes of compression when cedema or distension of the thigh and knee exist together.

FIG. 2. SPIRAL STOCKING MADE TO FIT FROM THE TOES TO ABOVE THE KNEES.—This appliance is one of the most valuable, and gives such support to the whole limb that the venous blood is returned with great ease. Patients affected with varicose veins should generally resort to this stocking, which, like the other appliances, is made of varying compressing force to suit every shade of difference among patients. All the above spiral appliances may be put on with the greatest ease, as they will stretch to almost double the size, and the force is so managed that support is given without creating the least uneasiness.

**Water Filter for the Pocket, with**  
 DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.  
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**Anatomical and Dental Repository,**  
 45, Museum-street, Bloomsbury, London.—JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebra, and Loose Bones, at the lowest possible prices.

**Mr. Edwin Osborne, of 24, Savile-**  
 ROW, LONDON, the Sole Licensee and Maker of PALMER'S PATENT LEG, adapts this beautiful substitute to every form of amputation; and having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given, (if required.)

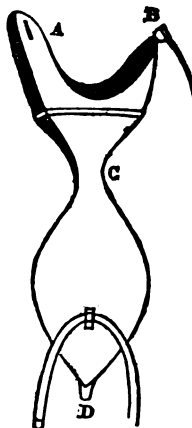


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ABDOMINAL BELT will be found, from its mechanical arrangement, (acting diagonally,) and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4oz. Price 18s.

Measures required.—Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the profession.  
 HUXLEY and CO., 8, Old Cavendish-street, late of 5, Vere-street, Oxford-street.



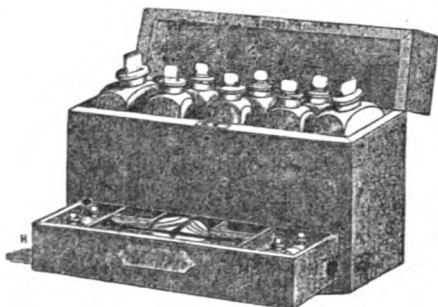
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F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

Manufacturer also of the PATENT HYDRO-STATIC TRUSS. One of the advantages of this Truss is, that the pad, being filled with water, adapts itself with perfect accuracy to the form of the body, thereby keeping up a firm but easy pressure on the internal ring.

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## John Harvey, Nephew and Successor

to the late Mr. ANDREW SPRINGWEILER, No. 2, Duke-street, Smithfield, London, Medicine Chest and Dressing Case Maker. Ship Medicine Chests according to Act of Parliament. Emigrant Chests, &c., for all Climates.

Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate.

J. H., in soliciting of the medical profession and the trade generally a continuance of the liberal patronage enjoyed for so long a period by his late uncle, begs to inform them that the firm of Springweiler and Thompson (which existed in name only) was dissolved nearly two years prior to Mr. Springweiler's death, and that J. H., as successor and executor of the deceased, continues to carry on the business at the premises occupied for so many years by Mr. Springweiler.

## New Spinal Support.—Fr. G. Ernst,

Lamb's Conduit-street, Foundling Hospital, begs to draw the attention of the Faculty to his recently-invented SPINAL APPARATUS, which, after some months of trial, has proved superior to any of the various kinds hitherto used, and produced the most satisfactory results. This appliance, being self-adjusting, free bodily motion is permitted; thus, while equal and necessary support is given to the wearer, all injurious or painful pressure is avoided, and a great amount of comfort and benefit consequently yielded. It can be modified so as to suit any FORM OF SPINAL DEFLECTION; its weight is comparatively trifling, and from its capacities for nice adaptation elicits no observation when on the body.

To be had only of the Inventor, 43, Lamb's Conduit-street.

TO THE MEDICAL PROFESSION.

## Fr. G. Ernst, Anatomical Machinist

and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF OF BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam EXNER (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

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AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

Eardiston House Worcestershire, March 1st, 1854.

SIR,—I am much pleased in being able to give you a justifying account of your Calorifere. Since I burn nothing but coke in it, the change has been quite surprising. I must say, that now I have a very high opinion of your machine, and find it a great comfort in my house, the cost of warming it was one shilling per day.

To J. Boilessve, Esq.

WM. SMITH. (Sir, Barrow.)

## Purification of Linen.—Prevention of

Disease.—J. BOILESSVE, 55, King William-street, City of London, solicits the attention of the nobility and gentry to his CALORIFERE, for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1853.

SIR,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) put up in the Laundry at Woburn Abbey in May, 1852, by Mr. Boilessve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy. I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

I am, Sir, your obedient servant,

J. Boilessve, Esq.

J. PALFREMAN, House Steward.

## Gold Chains and Jewellery.—

WATHERSTON and BROGDEN'S GOLD CHAINS, by troy weight, at realizable value, and the workmanship at wholesale manufacturers' prices.

EXAMPLE.

Intrinsic value of a chain of 15 carat gold, weighing 1½ oz.	... £3 10 7
Supposing the workmanship to be	... 2 0 0
Total	... 5 10 7

By this arrangement the public will see at a glance the proportion charged for labour compared with the *ballion* in a gold chain, and being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of jewellery, of the first quality, all made at their manufactory, 16, Henrietta-street, Covent-garden, London.

Established A.D. 1793.

## Patent Perambulators.

C. BURTON, Inventor, Patentee, and Sole Manufacturer to Her Majesty by appointment.



The distinguished patronage, the flattering encomiums, and the increasing demand, are sufficient proofs of the utility and excellence of these fashionable, safe, and elegant Carriages for adults, children, and invalids, propelled from behind by the slightest effort. Country and Shipping orders. Illustrated Circulars.

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CAUTION.—To avoid unprincipled and dangerous imitations, look for Burton's Label on each Carriage.

**Allsopp's Pale Ale in Bottle, as**  
supplied to the CRYSTAL PALACE; also in casks of 18 gallons  
Recommended by BARON LIEBIG.

Address, HARRINGTON PARKER and CO., 5½, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

WOOD & WATSON, 16, Clement's-lane, City.

**Soyer's Aromatic Mustard. — "M."**

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration. — THE LANCET.

Sole Agents: Messrs. CROSSE and BLACKWELL, 21, Soho-square, London.

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**PRESERVING HEALTH.**—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO'S HOMEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

**Cocoa of the finest quality, prepared**

in the best possible manner.—Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s. for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

## DOMESTIC ECONOMY

**H. Sparrow and Co. beg to announce**

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

**Pure as well as Fine Tea.—**

Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in THE LANCET, and also in THE TIMES, (October 6th, 1852.) The fact, therefore, is now familiar to most, that artificial colour is used to give the Spring crop and the spent Autumn gathering the same appearance. If this practice were discontinued, a twofold benefit would arise; first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by HORNIMAN and CO., London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the Spring product from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE Tea, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are REDUCED:—

Finest Congou, 3s. 8d. Finest Lapsang Souchong, 4s. and 4s. 8d.

Fine and Pure Green, 3s. 8d., 4s., and 4s. 8d.

HORNIMAN and CO., Wormwood-street, London, Importers of the most approved Teas in general use, but free from the objectionable artificial colour on the surface.

Agents in London, PURSELL, 80, Cornhill; and ELPHINSTONE, 227, Regent-street, and 366, Oxford-street.

Sold by authorized Firms in all Towns, in 1 lb., ½ lb., and ¼ lb. packages only.

**Cotyledon Umbilicus. — Epilepsy**

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 25th, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Insipiated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

Taraxacum (Davenport's Liqueur, or Fluid Extract, prepared by Spontaneous Insipiation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm; 5s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 83, Great Russell-street, Bloomsbury.

**Recherché Wines.—Sherry: A very**

fine Sherry, (Amontillado and Montilla.) Brown and Pale, for Cash, at 42s. per dozen; 421 per quarter-cask; 422 per hogshead; 424 per butt.

Port.—Very fine old dry Wine (Vintages 1827, 1830, 1832, 1834), lately imported: from the Wood at 43s., 64s., 63s., and 68s. per dozen.

First Class Champagne, (Ay, Avize, Pierry, Verzenay, and Sillery.) Sparkling and Still Moselle, Sparkling, Still, and Red Hocks, and Bordeaux Wines, at very moderate prices.

These Wines are patronized and recommended by several eminent Physicians, and are especially recommended to Connoisseurs. Samples and List of Prices forwarded on application.

H. H. HAMMICK, Importer, 11, Pall-mall, London, opposite the "Travellers' Club."

**Gas-heating Apparatus.—H. Mather**

begs to call attention to his GAS-COOKING STOVES, which will cook dinner for Twenty Persons at a cost of Fourpence.—Gas Gridirons Broiling and Boiling in Five minutes.—Small Stoves to Boil and Fry, which can be put anywhere, Eight Shillings each.—Gas Stoves for Operative Chemists, Jewellers, and all purposes where heat is required.—Manufactured on the premises at 76, GRAY'S-INN-LANE, LONDON.

N.B.—Gas-fitting done in all its branches.

**Ten Thousand Stoves.—The Tenth**

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DRAY, and CO., 46, King William-street, London-bridge, and may be obtained of most ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.

**The 16s. Trousers reduced to 14s.—**

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

**R. T. Pigram, Practical Tailor, and**

Inventor of the Indicator of the Human Figure, whereby a perfect fit is secured, respectfully invites the attention of the public to his mode of art, since none can doubt the importance of an easy and exact adjustment of wearing apparel. Superior Trousers at 17s. 6d. per pair.

R. T. PIGRAM, 51, Lamb's Conduit-street, Foundling Hospital.

**Overcoats, Capes, &c., at W. Berdoo's,**

98, New Bond-street, and 69, Cornhill, one of the largest stocks in London. Superior garments at reduced charges. Shooting Jackets. Berdoo's well-known Light Overcoat, for all seasons, (price 45s.) Ladies' Cloaks, Mantles, Habits, &c., all made thoroughly impervious to rain, without obstructing free ventilation, and without extra charge; or made to order at a day's notice.

TO THE NOBILITY, CLERGY, AND GENTRY.

**Walker Babb's Two-Guinea Coats,**

One-Guinea Trousers, and Half-Guinea Vests, made from Welsh, Scotch, and Irish Wools, in their pure state. Will stand any wear, and can be worn in any climate. For Fishing and Shooting nothing can equal them. The Black Tweed is well adapted for Clergymen's Riding Trousers. Waterproof Pocket Coats and Capes, Box Coats, Liveries, &c. &c.

DOYLEY'S SCOTCH WOOLLEN WAREHOUSE, 348, Strand, opposite Waterloo-bridge.

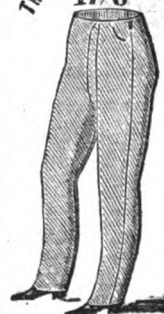
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receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

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the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, and every necessary information, may be obtained on application.

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Unequalled for superior style, fit, quality, perfect ease, and gracefulness, so requisite for gentlemanly appearance, and so rarely obtained.

Patterns sent free on application.

SAMUEL BROTHERS' Stock of OVERCOATS

for the present Season is worthy of your inspection.



**Christian Medical Association.—An**

Address is proposed to be delivered, in connexion with this Association, in the Lower Hall, Exeter Hall, Strand, on Friday, November 10th, at Eight p.m., by R. D. GRAINGER, Esq., F.R.S., Lecturer on Anatomy, &c. C. J. B. WILLIAMS, M.D., F.R.S., in the Chair.

The attendance of all Medical Students is specially invited. They will be admitted on exhibiting their entrance card to Hospital Practice, or to any of the Courses of Lectures delivered in the Medical Schools. Practitioners desirous of attending, are requested to present their private cards at the door

S. O. HARRISON, M.D., } Hon. Secs.  
CHARLES H. MOORE. }

EAST INDIA HOUSE, Aug. 9th, 1854, and Oct. 4th, 1854.

**Notice is hereby given, that the**

ANNEXED CODE OF REGULATIONS for the ADMISSION of CANDIDATES at the First Examination, to be held in January next, for the APPOINTMENT of ASSISTANT-SURGEONS in the service of the EAST INDIA COMPANY, has been framed by the Board of Commissioners for the affairs of India, under the provisions of the Act 16 and 17 Vic., cap. 95, sec. 38.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEONS IN THE SERVICE OF THE EAST INDIA COMPANY.

All natural-born subjects of her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons. They must, however, be between 22 and 28 years of age, and of sound bodily health.

They must subscribe and send in to Dr. Scott, the Physician to the Hon. East India Company, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 and 6 Wm. IV., c. 63.

2. A diploma in surgery, or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree.

3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing at least on an average one hundred in-patients, or of having attended one course of lectures of six months on the practice of physic, and clinical instruction for twelve months.

4. A certificate of having attended for three months the practical instruction given at one of the public asylums for the treatment of the insane.

5. A certificate of having attended for three months one of the institutions, or wards of a hospital especially devoted to the treatment of ophthalmic diseases.

6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.

7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination to be held in January, 1855.

The examination will include the following subjects:—

1. Surgery in all its departments.  
2. Medicine, including the Diseases of Women and Children, Therapeutics, Pharmacy, and Hygiene.  
3. Anatomy and Physiology, including Comparative Anatomy.  
4. Natural History, including Botany and Zoology.

The examination will be conducted:—

1. By means of written questions and answers.  
2. By object examinations and experiments, when the subject admits of such tests.  
3. By practical examination at the bedside of the patient, and by dissections and operations on the dead body.  
4. By vivâ voce examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as assistant-surgeons in the East India Company's Service.

All assistant-surgeons are required to subscribe to the Military or Medical, and Medical-retiring Funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information if needed.

N.B. The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

JAMES C. MELVILLE, Secretary.

NOTE, Oct. 4th, 1854.—Candidates who may not have been able to attend the practice of an asylum for the insane, or of an ophthalmic hospital for three months previous to offering themselves for examination in January, 1855, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India.

The Board of Examiners of candidates for the appointments of assistant-surgeons in the East India Company's Service give notice, that on the 9th of January, 1855, they will hold examinations at the East India House for the selection of assistant-surgeons. The selection will be made according to merit, and it is expected that about thirty appointments will be awarded.

J. D. DICKINSON, Deputy-Secretary.

**Harveian Society. — The Annual**

Address, at the opening of the Session, will be delivered at the Society's Rooms, 64, Edgware-road, on THURSDAY, NOVEMBER 2nd, at Eight p.m., by the President, W. COULSON, Esq.

**Mr. G. Hind, F.R.C.S., resumed his**

DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.

Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

**Classics and Mathematics. — A**

Graduate in Honours of Oxford, who has successfully prepared a great number of Gentlemen for the different Medical Examinations, continues to prepare them, in a short time, for the Hall, Fellowships, Matriculations, &c. References kindly permitted to Dr. Power, and many old Pupils.—Address A. H., Somerset House Chambers, 151, Strand.

**House Apothecary wanted imme-**

diately for the LANCASTER DISPENSARY and HOUSE of RECOVERY. Salary, £90 per annum; with apartments, coals, and gas. Applications, with testimonials of professional and moral character, must be sent in, addressed to the President at the Institution. The Gentleman elected will have to enter on his duties immediately after his election.  
Lancaster, October 26th, 1854.

**School for the Sons of Medical Men,**

CLERGYMEN, OFFICERS OF HER MAJESTY'S ARMY, NAVY, AND CIVIL SERVICE, &c.

ST. JOHN'S FOUNDATION-SCHOOL, Greville-mount House, Kilburn, London.

Head Master.—The Rev. Anthony F. Thomson, B.A. Lincoln College, Oxford, (eldest surviving son of the late Dr. Anthony Todd Thomson, of University College.)

Mathematics.—Gowan Evans, Esq., M.A. Lincoln College, Oxford.

German.—U. Green, Esq., (Nieuwied College, Coblenz.)

French.—Hy. Poitavin, Esq., (Paris.)

Music.—Dr. Charles Steggall, Trinity College, Cambridge; Professor of the Royal Academy of Music, London.

The system of this School is particularly adapted to prepare Boys for the Medical Profession, the Army, whether Line or Artillery, the Navy, and Civil Service.

The Terms are moderate and inclusive. The House is new, and has been built with a special view to its purpose, at a cost of over £2500. It is situated on high ground, in the most healthy and beautiful position in the north of London.

A Prospectus, with full details, may be had on application to the Head Master, at the School.

**Resignation of Mr. Wakley, late**

Official Assignee at Newcastle-upon-Tyne.—The following is a copy of a letter addressed by the Newcastle and Gateshead Law Society to Mr. WAKLEY, late Official Assignee in the District Court of Bankruptcy, and Mr. WAKLEY's acknowledgment of the compliment it conveys:—

Newcastle-upon-Tyne, Sept. 29th, 1854.

DEAR SIR.—It is with extreme concern the undersigned solicitors practising here have learnt that the state of your health has compelled you to resign your appointment as one of the official assignees of the Court of Bankruptcy for this district.

We cannot allow you to retire from the office you have so long and so ably filled without expressing our high sense of your official and private character.

In your public capacity, by the very efficient and courteous manner in which you have performed the arduous duties confided to you, and carried out under a new system the complex operations of an important branch of commercial jurisprudence, you have won golden opinions from all classes of the community, and it may be satisfactory to you in your retirement to be assured that the loss of your services is deeply felt and universally regretted. To those of us who have had the pleasure of your friendship, your withdrawal from our social circle will be more sincerely felt than even the deprivation of your official services, and we beg you to accept this parting expression of our personal regard.

In the hope that your health will be soon restored, and that in your retirement from active life you will enjoy many years of uninterrupted happiness in the bosom of your family, and with our united good wishes,

We beg to subscribe ourselves, yours very sincerely,

Signed by the President and Officers of the Newcastle-upon-Tyne and Gateshead Law Society, and by fifty-six Solicitors practising in these towns.

To James Wakley, Esq., Corrie, Devon.

Corrie, Honiton, Oct. 10th, 1855.

GENTLEMEN.—I have the honour to acknowledge the receipt of your valudictory address from the Solicitors of Newcastle-upon-Tyne and Gateshead, and I beg you will assure them that I feel most deeply sensible of this very flattering testimony of kind approval from so highly important a public body.

Throughout my official career nothing has afforded me more unmingled satisfaction than the unvarying good understanding which I have been enabled, through their great courtesy and kindness, to sustain at all times when called into communication with the members of the legal profession of Newcastle and its district.

In lamenting my removal from Newcastle, I beg to assure you that so long as it may please God to spare my life, it will constitute one of my greatest consolations to cherish the grateful remembrance of the kind acts, the friendship and the worth of the many valued friends I have left behind, and who have now so augmented my already deep obligations by the distinguished honour with which they have been pleased to mark my retirement from the appointment of Official Assignee.

In taking my regretful leave of you collectively and individually, I beg to return you my unbounded and most grateful thanks; and reciprocating to all and each of you every kind expression of goodwill and most cordial wishes for your happiness and welfare.

I beg to subscribe myself, Gentlemen,

Your obliged servant and friend,

JAMES WAKLEY.



**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS.

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.

Office hours from 12 till 4.

**Medical Patent.—Partnership.—**

To be SOLD, price £500 each, FOUR SIXTEENTHS of a valuable PATENT, in daily use by the Profession. A preference given to Medical Men, to whom the undertaking would be perfectly legitimate. Ten per Cent. per Annum will be guaranteed as a minimum return; but as, during the nine months it has been worked, a profit at the rate of Twenty-four has been realized, most lucrative results may reasonably be anticipated.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

**Any length of Introduction can be**

given by the present Incumbent, who is retiring from General Practice, to an old-established Connexion, situated near St. Bartholomew's Hospital, and yielding through a Retail about £400 per annum. Price, with Stock and Fittings, £300; half payable by instalments.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,**

LINCOLN'S INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

**Dispenser.—Wanted, by a General**

Practitioner in the Country, an Out-door ASSISTANT, to dispense and attend to the general duties of a Surgery. Salary, £70 a year.—Apply, personally or by letter, to Medicus, Post-office, Hitchin, Herts.

**Wanted, a Visiting and Dispensing**

ASSISTANT, in a large general Practice where there is every facility for acquiring a thorough practical knowledge of the profession. A qualified gentleman preferred.—Apply to Dr. Mackinder, Gainsborough.

**The moiety (£300 per annum) of a**

highly respectable PRACTICE in the CITY, to be SOLD for one year and a half's purchase, with Succession to the whole after a stated period.—Apply, by letter, to D. G., at Mr. Wyman's, 122, Fore-street, Cripplegate.

**Wanted, by a Medical Man, in a**

General Practice in the Country, a Qualified ASSISTANT, to Dispense, Visit, and attend Midwifery.—Address, M. N., Post-office, Elstree-hill, near London.

MEDICAL.

**An M.R.C.S.L. wishes for an Engage-**

ment as Out-door ASSISTANT in an extensive Practice. The most satisfactory references can be afforded.—Address, Medicus, London Hospital, Mile End-road.

TO STUDENTS IN MEDICINE.

**A Hospital Physician and Lecturer,**

residing at the West-end of London, will receive into his family a PUPIL. Unusual advantages are offered. Terms moderate.—Address, T. Z., THE LANCET Office, 423, Strand.

**To be Disposed of, a most desirable**

and increasing PRACTICE in the City; present receipts, £300 per annum. The terms of purchase may be arranged to suit the convenience of a successor, but the command of £500 will be essential.—Address, M. C., Messrs. Sangster and Roberts, Solicitors, 31, St. Swithin's-lane.

MEDICAL.

**Wanted immediately, by a Practi-**

tioner in the Country, an ASSISTANT, fully qualified.—Apply personally, or by letter addressed T. S., stating age and salary required, to the care of Messrs. Westwoods and Hopkins, Wholesale Druggists, 16, Newgate-street, London.

MEDICAL.

**Wanted to Purchase immediately,**

by a Member of the London College and Hall, (married,) a PRACTICE or PARTNERSHIP in the Country, (a good Town preferred,) the income to be from £400 to £800 per annum.—Address, in the first instance, Medicus, Messrs. Milner and Cowdery, Wholesale Druggists, Paternoster-row.

**Medical Practice to be Disposed of**

in a large provincial town; business doing from £300 to £400 per annum. An appointment worth £80 per annum. As the Proprietor wishes to leave before Christmas, £250 down will be taken, to include horse, chaise, harness, surgery fixtures, and stock.—Address, W. W., THE LANCET Office, 423, Strand.

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30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RESIGN, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

MEDICAL.—TO ASSISTANTS AND PRACTITIONERS.

**A Gentleman, retiring from the**

active duties of his Profession, wishes to meet with a SUCCESSOR. His Practice returned last year upwards of £400. The Premium to be paid by £50 yearly instalments out of the proceeds of the Practice, the first payment being made upon taking possession.—Address, A. B. C., care of Mrs. Wilson, No. 3, Newcastle-place, Mile End-road.

TO CHEMISTS AND DRUGGISTS.

**To be Sold, the Lease and Goodwill**

of an old-established BUSINESS, in a leading thoroughfare at the West-end of town. The House is in excellent order, and the upper part has been occupied by the same gentleman for many years. The sum required will be about £1500. It is requested that principals only, or their solicitors, will reply to this advertisement.—Apply, post-paid, to H. B., Mr. James Boylston, Carey-street, Lincoln's-Inn.

TO PHYSICIANS.

**In consequence of an M.D. being**

under orders to proceed on military service to the East, his PRACTICE as above is for immediate Disposal. To a gentleman of manners and education, with sound bed-side knowledge of Medicine, this opening would prove advantageous in every way.—Address, for negotiation, C. P., Shipton, Marlborough.

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consequence of the death of the Principal, a MEDICAL PRACTICE, at Wilmalow, near Alderley, in Cheshire, twelve miles from Manchester. A union contract and a Forester's Society connected with it. The above has been carried on successfully for several years.—Application to be made to E. Mayson, Wilmalow, or to Richard Wilkinson, 6, Corporation-street, Manchester.

TO SURGEONS ABOUT TO COMMENCE PRACTICE IN LONDON.

**A Chemist's Business for Disposal in**

the West-end, near Cavendish-square, and consisting of an extensive Prescribing and General Retail trade. Not one open Surgeon's Shop in the neighbourhood, and one is much required. Stock of Drugs large and select. House in thorough repair. Rent moderate. Sum required, £300.—Apply to Mr. N. Jacobson, 37, Walbrook, Mansion-house.

MEDICAL.

**A Gentleman wishes for an Assistant-**

ship, about the 17th of November, in a good part of London or a suburb, in a Practice quite private and select, where his chief duties would be moderate Dispensing and Book-keeping, and where occasional Visiting, or attendance in a Labour, in the absence of the Principal, might be required. The Advertiser was formerly a Student of King's College, London. Since then, he has been an Assistant, and during eight years at one post. He is very desirous of a gentlemanly home, (where he might remain about two years,) rather than of much salary.—Address, A. B., Post-office, Colchester, Essex.

**To be Disposed of, in consequence of**

the continued indisposition of the proprietor, Mr. Elijah Fring, the Good-will, Stock, Fittings, &c., of that well-known establishment, the MEDICAL HALL, No. 30, Westmoreland-street, Dublin, (established in 1821,) now in full working order, and to which a highly respectable and numerous connexion is attached. The business, until disposed of, will be carried on as usual. The fullest information can be had of Messrs. Herring and Co., 40, Aldersgate-street, London; of Mr. Graham, No. 12, Cope-street, Dublin; and of Messrs. Grattan and Co., Belfast; or at the premises.—16th September, 1854.

**Buxton Baths.—St. Ann's Hotel.—**

The Reduced Charges for the Winter will commence on the 1st of November. Conducted by Mrs. HARRISON.

N.B. The New Baths are kept open as usual during the Winter Months.

TO PROFESSORS OF ANATOMY, STUDENTS, &c.

**Dr. Kahn continues to execute every**

description of ANATOMICAL and PATHOLOGICAL WORK MODELY.

For a List of Prices apply at 222, Piccadilly.

DR. KAHN'S ANATOMICAL MUSEUM is open Daily, from Eleven till Five, and from Seven till Ten. Admission, One Shilling. Lectures, as usual, by Dr. SUTTON, F.R.G.S., and F.E.S.

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1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Rules, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUTEBURY, 12, John-street, Adelphi, London.

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\* \* Mr. Churchill is happy to announce this additional volume to his Manuals, and believes it will be found fully to sustain the high reputation which the Series has attained.

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"I am, dear Sir, yours faithfully,

JOHN GAY, F.R.C.S.

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction.

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## LETTSONIAN LECTURES

## On Surgery.

DELIVERED BEFORE THE FELLOWS OF THE  
MEDICAL SOCIETY OF LONDON,

DURING THE SESSION 1853-54.

By JOHN BISHOP, Esq., F.R.S.

## LECTURE I.

DISEASES OF THE BONES.

(Concluded from p. 328.)

WE now come to the consideration of those forms of softening of the bones which are attended with organic changes in their structure, and accompanied with great constitutional derangements. There are two forms of disease attended with softening of the bones—namely, rachitis and mollities ossium. Rickets is a disease affecting children at an early age, most commonly occurring between the first, or second and sixth years. It interferes with the development of the osseous fabric, and generally occasions a disproportion in the relative dimensions of the several bones of the skeleton. According to Guérin, this disease is more common in the female than in the male sex. Out of 346 cases, 198 were females, and 148 males; of these, 176 were attacked in the second year of their age. The actual degrees of retardation in the dimensions of most of the segments of the skeleton have been measured by both Guérin and Mr. Alexander Shaw, and they both agree that the retardation is greatest in the lower extremities.

In most cases the bones of the lower extremities are first attacked, the disease then extends to the pelvis, from thence to the rest of the trunk, and, finally, pervades the whole of the skeleton. More frequently, however, the disease is confined to certain bones, and the rest of the skeleton remains comparatively free. When the disease is of a mild description, the lower extremities and the metacarpal bones are those chiefly affected; the texture of the bones affected becomes sensibly changed, the Haversian canals and cells are enlarged, the cells of the spongy bone and the medullary canals become distended, and their walls are broken down and contribute to the formation of larger cavities. In process of time, the medullary cavities are expanded to enlarged areas, and the bones become soft and easily broken. According to Rokitsansky, a pale yellowish-red jelly is effused into the canals, cells, and medullary cavities, and also penetrates beneath the periosteum. The inorganic constituents of the bones partially disappear, and the bone is reduced almost to its organic elements. The bone corpuscles are found empty, and their canaliculi disappear. In the lamellar structure, the lamellæ become partially obliterated, and between the remaining layers their vacant places may be easily seen under the microscope, the cavities being occupied only with occasional corpuscles which have fallen asunder. The bones in rickets become highly vascular, and the vessels gorged with blood, which is of a darker colour than natural. The periosteum also is more vascular than natural, and turbid; and it adheres to the bone so firmly that it cannot be torn from its surface without bringing away with it also a layer of the expanded spongy tissue. There is always found a considerable reduction of the inorganic constituents of the bones, as may be seen in the chemical relations in the table\*, so that the bones are become soft and pliable, and have not sufficient strength to resist the action of the muscles. The tibia and fibula give way under the weight of the body, and curve in different planes; this is commonly the mechanical effect even in the milder cases of this disease; but in the more aggravated forms the pelvis is contracted, the vertebral column and ribs are distorted, and the figure of the thorax is what is called pigeon-breasted. The disorganization of the bones most affected is so great that they never entirely recover their normal texture; but they may, however, in some degree recover their texture and form by the reabsorption of matter

diffused into their cavities, and by the subsidence of the swelling of the bone; or the cure may be otherwise effected by the matter in the bones becoming firm, increasing in hardness, and at last ossifying. In the latter case, the bones remain hypertrophied, and become exceedingly dense and hard; the Haversian canals are contracted chiefly on the concave side of the curves, and the bones at these parts become not only hard, but elastic. It is at this juncture that the bones should be brought into their normal position—that is, before they become hard and elastic; otherwise they remain distorted through life, for the reasons that have been already explained. It might be easily supposed that a disease which produces such destructive changes in the osseous system cannot exist without great constitutional derangement. The pain, however, is not so great as might be expected from the degree of mischief inflicted.

According to Guérin, the time occupied in the incubation of rickets is about six months, during which a marked train of deranged action manifests itself. Many of these actions are common to other diseases; but some are peculiar, and determine the specific character of the complaint. The most ordinary symptoms are—gastro-intestinal irritation, accompanied with diarrhoea, enlarged abdomen, nocturnal sweats, mental depression, irritability of temper, weakness and emaciation of the muscular system, low febrile irritation, swellings of the bones of the extremities; the urine is loaded with the earthy phosphates; the countenance is pale; the face is attenuated, giving the appearance of increased age; the eyelids are usually wide open, the eyes brilliant, and with a lively expression; the nostrils are dilated; the lips kept apart; the skin is generally pale, and in some parts of a violet hue; the respiratory and circulating movements are accelerated; the appetite is feeble, and the digestion difficult. Such is the catalogue of constitutional derangements which accompany the organic changes in the bones already described.

The medical treatment of rickets is a subject of great interest, and it requires all the talents of the pathologist, and great tact in therapeutics, to arrest the progress of the disease, and bring the case to a successful issue; but with judicious treatment this complaint does not usually terminate fatally.

The other form of softening of the bones—namely, osteomalacia, or mollities ossium—occurs at an adult period of life, and frequently at very advanced age. This disease differs from rickets with respect to the effects produced on the bones, and also (according to the present state of our knowledge) with regard to the susceptibility of cure. It is also, fortunately, compared with the frequency of rickets, a very rare disease. It attacks chiefly the bones of the trunk, leaving the rest of the skeleton comparatively free, and happens to invalids already bed-ridden, which circumstance tends to give rise to the distortions peculiar to this complaint. When the bones of the extremities or of the skull are affected, they do not suffer so much as the trunk. It occurs more frequently in the female than in the male sex, and is often associated with cancer.

The effect of this disease on the bones is of the most fatal character, and, besides being malignant, it is very painful. The change in the bones first commences in the laminae, which increase in size; and the bones around them become more transparent, and finally, several laminae unite and form one cavity. However, this cavity does not long remain empty, but (according to Professor Quekett) becomes filled up with a kind of soft adipose tissue, so that the bones are found attenuated, and full of fat. From this latter ultimate condition, the disease has been classed with those of fatty degenerations. In other cases, the absorption of the earthy matter is so great that the bones are reduced almost to their cartilaginous state; they become flexible and often brittle, and may be easily cut with a knife.

Proportions of Inorganic and Organic Constituents  
in Osteo-malacia.

(By BOGNER.)

	Scapula.	Radius.	Femur.
Inorganic ... ..	34.15	36.58	30.23
Organic ... ..	65.85	63.42	69.77

(By VON BIBRA.)

	Man, aged 60.	Woman, aged 75.	Woman, aged 83.
	Vertebra.	Vertebra.	Costa.
Inorganic ... ..	20.25	20.10	38.66
Organic ... ..	79.75	79.90	61.34

\* Proportions of the Inorganic and Organic Constituents in Rachitis, by Hagerty and Von Bibra.

	Scapula and Humerus.	Ulna.
Inorganic ... ..	18.98	58.70
Organic ... ..	81.12	41.30

Independently of the substitution of fat for osseous tissue, in mollities ossium, there are sometimes found imbedded in the deposit peculiar nucleated cells, which are probably malignant. The distortion of the skeleton in these cases often becomes of the most irremediable and frightful description. The pathological state of the body that produces these effects on the bones does not appear to have been very accurately described, or even investigated; but the case detailed by Dr. Benoe Jones shows that the kidneys secreted a large amount of the earthy phosphates, together with 66·97 in 1000 parts of a peculiar substance, which was found by ultimate analysis to consist of a hydrated deuteroxide of albumen; and hence Dr. Jones concludes that, as far as the albumen is concerned, each ounce of urine was equivalent to an ounce of blood lost. On examination after death, the kidneys were found healthy, nor could any structural derangement be discovered by the microscope. Dr. Jones recommends that this substance should be again sought for in acute cases of mollities ossium; and also if chlorine be present in the urine, of which there was a suspicion in this case, as he thinks that it might lead not only to the explanation of the formation of the albuminous substance, but also to the comprehension of the nature of the disease by which the bones are thus affected. Lehmann imagines that the deposition of fat in the bones is an effort of the *vis medicatrix nature* to impart some matter to supply the place of that which has been removed by the disease.

In the case examined by Dalrymple, he states that the quantity of matter deposited in the lumbar vertebrae was not equal to that removed by absorption, and that the thickness of the bodies scarcely exceeded that of the inter-vertebral substance; and these vertebrae had lost nearly one-third of their normal bulk. It would appear from the morbid anatomy of the specimens of the bones affected with this disease preserved in this country, and from the researches of Rokitsansky, that the deposition of fat in the bones is most common in England, and the degeneration of the bones to a cartilaginous state in France and Germany; and that, while the disease in the former country affects chiefly the extremities, in the latter it may affect the whole or any part of the skeleton.

The next subject to which I propose to engage your attention, is that of ulceration of bone. We find that the substance of bones, like that of the soft parts, is liable to ulcerate, and this, indeed, is a very common form of disease to which the osseous system is liable. The most familiar example of ulceration of bone is that of caries. This may follow from a simple inflammatory state of the osseous tissues, arising from blows or shocks of the system, but it is more frequently the result of some taint of the constitution, such as scrofula, or syphilis. Sometimes caries is associated with morbid growths of a malignant character, such as tubercle or cancer. Caries is most commonly situated at the surface of bones, and attacks the compact tissue; but at other times it commences in the interior of the bone, and in the medullary portion. It may affect only a small portion of a bone, or the whole extent, such as the bodies of one or several of the vertebrae, or the tarsal or carpal bones, or that of a whole finger or toe. It sometimes presents a circumscribed spot on the shaft of a long bone, or on the superficies of the bones of the head; in fact, there are no bones in the skeleton exempt from liability to the attacks of caries. The bones, in a state of ulceration, present many different aspects, depending on the cause and the state of the constitution under which it is produced; and the treatment must be governed in a great measure by the constitutional affection which gives origin to the disease, as it is apparent that in syphilis and in scrofulous affections the treatment will correspond accordingly. When the caries is seated in the compact tissue, the bone is found covered with an ichor, and presents a rough and irregular surface; this aspect is produced by the unequal action of the disease on the parts affected; the Haversian canals become enlarged, and the surrounding parts disorganized and infiltrated with ichor; granulations of a spongy texture, which easily bleed, are generated from them; these granulations advance outwards on the rough surface of the bone, and internally they, in a greater or less extent, fill up the expanded Haversian canals. The bone in these cases becomes porous and discoloured, presenting various tints of red, from the colour of the granulations. When the cancellous tissue is the seat of the affection, the bone becomes of a red colour, soft, and brittle, or it may be easily cut with a knife, or yield to the pressure of the finger, and finally the bone becomes swollen, especially when the spongy bone is implicated, in consequence of the walls giving way to the pressure within. In the carious state of the internal portion of the bone, during the inflammation of the Haversian canals, a sanious product is effused, which causes a partial solution and loss of the osseous

tissue; the canals are enlarged in every direction, and become filled with secreted matter, which, according to Delpsch and several others, is composed of a peculiar fatty matter; but, according to Mouret, the gelatinous portion does not disappear, and this seems to be confirmed by chemical analysis.

*Proportions of Inorganic and Organic Constituents in Caries.*  
(VALENTIN.)

	Age 20.		
	Vertebra.	Tibia.	Tibia.
Inorganic ... ..	45·17	54·38	44·12
Organic ... ..	54·83	45·62	55·88

(VON BIERA.)

	Age 15.		Age 40.	
	Nasal.		Vertebra.	
Inorganic ... ..	52·09		56·22	
Organic ... ..	47·91		43·78	

In this analysis of the bones in caries, it will be seen that there is an absorption, principally of inorganic matter, and that in some bones it is even less than that of the organic, so that they become compressible and inelastic; and hence the distortions which this disease may occasion. The acrid fatty matter is variously tinted, and will, as we know, blacken both silver probes and linen. It also contains small particles of bone, which are doubtless minute portions of the bone in a necrosed state, for in all forms of caries very minute particles of bone successively die, and are thrown off. Hence, by examining the pus, we can always form a diagnosis as to whether the bone is or is not in a state of ulceration by the presence or absence of bony particles. When macerated and dried, the carious bone is rough, and appears as if corroded and worm-eaten, the cells of the cancellous structure are enlarged, or its walls demolished, and the bone becomes lighter than natural, discoloured, expanded, and brittle. In some cases, the neighbouring bones are porous and hypertrophied, but terminating in atrophy of the bone. After the destructive process in caries has proceeded to a greater or less extent, the diseased state is changed into a healthy, suppurating, and granulating process. The deposition of new bone, however, is very limited, and, in the vertebrae, the loss of almost the entire bodies may result; and, indeed, when they are once destroyed they appear to be never entirely reproduced, as some orthopaedic authors have asserted, and great and incurable deformities of the body succeed. While the disease is going on, the surrounding soft parts are more or less inflamed, and the periosteum and ligamentous tissues adjoining are necessarily involved in the affection. The mode by which the ulcer of bone finds an opening externally is sometimes by a large abscess in the vicinity of the ulcer, sometimes by a tortuous fistulous opening at a considerable distance from the seat of the disease. When the pus is thrown off from the lumbar vertebrae in caries, it very frequently gravitates down into the thigh, below Poupart's ligament, where it forms a sac, which is well known under the term "psoas abscess;" sometimes the matter collects immediately under the femoral artery, and pushes the artery outwards, so that in placing the finger on the tumour, it is found to pulsate, and may be mistaken for aneurism. A correct diagnosis, however, may be obtained by ascertaining that the pulsation is not diffused over the surface of the tumour, but remains restricted to the line of the artery. There are always more or less constitutional derangements associated with caries. When the latter is occasioned by blows, or other extraneous causes, the constitutional disturbance will be sympathetic; on the contrary, when the disease in the bones is the result (instead of cause) of a pathological state of the system, the constitutional derangements are not only sympathetic, but primary. The predisposing conditions of the system such as those infected with scrofulous and syphilitic taints, which result in caries, are the most common, and are generally the most tractable when taken in time, and if appropriate treatment be applied; but why the bones should be selected to suffer in the manner they do, is not at present intelligible. But when the constitution is delicate, and the patient has not the means of obtaining those changes of air, diet, and medicine required, they frequently sink from the profuse discharge and exhaustion of the vital powers of the system. However, the constitutional derangements in caries are very different in various individuals, and the degree of irritation seems not always to depend on the amount of the loss of osseous tissue by the disease, inasmuch as in some

persons a very small speck on a bone will give rise to great constitutional irritation and death, while in others, nearly the whole of the body of one or more vertebrae may be sloughed away without endangering the life of the individual.

It would be superfluous in these lectures to enter minutely into the details of the constitutional treatment of caries, when the nature of the taint in the constitution has been thoroughly understood, as that would lead to all that belongs to the pathology and treatment of syphilis, scrofula, and other predisposing affections; and it is necessary only to mention the great value of the mercurial and iodine salts in the constitutional taints to which I have just referred. Since the promulgation of the views of Lugol, on the influence of iodine in scrofula, I can bear testimony, from many years' experience, of the special value of combinations of iodine and iron in diseases of the bones when associated with a scrofulous constitution.

With regard to the surgical treatment of caries, it must be borne in mind, that the disease in the bones always begins in an inflammatory condition of its texture, and it may be either acute or chronic, but it is very frequently of a chronic character, of such a low type that the disease often runs into a state of ulceration before much attention is given to it by the patient; and in this case there is frequently so much delicacy of constitution as to forbid any depletory measures, and the issues, setons, moxas, cauteries, and blisters applied as counter-irritants over the parts affected, in many of these cases fail to produce the great relief expected from them. Still, in some cases they are said to be instrumental to the cure. In caries, (especially of the vertebral column,) rest is absolutely requisite, and pressure on the bones affected should, as much as possible, be removed; for this purpose, triple, inclined and prone planes, water and spring beds, and other mechanical apparatus, have been provided. Having already published my views of the comparative merits of these contrivances, it will be unnecessary at present to call your attention to that subject.

With regard to the treatment of abscesses which are formed in cases of caries of the bones, much difference of opinion has prevailed. The question is, after the disease has been cured, whether an abscess, such as a psoas abscess, should be left to the efforts of nature, or be made the subject of surgical treatment. Sometimes the pus disappears spontaneously by absorption; at other times it will remain for several years without giving rise to any mischief. Occasionally the walls of the abscess give way, and the contents are discharged, and do not again accumulate; in other cases, the pus becomes, after a time, converted into fat. Dupuytren and many other surgeons maintain that it is highly dangerous to open abscesses resulting from caries, and that "it is preferable to leave them to nature, whether the caries yield to treatment or not." Mr. Abernethy and others, again, have recommended opening the abscess by a lancet, and healing the wound by the first intention immediately after having discharged the matter. It is always important to ascertain whether the disease in the vertebrae is still making progress or not, (which may be done in the manner already explained,) as it is obvious that the abscess would require being repeatedly opened as long as the ulceration of the bone continues; but as long as the presence of the matter is productive of no constitutional irritation, it may perhaps be much better to let it alone, from the consideration that it has frequently happened that the health of patients has rapidly changed for the worse immediately after the operation.

## OBSERVATIONS ON THE TREATMENT OF CHOLERA.

By GEORGE ALLEN, Esq., L.S.A.

DISTRICT SURGEON OF ST. ANN'S, SOHO.

IN bringing before the profession the result of my experience in the treatment of the present epidemic, as district surgeon of St. Ann's parish, where the plague seemed for a season to have concentrated its most deadly virus, I feel I am merely performing a public duty, the omission of which would be highly censurable. In the present paper I make no pretence to originality whatever. The treatment of cholera by mercury was, I believe, that which in 1832 obtained the greatest confidence of the profession, and has since been ably and successfully practised by Dr. Ayre and others. If I am not mistaken, it is that which every day's experience will prove to be alone worthy of that confidence, and to be the sole remedy upon which, when properly and regularly administered, we can depend for the salvation of our patients. Upon my appointment as one of the district surgeons of St. Ann's, I had no

prejudice in favour of any one line of treatment, and in my first two cases employed the sulphuric acid, both of which terminated fatally. I then vigorously adopted the calomel treatment, the result of which the statistical table on the two next pages will prove, the details being faithfully copied from my case-book, and the greater number of the cases having been visited with me by my friend, Dr. John James M'Gregor, a gentleman who has had great opportunities of seeing the disease both at home and in India.

Having now given the profession a faithful report of my treatment of cholera, with the result, I shall add a few practical observations which occur to my mind, one or two of which I have not seen in authors on the subject. Out of thirty cases of cholera, I had twelve deaths, two of which were treated by the sulphuric acid, which leave but ten treated by mercury. One aborted, and sunk immediately after delivery. One was convalescent, but was destroyed by repeated doses of brandy, administered by a drunken father. Another sunk from having no attendant but a drunken nurse. One was exposed, during collapse, to the draught caused by an open window and door, and another was drenched with chilled water by a hydropathist. I found in one of the fatal cases, that the medicine was improperly mixed with water, the calomel adhering to the sides of the vessel; so that, fairly speaking, I could trace six of the ten deaths to incidental circumstances. I remarked those cases made the best recoveries where no stimulants were given; and during convalescence, when the cholera had disappeared, there was in almost every case sub-acute gastritis, whether arising from the mercury, stimulants given, or the disease itself, I cannot pretend to say, but this complication readily yielded to blisters and iced water. In conclusion, I can say with truth, that from the result of my experience I consider collapsed cholera, if seen by the medical man in time, and if his instructions are rigorously carried out, a very manageable, and by no means fatal, disease. In few instances did the calomel fail, when administered in two grain doses at short intervals, to produce reaction, by diminishing the evacuations, promoting perspiration, causing the kidneys to resume their functions, and, in fact, restore the general harmony of the system. The greatest caution should be observed in permitting the patient to return to solid food, one of my patients having nearly fallen a victim to his imprudence in this respect.

Soho, October, 1854.

## ON THE

## TREATMENT OF DISEASE BY BLOODLETTING.

By JOHN LANGLEY, Esq.

(Concluded from page 208.)

THE following case, in reference to diagnostic symptoms, bears a strong analogy to Case No. 1, and in order to abridge the narrative, I shall give a brief but faithful summary of the treatment I adopted for six weeks prior to his having been unceremoniously, and without the usual gentlemanly etiquette, taken out of my hands, and placed under the care of Dr. Watson; and, forsooth, because his friends thought that my having taken from my patient 160 ounces of blood in three weeks, I must, with *malice prepense*, have a design upon his life, which they were determined to frustrate by removing him from me who, by the by, had implicit confidence in me himself, I having been his family medical attendant for nearly twenty years:—

CASE 2.—Mr. W. B—, of Holles-street, Cavendish-square, suffering from a distressing sensation in the head, which he very emphatically called a "boaty feel," applied to me for advice. Upon examining the case, and from his general plethoric appearance, I bled him largely from day to day, generally with some relief, but not such as to give him any comfortable freedom from his "old-boaty feel," as he invariably called it. These bleedings I repeated more or less until the aggregate amount reached the extent of 160 ounces, which so alarmed his friends that they insisted upon his consulting Dr. Watson, to whom he and his friends, in a truly lachrymose manner, described how I had starved and bled him; in fact, that I had quite "out-Sangradoed Sangrado," describing, at the same time, the "old-boaty feel," and other symptoms of so-called nervous irritation, which condition, although having existed previously to his having lost one ounce of blood, Dr. Watson attributed to my treatment, and resulting from the debility caused by the great loss of blood, and advised the patient to live generously, and take some wine, at the same time prescribing quinine in combination with steel. This confirmed the opinion his friends had formed of my violent proceedings, and condemned me in

TABLE OF CHOLERA CASES.

No.	NAME, &c.	AGE.	STAGES OF DISEASE.	WHEN FIRST SEEN.	RECOVERY.	DEATH.	TREATMENT AND REMARKS.
1	H. B., Wardour-street	23	Coll., Cholera	Sept. 1, 5 P.M.	...	Sept. 2	Dilute sulphuric acid, 1 drachm doses every half-hour for 8 hours; chloride of mercury, 5 gr., every half-hour afterwards for 6 hours.
2	S. I., St Ann's-ct.	20	Cholera ..... Collapse ...	Sept. 2, 9 P.M. ,, 3, 6 A.M.	...	Sept. 2	Dilute sulphuric acid, 1 drachm every half-hour.
3	B., Mrs., Poland-st.	55	Cholera ..... Collapse ... Fever and } Gastritis }	Sept. 1, 6 P.M. ,, 1, 11 P.M. ,, 3, 9 A.M.	Sept. 21	...	Chloride of mercury, 2 gr., every 10 minutes for 4 hours, every half-hour for 12 hours, every hour for 12 hours; salines, blisters, ice, and tonics. Brandy and water was given to this patient whilst in a collapsed stage, contrary to orders, consequently the gastritis was very severe.
4	P. M., Gt. Chapel-street	9	Coll., Cholera Fever and } Gastritis }	Sept. 2, 2 A.M. ,, 3, 10 A.M.	Sept. 12	...	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, castor oil, and tonics.
5	G., Mrs., Berwick-street	72	Cholera ..... Collapse ... Fever and } Gastritis }	Sept. 2, 1 P.M. ,, 2, 3 P.M. ,, 3, 9 P.M.	Sept. 15	...	Chloride of mercury, 2 gr., every ten minutes for 3 hours, every half-hour for 12 hours; salines, blisters, ice, tonics, and castor oil.
6	P., Miss, Gt. Chapel-street	19	Coll., Cholera Fever and } Gastritis }	Sept. 3, 5 A.M. ,, 4, 11 A.M.	Sept. 20	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, blisters to the epigastrium, ice, and tonics. This patient had mercurial erythema very strongly marked, which a few doses of castor oil removed.
7	K., Miss, Wardour-street	55	Coll., Cholera Fever .....	Sept. 3, 5 A.M. ,, 4, 8 P.M.	...	Sept. 11, 10 A.M.	Chloride of mercury, 2 gr., every 10 minutes for 4 hours, every half-hour for 12 hours, every hour for 12 hours; salines, with stimulants, blisters to the epigastrium, and ice. This patient appeared to sink from the fever (being of a most typhoid character) and a determination not to take any nourishment.
8	S. R., Dean-st.	15	Cholera ..... Collapse ... Fever .....	Sept. 3, 10 P.M. ,, 4, 6 A.M. ,, 5, 8 A.M.	Sept. 14	...	Chloride of mercury, 1 gr., every ten minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, ice, castor oil, and tonics.
9	A., Mrs., St. Ann's-court	49	Cholera ..... Collapse ... Fever and } Gastritis }	Sept. 4, 6 P.M. ,, 4, 10 P.M. ,, 5, 8 P.M.	Sept. 24	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, blisters to the epigastrium, and tonics. This patient, having naturally a debilitated constitution, has made a slow recovery.
10	B. H., Little Chapel-st.	38	Coll., Cholera Fever and } Gastritis }	Sept. 4, 6 P.M. ,, 5, 10 P.M.	Sept. 14	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, blisters to the epigastrium, ice, and tonics.
11	P. G., Hollen-st.	35	Cholera ..... Fever .....	Sept. 4, 10 P.M. ,, 6, 8 A.M.	Sept. 9	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, castor oil, and tonics. This patient made a rapid recovery, consequent upon his taking no stimulants during cholera.
12	C. E., St. Ann's-court	13	Coll., Cholera Fever .....	Sept. 4, 11 A.M. ,, 5, 10 P.M.	Sept. 10	...	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; effervescent salines, castor oil, tonics during convalescence.
13	E. G., L. Chapel-st.	24	Coll., Cholera	Sept. 5, 1 A.M.	...	Sept. 5, 10 A.M.	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, and every half-hour till death.
14	H. E., Wardour-street	2	Coll., Cholera Fever .....	Sept. 5, 11 A.M. ,, 6, 5 P.M.	...	Sept. 8, 3 P.M.	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines on Sept. 7th. This child was exposed in a state of nudity to the draught of an open window and door.
15	W. M., Gt. Chapel-street	3	Coll., Cholera Fever .....	Sept. 6, 10 A.M. ,, 7, 8 P.M.	...	Sept. 11	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, every half-hour for 6 hours, every hour for 6 hours; salines. This patient was apparently dead when first seen, and had recovered, when her father gave her a teaspoonful of brandy every half-hour, which brought about the fatal result.



TABLE—(Continued.)

No.	NAME, &c.	AGE.	STAGES OF DISEASE.	WHEN FIRST SEEN.	RECOVERY.	DEATH.	TREATMENT AND REMARKS.
16	B. Mr., Dean-st.	49	Cholera ..... Fever and } Gastritis }	Sept. 6, 9 P.M. " 8, 8 A.M.	Sept. 23	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, blisters to the epigastrium, ice, and tonics. This patient was near sinking from fever of a typhoid character, and a determination not to take proper nourishment.
17	G. S. I., St. Ann's- court	49	Coll., Cholera Fever and } Gastritis } Comatose ...	Sept. 7 " 9 " 11	...	Sept. 13	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; blisters to the epigastrium, effervescing salines, ice, tonics, and stimulants. This patient had been living a very irregular life for 3 months previously.
18	D. J., Little Chapel-st.	5	Cholera ..... Fever (slight)	Sept. 7 " 8	Sept. 9	...	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, every half-hour for 6 hours, every hour for 12 hours; salines. This child was running about on the following day.
19	J. E., St. Ann's-ct.	5	Coll., Cholera Fever (slight)	Sept. 7 " 8	Sept. 10	...	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, every half-hour for 6 hours, every hour for 12 hours; salines.
20	S. H., Hollen-st.	28	Cholera ..... Fever and } Gastritis }	Sept. 7 " 8	Sept. 18	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, ice. On the 10th, sitting up, and imprudently partook of about 3 oz. of mutton. A relapse of all the cholera symptoms by ten o'clock in the evening,—rice-water evacuations, cramps, &c. Returned to mercurial treatment as before for 24 hours, when gastritis supervened of a more serious character; blisters to the epigastrium on Sept. 12th; ice, salines, and tonics.
21	H. R., Little Chapel-st.	50	Cholera ..... Fever and } Gastritis }	Sept. 7, 9 P.M. " 9, 7 A.M.	Sept. 20	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, blisters to the epigastrium, ice, and tonics. This patient had afterwards a very severe attack of gout.
22	H. R., St. Ann's- court	66	Coll., Cholera	Sept. 8, 9 P.M.	...	Sept. 9, 9 A.M.	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 8 hours. This patient lived in a back cellar, 8 feet square, and was attended by a drunken nurse.
23	A. W., St. Ann's- court	40	Coll., Cholera	Sept. 9, 3 A.M.	...	Sept. 9	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 9 hours. Reaction had just commenced, when some interfering friend brought in a hydro-homœopathic doctor, who had him stripped in the draught of an open window and door, and washed with chilled water. He died shortly afterwards.
24	F. J., St. Ann's- court	35	Cholera ..... Fever (slight)	Sept. 9, 9 P.M. " 11, 11 A.M.	Sept. 17	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, ice, castor oil, and tonics.
25	C. E., St. Ann's- court	45	Cholera ..... Collapse ... Fever .....	Sept. 9, 11 P.M. " 9, 12 P.M. " 11, 11 A.M.	...	Sept. 15	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, ice, castor oil, and stimulants. She aborted on Sept. 14th, 7 P.M. The fever of this patient was of a most typhoid character.
26	L. T., St. Ann's- court	45	Coll., Cholera	Sept. 10, 10 A.M.	...	Sept. 10, 4 P.M.	Chloride of mercury, 2 gr., every 10 minutes for 4 hours, every half-hour till death. This patient was only attended by his wife, who had two children at the same time lying down in cholera, and one in diarrhoea.
27	R. E., Gt. Chapel- street	4½	Cholera .....	Sept. 11, 1 A.M.	Sept. 13	...	Chloride of mercury, 1 gr., every 10 minutes for 3 hours, every half-hour for 6 hours, every hour for 6 hours; salines.
28	M. M., St. Ann's- court	57	Coll., Cholera	Sept. 11, 3 A.M.	...	Sept. 11, 10 A.M.	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 5 hours. But, on visiting this patient at 9 o'clock A.M., I found nearly all the mercury in a wine-glass, the powders having been mixed with water; consequently she took nothing up to an hour of her death.
29	H. J., Little Chapel-st.	44	Coll., Cholera Fever and } Gastritis }	Sept. 18, 2 A.M. " 20, 11 A.M.	Sept. 25	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for 12 hours, every hour for 12 hours; salines, no stimulants, castor oil. This patient had very slight fever and gastritis.
30	G. M., St. Ann's- court	20	Cholera .....	Sept. 18, 10 A.M.	Sept. 23	...	Chloride of mercury, 2 gr., every 10 minutes for 3 hours, every half-hour for six hours, every hour for six hours. No stimulants of any kind were given to this patient; she recovered with scarcely any fever or gastritis.

their estimation and that of my patient, who went on "his way rejoicing" in the change. But, alas! his serenity was not of long duration. In three or four days he became much worse, his "boaty feeling" so far increased as to prostrate him on the ground. He again visited Dr. Watson, who not quite persisting in his former opinion, thought some advantage might be obtained by taking away some blood locally, and ordered him to lose fourteen ounces by cupping, which Mr. Betts soon abstracted from the nucha, Dr. Watson at the same time substituting saline febrifuge medicines for the ferrous sulphate of quinine, with active aperients. But neither the cupping nor medicine warded off the crisis the generous diet and steel had promoted, for a few nights afterwards he had an apoplectic fit in his bed, to which I was summoned; and to which, after the treatment I had experienced, I reluctantly went, and saved his life, by bleeding to the extent of fifty ounces, when the stertor ceased, the convulsive restlessness was subdued, and perfect consciousness succeeded the usual semi-sensitive state attending such attacks. With very little medical treatment and careful diet he soon recovered, and resumed his usual active pursuits in business; and, I am happy to have lately heard, has continued in good health ever since.

I feel much gratification in giving this case thus fully to the professional world, as it so strongly and irrefutably shows how unjustly a *valuable measure* is condemned from lack of experience in its importance; when I think every candid and impartial reader, not pinning his faith upon a Dickson, or any such doctrinarian, but thinks for himself, reads over and over again this case, and asks himself the two following questions:—What harm did the abstraction of 224\* ounces inflict upon the future state of this gentleman? also, What treatment saved his life?—will have no doubt upon this question.

The two following cases of inflammatory neuralgia, if I may be allowed the expression, I think clearly prove the truth of my theory in reference to the cause of pain generally, viz., that it depends upon an irritable and painful condition of the nerves, never existing *per se*, but caused by the pressure of contiguous over-distended bloodvessels from repletion or hypertrophied tissues or membranes adjacent to such nerves or nervous filaments, and which (inverting the order of one of Cullen's signs of inflammation) accounts for the *dolor cum tumore* in inflammatory congested conditions of any external or internal organ or parts of organs, or of any of the constituents of the body into which bloodvessels enter. We all know from experience the acute torture from the slightest pressure of any substance, even æriform, as when we gently inhale a breath of air, over a denuded dental nerve. I believe the vague terms of muscular, nervous, rheumatic, &c. &c., are all involved in this one condition of nervous oppression.

CASE 3.—Mr. S—, of Upper Charlotte-street, Portland-place, having been long, unavailing, under several medical gentlemen, applied to me early in 1853, in consequence of severe pain in the lumbar region, extending into the glutei muscles and the hips, involving a most painful condition of the sciatic nerves; in the inguinal fossæ, also, down the thighs into the knees, a rigid, painful state of the gastronomic muscles and ligaments of the ankles, giving him in walking excessive pain, and depriving him of the power of raising himself from his seat without much difficulty and excessive pain: his nights were also generally painful and sleepless, unless under the influence of morphia. Having relieved minor affections of this kind, commonly called rheumatic, by modified bloodlettings, I proposed to bleed him, and abstracted from him fifty ounces of blood, he sitting erect the whole time, *not the slightest tendency to syncope* supervened, and he declared, "He should not have known he had been bled if he had not witnessed the operation;" he gradually recovered in a short time, is perfectly free from any kind of lameness, has thrown off his hobbling, crippled gait, and moves now in his active avocations, freely and painlessly. I only gave him, in addition, a little purgative medicine, and enjoined abstemious diet. He is at the present time in excellent health, and would be happy to confirm this statement to any sceptic.†

\* This amount includes the fourteen ounces ordered by Dr. Watson.

† The sarcasm and professional persecution I experience on account of my honest and unflinching avowal of my practice, little inferior to the persecution of the great man who discovered the circulating course of the important fluid, the foundation and preservation of life in normal action and quantity, cannot be better elucidated than by the following:—The gentleman the subject of this paper was met some time back by a surgeon whose patient he had formerly been, who expressed himself astonished at the miraculous change wrought in his condition, and inquired,—"How came it about?"—when Mr. S— told him a friend recommended him to a gentleman of the name of Langley. "I know Mr. Langley well, what did he do for you? did he bleed, for that?"—"Yes, he did; he took fifty ounces of blood from me at one time."—"Good God! were you not faint? very ill and weak after it?"

CASE 4.—Mr. S—, a livery stable-keeper in Albany-street, applied to me about four months since, under the following condition of suffering:—He had been afflicted for some months previously, with varying intensity, in the following manner—a most painful sciatic affection, the pain extending all around the hip into the upper part of the thigh, with deep-seated pain in the iliac fossæ, greatly impeding the separation of his thighs, the act being also accompanied with excruciating pain. He was for the last month unable to lie down or arise without suffering torture, and when having sat down, compelled to remain *statu quo* until assisted, when he suffered equal agony. I considered it a case of sciatica, with some painful condition of the obturator nerve, and extensive rheumatic inflammation. Previous to my seeing him, colchicum, carbonate of iron, morphia, cajuput oil, and all the usual remedies, were adopted, but without success. I advised bleeding, and took fifty ounces. *Not the least tendency to syncope*. In less than half-an-hour he could move his limbs with much less pain. As he was not in the least prostrated, I renewed the fillet, and abstracted twenty-five ounces more. Both quantities being weighed netted seventy-five ounces. *Still no syncope*. Could get in and out of bed this night without pain. Could sit down and raise himself without pain, which he did in the presence of a friend of mine the same night. Walked to Piccadilly and back the following day, and is now in better health than he has been for years. What is *tic douloureux* but the same affection *alteri loco*?

The following cases show the unequivocal value of bloodletting in gouty diathesis—a condition in which it is pertinaciously repudiated:—

CASE 5.—George E—, Buckingham-street, Fitzroy-square, had been occasionally subject to gout for a long period, and, after some recent annoying attacks, was seized with intense pain of the great toe, with considerable swelling and fiery redness, extending over the instep, with the usual podagral, shiny surface. He had considerable fever. I bled him to fifty ounces. He fainted. On recovery from the syncope, the pain had subsided; he could bear considerable pressure without pain; the redness disappeared, and the swelling gradually subsided in the course of twelve hours, since which period, now upwards of six years, he has not experienced the slightest tendency to relapse.

CASE 6.—Mr. H—, Southampton-street, Fitzroy-square, had a severe attack of gout in September, 1850. Every symptom yielded to one bleeding of forty ounces in twenty-four hours.

These are not isolated cases, and I think it worthy of remark and consideration that in these cases the treatment is so simple and uncomplicated with drug remedy, that it is impossible to ascribe the benefit to any other cause than the depletion, giving the sceptic no room to quibble as to which cause to attribute the favourable result. I have some most important cases, showing how the fatal progress in advanced stages of phthisis pulmonalis, recognised by the first medical talent in London, have been arrested, and are still kept in abeyance, by frequent bleedings, resorted to whenever a certain boundary of healthy vascular action or repletion is exceeded,—when a recurrence of hæmoptysis and purulent expectoration supervenes, but is immediately arrested by timely depletion; and one case in particular, where an accidental pleurisy, occurring from cold taken from a tedious stethoscopic examination, when the pain became so dreadful upon inspiration, that I bled on three successive days, and had the happiness to witness not only a remission of the pleuritic inflammation, but also of the physical signs of consumption, and this after the prognosis of Dr. Theophilus Thompson, Dr. Walshe, and Dr. Thomas Davies, that her pulmonary disease was so far advanced she would not live a week. This lady is now alive, enjoying tolerable health, perhaps as delicate in appearance as any in London; yet such is the congested condition of her lungs, and

"Not in the least," was the reply. "Well, bleeding is now quite out of fashion." "I am sorry it should be, and hope it will be soon revived; it is the only thing that did me the best good, and no doubt would have the same effect upon all similar cases." "But, did he do nothing else but bleed you?" "Only gave me a few doses of aperient medicines." "Did he not diet you?" "He desired me to eat animal food only three or four days a week." "What did he let you drink?" "I here digressed a little from Mr. Langley's injunction to refrain from fermented or spirituous liquors, and took a weak glass of grog sometimes at bedtime." "You did, did you? Ay, that did it! it was that cured you, not the bleeding. I thought there was something." "But how came it I did not find benefit from this, my usual habit, before I was bled?" "Good morning, I am glad to see you well, good bye," ended this colloquy.

Another professional gentleman in my own immediate neighbourhood, meeting a friend of mine, who told him he was on his way to consult me, said, "Take care! He will be sure to bleed you," making use of what appeared to his little mind a splendid *bon mot*,—"He'll bleed a candlestick." I only say to him, and to other equally liberal minded men, *caveat, nemo me impune lacessit*.

predisposition to inflammatory action, I am compelled, at least four times a year, to take from her at each bleeding an average quantity of twenty ounces. It would afford me the greatest pleasure to present this lady to any gentleman in the profession who may marvel at this extraordinary treatment. I am certain, as are also the lady herself and her husband, that her life has frequently been saved in pulmonary inflammation by these means. This lady kindly saw Dr. Routh, the secretary of the London Medical Society, not one hour after I had taken eighteen ounces of blood from her. Dr. Routh's seeing her was the result of accident, having met him *en passant*; and I wished him particularly to see the case, having been present upon my reading a paper at the London Medical Society upon this important subject.

**CASE 7.**—Captain M——, Great Portland-street, aged sixty-one years. Frequently subject to very severe attacks of gout. For several years previously had a very painful affection of the intercostal muscles, with crampy sensations of the stomach, which Dr. Chambers considered to be a gouty metastasis,\* and prescribed warm aromatic medicine, with opiates and carminative aperients, during which course of treatment he (Captain M——) became so much worse, that during an exacerbation he called me to his assistance. Upon examination of the case, which presented but one leading feature—high inflammatory fever, with severe local pain—I could suggest no other *rational* curative measure than bleeding, the effect of which as a sedative (and the only valuable and permanent one in such cases) seems quite to be overlooked by the profession, or, from want of experience, misunderstood. He was most boisterous in his opposition to bleeding, adding that Dr. Chambers told him never to be bled. His pain, however, became so intense, that he said, "You may cut my head off, if you like." I took away between forty and fifty ounces of blood, and applied a mustard cataplasm, and gave twenty minims of Battley's sedative solution. His pain was greatly diminished in a short time, before the opiate could possibly have taken effect. He slept four consecutive hours. I remained with him, his friends fearing some serious event from the bleeding, which they had been so strongly forewarned against. On the following day he experienced some relapse of pain and stomach spasms. I bled him again from the same orifice to twenty ounces, and gave him one ounce of castor oil. No return of pain; no other medicine than magnesia as an aperient; quite convalescent in ten days, and able to attend his club daily, as his wonted custom. He had not had one single attack of gout more than four or five years after this period, when he called upon me.

Albany-street, January, 1844.

## MEMORANDA RELATIVE TO SOME CEREBRAL AFFECTIONS OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. Edin.,

FELLOW OF THE ROYAL INFIRMARY FOR CHILDREN, &c.

(Continued from p. 170.)

### No. VII.

*Meningitis occurring in the course of Abdominal and Thoracic Tuberculosis.*—F. C——, a little boy, one year and eleven months old, had suffered from diarrhoea (with occasional intermissions) for several weeks. He was reduced to a state of much exhaustion, the marasmus was great, and he appeared to be labouring under the symptoms of general tuberculosis, or entero-colitis, or of both. Suddenly an attack of convulsions appeared, from which he rallied, passing into a condition of semi-stupor, and continuing in this state for nearly a week, when another attack of convulsions ensued, and death immediately followed. Dr. Westley and myself examined the body, which was extremely emaciated, the integuments, of a dirty-brown colour, hanging in folds and wrinkles about the thighs. The meningeal vessels were much congested, and whitish, alba-

\* I never could reconcile myself to this term, as applied to the migratory character of disease from one locality to another. I think the attack of the same character, in any distant part of the system, far more rationally and consistently referrible to the same cause which produced it in its original situation, than to suppose the consequence of the same disease leaving one part must be its attack of another, or the diminishing its intensity in one point should increase it in another. I have relieved violent podagra inflammations and pain by cold evaporating lotions, always deprecated from fear of producing metastasis—a false induction. I think it might as well be inferred that a poker heated to redness at one pole might have its increased temperature transmitted to the other by plunging the heated extremity into cold water. It is really time these absurd notions should be abrogated. Why should medical science be so far in the background?

minous-like effusion accompanied the course of the larger veins on the convexities; here and there a small quantity of semi-concrete yellowish exudation was observed. There was considerable effusion into the ventricles, (four to five ounces,) and great softening of the central parts of the brain. Much congestion of the vessels at the base existed, and abundance of semi-concrete yellow matter was also present there. In only one or two spots could we find a granular development of the exudation. On opening the abdomen, ample evidence was found of the severity of the general tuberculosis, and also of the entero-colitis. The intestines, as well as the mesenteric glands, were in a state of tuberculosis. The spleen was loaded with yellow matter, which was also deposited in its peritoneal investment. In both the lungs grey granulations existed generally, whilst in the left were some large softening yellow nodules. The bronchial glands were tuberculous. The absence everywhere of adipose tissue was very striking.

E. J——, a girl, two years and three months old, was brought to the Infirmary in June of the present year. "She is of Jewish extraction on the father's side, who lives in a low, damp place near the Waterloo-road. Her sister was a patient at the Infirmary for two years, and died about a month ago of general tuberculosis, enlargement of the liver, and ascites." The mother states that the patient was "well and hearty" until about five weeks back, when "she began to fever," to get thin and weak, and unable to stand. The child now exhibits the symptoms of typhoid remittent, which, considering the external appearance of the patient, (marasmus, long eyelashes, hair on arms, &c.) and the history of her sister, is regarded as dependent on the process of tuberculosis. Under the treatment put in force the child seemed to rally somewhat, and was occasionally carried out and about by her mother, but was usually, as the mother said, "All for laying and sleeping." A fortnight after she brought her to the Infirmary, she took her out with her (Thursday) for the benefit of the air, and, according to the mother's account, was going down the Marsh, when she felt the child hang heavy on her arm. She told her to "hold up," and, turning round to look at her, saw froth and blood coming from her mouth, and her child in convulsions. The latter continued off and on until night, the child then lying quiet and not to be roused; "indeed, there was no moving in her until the Monday after," when she appeared a little better, but it was found she had lost power over her right side; in fact, there was hemiplegia. Under the influence of a blister to the nape of the neck, a purgative, and ammonia, the patient became conscious, putting out her tongue when told. She continued much in the same way, but every now and then shaking or trembling, until Thursday, when another attack of convulsions supervened, and continued for more than an hour. The child again lay quiet and motionless until the next day, when, "after a twist in the mouth," she died quite quietly early in the morning. Mr. Bealey and myself examined the body the next day. The child had been tall for its age, the body was much emaciated, and the capillary development of that character so frequent in tuberculous children. The skull was thin, and not adherent to the dura mater, the meningeal vessels gorged, and much white semi-opaline effusion existed beneath the arachnoid, over the whole of the hemispheric convexities. At the margin of the posterior part of the right hemispheric surface was a slight patch of granular exudation. The brain matter was soft generally, but especially the central portion; there was rather free effusion into the ventricles, the latter were dilated, and the choroid plexus was highly coloured. At the base of the brain but very slight effusion or exudation was present. The cerebellum was rather softer than usual. On opening the chest, the lungs were found loaded with much grey, and a slight amount of yellow, tubercular matter, and the bronchial glands were enlarged by the presence of the latter. No further examination was prosecuted.

Three important stages in the history of "acute hydrocephalus"—as the tuberculous or granular meningitis of modern pathology is still frequently called in this country—may be thus pointed out. First, that stage which extends from, and includes the time of, the actual recognition of the ventricular effusion, and the belief of its constituting the essence of the disorder, or of its being the sole malady; secondly, the period when this doctrine was denied, when the effusion was regarded as of secondary occurrence, or only a consequence of the real disorder, which was believed to be congestion or inflammation of the meninges; thirdly, that stage when the connexion of the cerebral disease with the tuberculous diathesis was pointed out, and in which the opinion was generally entertained that "acute hydrocephalus" was in most instances *meningitis of a tubercular character*. But another step in the

history of this too well-known and lethal malady deserves attention. It dates no further back than 1846 or 1847, and has had perhaps as yet no very great influence on practice, although it may be said that Guersant, several years before, had prepared the way by his so strongly insisting upon the *irregularities* of the disease under consideration. We refer to the time when M. Rilliet, completing his account of the disease, pointed out how it may arise—1st, in connexion with pro-droma of greater or less duration; 2ndly, during the course of confirmed thoracic, abdominal, or general phthisis; and 3rdly, during apparently perfect health, and how such circumstances modify its commencement and progress. This portion of the history of the disease has also been enlarged upon by M. Legendre, and very lately by M. Hahn; and the two cases now recorded are brought forward as illustrative of how different the outbreak and progress of granular meningitis are when occurring during the course of confirmed abdominal or thoracic tuberculosis, to what is witnessed when the cerebral affection occurs under other circumstances. The cases in question aptly illustrate the remarks both of M. Rilliet and M. Hahn. "When," says the former, (*Traité Clin. et Prat.* 2nd ed., tome iii. p. 484.) "the meningitis is developed during the progress of a confirmed chronic or even an acute phthisis, it is only exceptionally that the meningeal symptoms follow the regular course we have described. . . . Most frequently the first period is very short, sometimes even completely wanting, and delirium, coma, some convulsive movements and contracture, open and terminate the scene." "It ordinarily commences," writes M. Hahn, (*De la Meningite Tuberculeuse étudiée au point de Vue Clinique*, p. 35, Paris, 1853,) with headache, vomiting, delirium, and sometimes by an attack of epileptiform convulsions. . . . This first period of the disease scarcely lasts longer than three or four days. . . . The second period continues only a day or two, and passes rapidly into the third, which is announced by convulsions, contracture, and often by the paralysis of one or other member, and is necessarily followed by death." As has been remarked, however, there is nothing very astonishing in the fact, that almost all the cases of meningitis developed during a confirmed phthisis should present an irregular course. It is scarcely difficult to comprehend how the severe derangements of the system accompanying chronic tubercularization should give rise to great disturbances of the characteristic manifestations, sequence, and connexion of the symptoms of meningitis. It is probable also that M. Legendre's views will be more fully admitted than at present, according to whom the variety of meningitis now under consideration should be subdivided according to whether it appears during the course of general chronic tubercularization, of acute tuberculosis of the typhoid form, or in children arrived at the last stage of pulmonary phthisis.

The cases now recorded might (did opportunity permit) open the question as to the *constant* value of typhoid symptoms in children not more than two years of age, and upon which M. Hervieux has expressed some very decided opinions. The subject more particularly belongs, however, to the general history of tuberculosis than to that of cerebral disease.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

#### ST. THOMAS'S HOSPITAL.

MYELOID TUMOUR DEVELOPED WITHIN THE RAMUS OF THE LEFT LOWER JAW; REMOVAL OF THE WHOLE HALF OF THE INFERIOR MAXILLA; DEATH FROM Erysipelas.

(Under the care of Mr. MACKMURDO.)

OUR object in calling attention to this case is to put upon record one of the exceptional instances, in which the removal of half the lower jaw, for non-malignant disease, was followed by the death of the patient, in spite of the best directed surgical efforts; and also to give publicity to an example of one of

those tumours to which Mr. Paget has given the name of myeloid.

We may well say that death after the above-mentioned operation is exceptional. Let us hear what Mr. Stanley says on the subject in his work "*On the Diseases of the Bones*:"—"Morbid growths from the lower jaw, even when of large size, are usually more favourable for removal than those originating in the upper jaw, their outline and connexions being, in general, better defined; they do not extend indefinitely into the surrounding osseous and soft structures, as the tumours of the upper jaw are apt to do. Accordingly, provided the tumour of the lower jaw does not present features of malignancy, although it may be of great size, and implicates a large portion of the jaw, the removal of the tumour, and of the portion of the bone from which it has arisen, can be effected with the prospect of a satisfactory result. For it is true that operations upon the lower jaw are, in general, followed by a less amount of constitutional disturbance than ordinarily ensues from operations of the same magnitude in other situations. The results of operations of this kind, which have been performed at St. Bartholomew's Hospital, fully agree with this statement; and in seven cases of ablation of half the lower jaw, performed by Mr. Cusack, the patients, with one exception, had in a few weeks completely recovered from the operation. In the unfavourable case, erysipelas ensued, terminating in sero-purulent effusion into the cellular tissue around the larynx and within the glottis.

"It is recorded that Dupuytren removed portions of the lower jaw in eighteen or twenty cases; that in one of these the result was fatal from inflammation extending to the larynx; and that in two others the disease, which was stated to be cancer, recurred at distant periods; but that, with these exceptions, the operations were successful. In one of the cases where I removed the portion of the jaw between its symphysis and ramus, no constitutional disturbance ensued; the whole tract of the wound united by adhesion, and on the eighth day the patient left her bed, and moved about in good health."

As to the importance of the operation and its history, Mr. Stanley says:—"The operation of removing portions of the lower jaw constitutes one of the most remarkable of the achievements of modern surgery. It appears that the first of these operations was performed by Mr. White, at the Westminster Hospital, in the year 1804; but it does not seem that the operation was repeated until the year 1821, when it was performed by Dr. Valentine Mott, of New York."

Let us now turn to Mr. Mackmurdo's case, the notes of which were kindly furnished by Mr. Spencer Edmonds, the dresser of the patient.

John H—, aged twenty-six years, was admitted on the 6th of June, 1854, under the care of Mr. Mackmurdo. The patient is a sofa manufacturer, and first noticed a swelling about the lower part of the left side of the face about nine months before admission, and ascribes it to a carious left lower molar tooth, which for a long time troubled him greatly. After suffering for some time from this tooth, he had it extracted, but the swelling and pain continued, and ever since the former has gradually, but slowly, increased. During its progress, the patient has at times experienced severe gnawing pain in connexion with it, but the pain of late has been but slight. He states that during the last fortnight the swelling has increased with great rapidity. The man is of a nervous temperament; he has previously been once in this hospital, viz., for the fortnight ending May 10th, 1854, when he left in a fright at the idea of an operation.

*Present condition.*—The tumour extends externally from just below the zygomatic arch to near the symphysis of the inferior maxilla; it projects considerably into the cavity of the mouth, where it presents an uneven surface; while externally it is for the most part smooth, and has a firm feel. There is some swelling and tumefaction of the soft parts over the jaw, arising from inflammatory action, and the skin is freely movable over the tumour. To the touch externally, as has been already said, the tumour presents chiefly a firm feel; but in parts distinctly circumscribed fluctuation is detectable. The part which projects internally into the mouth presents several small, irregular cysts, evidently filled with fluid. When first he was admitted, on April 25th, a cyst on the outer, and another on the inner, aspect of the tumour were punctured; fluid escaped, and the probe, passed through either of the apertures, touched bone. The lungs are in good condition; heart, healthy, though excitable.

After consultation with his colleagues, Mr. Mackmurdo determined on excising the left half of the lower jaw, as the non-malignant character of the tumour had previously been determined (as far as possible) by microscopic examination of the

contents of two of the cysts by Mr. Simon. It was argued, that if the tumour was not removed, it would, if it continued to increase as rapidly as it had done during the last fortnight, shortly terminate the man's life, whereas its removal would give him a chance.

On the 10th of June, the operation was performed. Chloroform was administered to the patient while in the ward, and he was conveyed in a state of insensibility into the operating-theatre, where the head was kept elevated. The lower incisor teeth to the left of the mesial line having been removed, an incision was made through the middle of the lower lip to the incurvation of the chin, exposing the inferior maxilla, which was then sawn through at the symphysis. A second large semilunar incision was then made from the termination of the former ones to the front and lower part of the ear. The flap thus made was dissected upwards from the tumour, which was thus completely exposed. The jaw was then seized at the symphysis, and drawn outwards, the textures connected with it being successively divided from the mesial line outwards. Having arrived near the articular extremity, the jaw was disarticulated, and after a few more touches with the knife, entirely separated, leaving, however, a small portion of the coronoid process (which, being weakened from having its osseous tissue diminished and expanded, broke under the influence of the force used) in connexion with the insertion of the temporal muscle, and which subsequently was easily removed in fragments.

During the operation, the patient lost less blood than is usual at such a time. The wound was lightly sponged, and then filled with dry lint, upon which the flap rested, and the man was then carried to bed.

No vessels at this time appeared to require deligation. After the operation, some wine was administered through a tube, in small quantities, and at short intervals. About three hours afterwards, when the patient had rallied, the flap was raised, the lint removed, and five vessels, which now began to bleed freely, were ligatured. The edges of the wound were then retained in apposition, below the lip, by two hare-lip pins, and elsewhere by three sutures. Lastly, several strips of adhesive plaster were used. In the course of the evening, strong beef-tea was carefully administered, but the patient experienced some difficulty in swallowing.—Ten P.M.: He is sleeping soundly.

*Examination of the removed moiety of the jaw.*—The mass of the disease involving the left half of the lower jaw was cystic; though the bulk of the jaw was considerable, there was not much true osseous structure; it was expansion, not super-addition; this expansion was so great about the coronoid process, that the latter broke on removing. There was found much earthy matter, in the form of small, modulated masses, this matter containing many specimens of the cells called myeloid—or marrow-like, and presenting, with some granular matter, many nuclei, varying from two to twenty; these were found in the walls of the cysts.

First day after the operation.—Nine A.M.: Feels tolerably comfortable; no particular pain. To have strong beef-tea frequently.—Three P.M.: The portion of the wound below the lip is uniting nicely by the first intention; the saliva flows from the posterior part; the patient feels comfortable; appetite good; pulse 120. Ordered, strong beef-tea; wine, ten ounces.

Fifth day after the operation.—The part of the lower maxilla which is left keeps in very good apposition with the upper jaw. There is a considerable discharge from the posterior part of the wound; the anterior part has united by the first intention; appetite good; the man takes nourishment through a tube; sleeps well; pulse 100; bowels costive; there is some erysipelatous redness and swelling, extending from the wound upwards to the eye.

Seventh day.—The erysipelatous blush has quite disappeared; discharge considerable; bowels well relieved by an enema administered this morning.

Tenth day.—The redness appeared again yesterday, and to-day has much increased, it runs from the line of incision to the cheek and opposite side of the face; restless last night; pulse 120, feeble; takes the wine and beef-tea. A good deal of discharge from the wound; to-day a large slough was removed from the hinder part; edges look foul; odour very fetid; has been using chloride of soda for some days; with it the mouth is well syringed out; the last ligature was removed yesterday, viz., the ninth day.

Eleventh day.—Erysipelas has not extended, though there is rather more cedema of the structures which it involves; the patient seems lower, and articulates with great difficulty.

Twelfth day.—Passed a better night; pulse 130; not so irritable; erysipelas decreasing; considerable offensive dis-

charge from the wound, both externally and internally. Nine P.M.: Is very delirious at times, frequently attempting to get out of bed; pulse 140, weaker; more irritable. Urine passed involuntarily.

Thirteenth day.—Evidently sinking; head symptoms more prominent; cannot articulate, but utters confused sounds; very restless all last night; pulse tremulous, too rapid to be counted. The man died at eight in the morning on the fourteenth day.

The foregoing details are sufficient to show that the unfavourable results of the case were mainly owing to erysipelas, and to a want of power in the patient for resisting the onset of this formidable complication.

As to the operation itself, we would just mention that in this case was exemplified the well known fact, that the hemorrhage during the removal of half of the lower jaw is in general trifling, with exception of the blood which may come from the facial artery. In the present instance, no vessels whatever, after the bone had been removed, seemed to require ligature, though several bled a good deal when reaction had taken place; this circumstance proving how closely patients who have undergone this operation should be watched.

Still, the more we see operative proceedings of this kind, the more we become convinced of the inutility of tying either the internal or external carotid previous to the incisions, as a matter of precaution. Nor should the following very correct observation of Mr. Stanley be forgotten, viz., that, "Whilst the disease is in progress, the adjacent arteries, even when of large size, often become obliterated, so that, when divided, no bleeding ensues."

As to the steps of the operation, it will be perceived that Mr. Mackmurdo was careful to have the patient's head held erect, so as to favour the escape of the blood outwardly, and prevent the fluid from penetrating into the larynx, rendered insensible by chloroform. The general rule is, to divide the soft parts (after the removal of one or more teeth) from the ear to the chin, and, if necessary, through the lip, detach the bone from the fleshy tissues, and then use the saw. But Mr. Mackmurdo first made a vertical incision through the lip to the chin, then divided the body of the jaw close to the symphysis, and subsequently made his incision from the ear downwards along the border of the maxilla. Thus, after the connexions of the bone with the parts within the mouth were divided, the moiety of the jaw (the symphysis being sawn through) had no longer any attachment but towards the temporo-maxillary articulation, which attachment speedily gave way, especially as the coronoid process broke off. We observed that the morbid mass yielded very easily at a certain state of the operation, as the symphysis was divided; but this advantage cannot, of course, be obtained by those surgeons who are anxious, for fear of the retraction of the tongue, to cut the genio-glossi muscles before they apply the saw. We did not perceive that any alarming retraction of the tongue took place, and no surprise need, perhaps, be felt at this circumstance, since the organ, though it loses support on the affected side, is still sufficiently retained in its normal position, by its connexion with the sound portions of the jaw.

The examination of the tumour presented some interest, as the morbid growth had been pronounced non-malignant; the microscope confirmed the diagnosis, and its nature was found to be myeloid, or marrow-like. This name is founded on the minute structure, and was formerly confounded with fibrous tumours, and included in the class of osteo-sarcoma. Such is the onward march of pathology and chemistry: the more we unravel, the more minutely we analyze, the more we want new names; and, indeed, when a student opens a book on organic chemistry or modern pathology, he may well be frightened at the unharmonious and endless nomenclature which meets his eye. Nor can his mind (like that of his forefathers) rest on great and sufficiently palpable divisions, leaving the sub-divisions and minutiae for a time when he is less startled; for the multiplication of classes, species, and varieties, has been so great, that the main divisions become uncertain. Thus it was somewhat satisfactory, at no distant period back, to make a clear and quiet distinction between malignant and non-malignant tumours; but the latter are now found to encroach upon the former, and hardly have we mastered the names, structure, and pathology, of benign tumours, than we are told that they may sometimes be malignant; and such a good authority as Mr. Paget suggests the terms "semi-malignant," "locally malignant," "less malignant than cancer," for certain myeloid tumours. Here is the passage alluded to:—

"Now, in both these cases," (examples of myeloid tumours,) "and especially in the last, the whole history of which seems full of anomalies, there were certainly such features of dia-



similarity from the usual general characters of the myeloid tumours that, although the microscopic characters appeared identical, yet they are not enough so to prove even the occasional malignancy of the disease; they are enough to make us cautious; enough to induce us to study the disease very carefully, as one of those that may, in different conditions, or in different persons, pursue very different courses; appearing in some as an *innocent*, in others as a *malignant* disease. The use of such terms as 'semi-malignant,' 'locally malignant,' 'less malignant than cancer,' and the like, in relation to growths of this kind, involves subjects of singular interest in pathology, as well as in practical surgery."—Paget "On Tumours," p. 227.

But to return to myeloid or marrow-like tumours, of which we have an example in Mr. Mackmurdo's patient. They were formerly called by Lebert, fibro-plastic, because they contained corpuscles like the elongated cells, or fibro-cells, which he has called by the same name. But Mr. Paget has found more characteristic constituents in these tumours—namely, the peculiar, many-nucleated corpuscles which have been recognised by Kölliker and Robin as the elements of the marrow and diploe of bones, especially in the fetus and in early life; and he thinks it best to name the tumours myeloid, or marrow-like, after their nearest affinity.

As to the development and history of this kind of tumour in bone, Mr. Paget says, p. 218, "The most general facts I can collect are—that the myeloid tumours usually occur singly; that they are most frequent in youth, and very rare after middle age; that they generally grow slowly and without pain, and generally commence without any known cause, such as injury or hereditary predisposition." (In Mr. Mackmurdo's patient the first symptom was toothache, the disease having probably begun in the cancellated texture of the jaw, and irritated the root of the teeth.) "They rarely, except in portions, become osseous; they have no proneness to ulcerate or protrude; they seem to bear even considerable injury without becoming exuberant; they may (but I suppose they very rarely do) shrink, or cease to grow; they are not apt to recur after complete removal; nor have they, in general, any features of malignant disease."

It will thus be seen that the above-mentioned operation was undertaken under very favourable auspices, and that the case included the usual elements of success. And here we would beg our readers to refer back to an instance of tumour of the lower jaw, treated by Mr. Fergusson at King's College Hospital, which bears much analogy to the present case, (*THE LANCET*, vol. i. 1851, page 545.)

Lastly, we have some apology to offer for an incorrect statement respecting a tumour which grew on the scalp of a boy, under the care of Mr. Stanley at St. Bartholomew's Hospital, about two years ago, (*THE LANCET*, vol. i. 1852, p. 233.) The poor little patient died, and the case created very great interest, as the growth seemed to have been caused by blows struck upon the boy's head by a cruel and brutal relation. The tumour was, at the time we reported the case, considered as cancerous; but Mr. Paget, having submitted it to a careful microscopic examination, found in it the characters of the myeloid tumour; and in extenuation of the error into which we fell in calling it cancerous, we would quote the following passage:—"It would be difficult to find a tumour more imitative of cancer than this was in its mode of growth, its infiltration of various tissues, its involving of important parts, its apparent dissimilarity from any natural structures. And yet it certainly was not cancer; the microscopic elements were like those of natural parts; not a lymphatic or any other organ was affected by similar disease, and death seemed to be due solely to the local effects of the growth."—Paget on Tumours, p. 225.

Now, as a contrast to the benign tumours which were observed both in Mr. Mackmurdo's and Mr. Stanley's patients, we would call attention to an instance of malignant disease, developed in the head of the tibia of a man upon whom Mr. Erichsen has lately performed amputation of the thigh at University College Hospital. The history of the case is replete with interest, and we beg to subjoin the following details, obtained from the notes of Mr. Howitt, the dresser of the patient.

#### UNIVERSITY COLLEGE HOSPITAL.

ENCEPHALOID CANCER DEVELOPED IN THE HEAD OF THE TIBIA;  
AMPUTATION ABOVE THE KNEE.

(By Mr. ERICHSEN.)

JAMES R—, aged twenty-eight years, was admitted on October 1st, 1854. For the last eight years he had been a

gunner and driver in the Artillery; his father had died when between fifty and sixty years of age, after the operation of lithotomy, the stone not having been entirely removed, but having broken during extraction. His mother is sixty, is still living, and in very good health. In fact, the patient's parents never had tumours of any kind, nor were they subject to cough; he has a brother and sister living, and they and their children are all healthy. One brother died in infancy, and two, who had arrived at manhood, of typhus and scarlet fever respectively. None of the man's relations were ever subject to any swellings or tumours.

The patient is a widower, and has two healthy children. In his youth he suffered from scarlatina and measles, but recovered perfectly. Six years before admission he had gonorrhoea, which was cured in four days, but he never had syphilis or rheumatism. The patient has always had good and sufficient food, is steady and temperate, and always enjoyed good health until about four years previous to the present examination.

At that time pain was produced by pressure on the patella, but the man could walk well, and there was neither heat nor swelling about the joint. For two years and a half he was then employed in recruiting in the north of Scotland, during which time he had to walk sometimes fifteen miles a day, but felt no inconvenience from this exertion. The pain above-mentioned was of a gnawing description, and only occurred on pressure. The patient continued in this state till the end of 1851, when he first noticed a swelling on the inner side of the head of the tibia; the swelling was as hard as bone, and painful on pressure, but there was no heat in it. He could walk easily and without pain on level ground, but on a rough road he experienced much uneasiness in the joint. The general health was all this while excellent.

From this time till April, 1852, the swelling and tenderness increased, as also the weakness of the limb; but, even then, no pain was felt in the part except it was roughly handled. At this time, the patient was admitted into the Woolwich Hospital, where the affection was locally treated by cupping, leeches, blisters, warm fomentations, and, lastly, the moxa, but none of these means had any salutary effect.

He left the hospital rather worse, after a stay of six weeks, went on duty again, and left in September for the West Indies. There he was actively engaged for a year, and was then admitted into hospital, the tumour having increased, the tenderness being greater, and constant pain being felt for the first time in the joint.

He was not benefited by the treatment, and was sent out in six weeks to convalescent duty. The tumour and pain increased, however, until July, 1854, when the man was obliged to use sticks, and return to the hospital.

The appetite now began to fail, he lost flesh, especially about the thigh, and was obliged to leave the service. On his voyage home, in August, he had bilious vomiting, and was attacked by a cough, which has gradually become worse. Soon afterwards night perspirations commenced; and he noticed that on standing up, the veins of the limb became much distended, but the glands in the groin remained unaffected. On the 25th of September the foot swelled, but since the patient's arrival in England his health has been improving, though no favourable change occurred in the knee.

*State on admission.*—The right knee is flexed at right angles, and elevated in bed. In the situation of the head of the tibia is observed a swelling, extending four inches from the lower edge of the patella, and, laterally, for about five inches. The colour of the skin is not changed, but it is traversed towards the lower part by enlarged veins. The head of the fibula is to be distinguished on the outer side. The circumference of the tumour, round its centre, measures sixteen inches, and the other leg, at the same spot, eleven inches and a half. The tumour is confined to the head of the tibia, the outline of the condyles of the femur and the patella being easily made out. In the interval between the bones the cavity of the joint can be recognised in a normal condition. The greatest tenderness is in the centre of the tumour, and on pressing it with both hands, a slight crackling can be felt as of slight shell of bone; superficial to the tumour some enlarged arteries are observed to pulsate. The joint is fixed and immovable, but there is no pain except on pressure.

The general aspect is anæmic, the patient is emaciated, and has a hacking cough with profuse spits, and sweating at night; examination of the chest reveals no actual signs of phthisis.

On October 11th the thigh was amputated by slide flaps, and the patient has done very well since.

*Examination of the head of the tibia, made by Mr. KIALDMARK, house-surgeon to the hospital.*—On dividing this process longitudinally, the tumour was found to consist of yellowish,

cartilaginous, encephaloid substance, softening towards the circumference into a discoloured matter, bounded by a thin shell of bone, and having masses of fresh osseous deposit in its centre. The yellowish matter contrasts with the bluish appearance of the cartilage; a little fluid exudes from it, but it does not break down under the fingers. The osseous deposit is rather considerable, particularly where it is not so firm as in the centre. Exterior to the bone, posteriorly, are masses of fatty-looking substance, they are firm, and appear like true encephaloid; in front are some osteoid portions, and nodules of bony matter encased in fibrous tissue. The joint is healthy, but the head of the fibula is a little injected. The disease extends down to the medullary canal, and between it and the marrow a gelatinous substance is observed, with mixed spiculae of bone, this is also infiltrated into the cancellous structure of the shaft. Under the microscope, the firm substance shows characteristic cancer cells, with fatty degeneration. In the masses at the back of the joint the cells are larger; and in the bony deposit they were fusiform and caudate.

Here we have a *bond fide* cancerous growth, taking its development in the head of the tibia, a portion of bone especially obnoxious to transformations of this kind. A feature worthy of note, is the absence of pain in the four years during which the disease invaded the process which it eventually destroyed; and we may also mention the immunity enjoyed by the cavity of the articulation while these serious changes were going on.

This tumour must be placed amongst the variety called *firm medullary cancer*, and belongs to those which form distinct masses in the articular ends of bone, round which the walls are expanded into a shell. The patient is doing well, and is likely to recover from the effects of the operation; but as to recurrence, it is but too probable that it will take place, the average life after removal of limbs affected with medullary cancer being, according to Mr. Paget, about thirty months. This author says:—"If the operation be recovered from, the regular course of events brings about the renewal of cancerous growth, either near the seat of the former growth, or in the lymphatics connected therewith, or, more rarely, in some distant part.....Recurrence and death occur, on the whole, more tardily after amputations for medullary cancers of the bones and soft parts of the limbs than after extirpation of the eye or testicle.....Now, respecting the propriety of removing a medullary cancer in any single case, it may be said that the hope of finally curing the disease should not be entertained. Such an event may happen, but the chance of it is not greater than that of the disease being spontaneously cured or arrested; and the chance of any of these things is too slight to be weighed in the decision of any single case. The question in each case is, whether life may be so prolonged, or its sufferings so diminished, as to justify the risk of the operation. In general, I think, the answer must be affirmative wherever the disease can be wholly removed, and the cachexia is not so manifest as to make it probable that the operation will of itself prove fatal."

We now would for a few moments direct the attention of our readers to a case of medullary cancer of bone, the situation of which precluded any surgical interference; we shall thus be enabled to study the rise, progress, and issue of the disease when art is powerless in arresting its fatal tendencies.

#### KING'S COLLEGE HOSPITAL.

MEDULLARY CANCER OF THE ILLIUM, PRESENTING VERY STRONG PULSATIOMS.

(Under the care of Mr. FERGUSON.)

JAMES B—, aged fifty-six years, was admitted May 4th, 1854, with a pulsating tumour, situated on the posterior part of the left ischium.

The patient states, that about four months before admission he began to feel some pain in the above-named region, which was at first trifling, but increased on the slightest exertion, and was always relieved by rest. This pain became gradually more severe until six weeks before his application here, when it came on rather more abruptly than usual, and it was then that he first perceived a swelling at the spot where the pain was experienced. The tumour was then about the size of the last phalanx of an adult thumb, there being distinct pulsations in it.

(To be continued.)

EPIDEMIOLOGICAL SOCIETY.—The first meeting of the present session of this Society will be held on Monday, the 6th of November, at half-past eight P.M., at 37, Soho-square. An introductory address will be delivered by the president, Dr. Babington. Afterwards a discussion will take place relative to the late visitation of cholera.

## Reviews and Notices of Books.

*Transactions of the Pathological Society of London. Vol. V. Including the Report of the Proceedings for the Session 1853-54. pp. 371.*

IN calling the attention of the profession to this interesting volume, we would preface our observations by expressing the high sense which we entertain of the respectability and utility of the Society from which it has emanated. The Society is, in our judgment, second to none in practical value and in the active support which it receives from the most distinguished members of our profession. It is also a pattern to other similar institutions in the economy with which its general affairs are managed, as evinced by the publication of so handsome a volume out of the yearly subscription of one guinea paid by its members.

The "getting up" of this work is highly creditable to the hon. secretaries, and the literary character of the articles does honour to the contributors; whilst no fewer than seventeen large plates, containing a multitude of drawings, and several woodcuts, illustrate and decorate its pages. There is also a good general index of the contents, but we think the work lacking in a separate catalogue of the subjects of the illustrations. There is also an indefiniteness about the expression, "List of Specimens exhibited at the Meetings of the Society during the Session 1853-54;" for since that list is, in fact, a catalogue of the contents of the volume, it would appear that all communications made to the Society were admitted into the "Transactions"—a statement which cannot be correct.

We must also offer our approval of the microscopic character with which the plates have been invested, and of the artistic and faithful mode, as we believe, in which they have been executed. Such drawings are peculiarly fitted for the "Transactions" of our learned societies, since matters of great interest and novelty may thus be rapidly and simultaneously brought under notice in a department which has been, and still promises to be, the most fruitful in results.

The contents of the volume consist of 135 communications, and are arranged under nine heads—viz., Diseases of the Nervous System, Organs of Respiration, Heart, Organs of Digestion, Urinary and Generative Organs, Osseous System, and Ear; with papers on various miscellaneous subjects, and on Diseases of the Lower Animals. Our space will not permit us to notice every article, but we shall give an analysis of the most interesting cases.

#### *Diseases of the Nervous System*

are illustrated by twelve communications. Thus, Dr. Ogle exhibited a cyst from the meshes of the pia mater of the brain, which produced absorption of the convolutions of the surface; also a cyst at the base of the brain, formed by the softening of scrofulous deposit, and clearly indicated during life as to its position by certain well-marked symptoms; and a specimen, showing extensive softening of the entire spinal cord, without discoloration thereof. Dr. Bristowe exhibited a tumour, probably epithelial cancer of the dura mater. Mr. John Wood exhibited a brain and dura mater taken from a man after a blow on the head. Mr. Toyne exhibited a diseased brain arising from caries of the temporal bone after scarlet fever. Dr. Septimus Gibbon exhibited the left middle cerebral artery, plugged with a fibrinous clot, the result of phlebitis. Dr. Markham showed a cancerous tumour in the posterior lobe of the right hemisphere of the brain. Dr. Hall related a case of chronic abscess of the brain, giving rise to symptoms resembling chorea. Mr. Shaw exhibited a fibrous tumour on the left ventricle of the brain; and a bony deposit in the arachnoid membrane of the right hemisphere. Dr. Peacock and Dr. Thurnam presented a cholestea-tomatous tumour of the brain; and Dr. Sankey described a mode of taking the specific gravity of healthy and diseased brain. Of these, Dr. Bristowe's and Dr. Peacock's tumours are illustrated by twelve figures.

Dr. OGLE's first case occurred in a woman, aged thirty-four, who had been subject to fits for several months, and at length died in an attack of epilepsy. The catamenia had not appeared until aged twenty-four years, and subsequently were irregular. The cavity of the cysts was more than an inch in diameter, and a quarter of an inch in depth, and was lined by a tough membrane, the result of inflammation. The cystic fluid was limpid, and contained bloodvessels, granular matter, and fibrillated structure; whilst the softened brain at its base consisted of granular matter, with oval and irregularly shaped nucleus-like bodies, globules like pus-globules, wasted nerve-tubes, with star-shaped and caudate bodies, having dark margins and a calcareous appearance. The arachnoid was much thickened, the brain vascular, and the whole viscera congested.

His second case is one of much interest, and occurred in a girl, aged eighteen, who had not menstruated. She had been ill but about four months, and died after a so-called fainting fit. Her first symptoms were pain in the forehead and giddiness, followed by tottering and numbness of the whole of the *left* side up to the middle of the neck and the *right* side of the face, with failure of sight in the *right* eye, and of hearing in the *right* ear. There was also double vision for a short period; there was lachrymation and vascularity of the conjunctiva, and incomplete closure of the eyelids of the *right* eye. There was loss of the power of abduction of that eye, and the pupil was contracted, but tolerably active. Towards the close of the case the bowels were excessively constipated. Vomiting occurred, the mouth was drawn to the *left* side, and the pupil contracted and inactive. The cyst, as large as a pigeon's egg, was situate in the pons Varolii in the *right* side, and implicated the fourth, fifth, sixth, and seventh pairs of *right* cranial nerves.

The third case was non-inflammatory, and accompanied by remittent colic-like pains, and pains in the head and limbs, with much loss of muscular power. She ultimately died in convulsions.

Dr. BRISTOWE's case was that of a man, aged seventy, who died perfectly paralyzed. A small tumour (quarter of an inch by one third of an inch) was found growing from the dura mater, which presented small ulcerated cells of a non-squamous epithelial character, together with the involucria, ovoid cells, and other forms of cells which Dr. Bristowe states to be characteristic of epithelial cancer. There were also globular and ovoid bodies, with fibres of various sizes, chiefly without nuclei. The author did not connect the existence of the tumour with the cause of death, but believed it to be of the nature of epithelial cancer.

Mr. TOYNBEE was of opinion that in his case (a patient, aged twelve, in whom there had been a discharge from the ear during two years after an attack of scarlet fever,) the caries of the bones was due to the impediment offered by the membrana tympani to the egress of the secreted matter.

Dr. GIBSON attached importance to his case, on account of the coincidence of a clot in the middle cerebral artery, and vegetations on the cardiac valves in a case of puerperal phlebitis. He attributed the immediate production of this clot to a diseased state of the veins, but could not account for its passage through the pulmonary capillaries.

The case related by Mr. SHAW had been under the care of Dr. Watson. Twenty-seven years before, the patient had had a temporary loss of feeling, with contraction of, and pain in both legs. In 1853, pain occurred over the right brow, with retchings before breakfast. In some months the pain settled in the parietal bone, and at the end of the year he was suddenly seized with transitory paralysis of the left arm, and with difficulty of speech. Paralysis then attacked the right side, and he was nearly choked on attempting to swallow. Everything seemed turned "upside down" to him. He died in four days. Two pieces of bone were found in the arachnoid, over

the right hemisphere, without evidence of inflammation, and an irregularly-globular fibrous tumour, of the size of a molar tooth, projecting far into the cavity of the left ventricle, between the corpus striatum and the septum lucidum. The ventricle contained four ounces of clear serum.

Dr. PEACOCK's case was an ordinary one of insanity in a female, aged sixty, consequent upon domestic inquietude, who ultimately died of apoplexy, with convulsions. The tumour (as large as a walnut) was developed in the convolutions, and under the edge of the right lobe of the cerebellum, and, pushing aside the vermiform process, extended nearly to the left side of that organ. It consisted, according to the report of Dr. Bristowe, of irregularly-polyhedral cells, with numerous crystals of cholesterine in the softer substance, with nucleated, granular, polygonal scales on its nacreous portion, and was of the nature of a cyst.

Dr. SANKEY's method of taking the specific gravity of the brain, was that adopted for the like purpose in the lungs, but, in addition, he measured its exact specific gravity, by immersing it in fluids of various known degrees of density, (rendered so by the addition of sulphate of magnesia,) and taking the mean between two, in one of which it sinks, and in another swims. Thus, if the two fluids have densities of 1.030 and 1.032 respectively, the brain will have a specific gravity of 1.031.

There are four papers on

#### *Diseases, &c., of the Organs of Respiration.*

Mr. HUTCHINSON described the lungs and heart of a child, aged six years, who had died from dyspnoea, the result of the pressure of a tuberculous gland, the size of a pigeon's egg, on the right bronchus, immediately at the division of the trachea. The left lung had been previously destroyed by pleuritic effusion, which had been absorbed.

Dr. HYDE SALTER exhibited, with microscopical illustrations, a bony mass, about two and a half inches long, by two inches broad, and one inch thick, which he had found embedded in the sub-pleural areolar tissue covering the diaphragm, and which appears to be the counterpart of a deposit described by Dr. E. Smith, in *THE LANCET*, 1853. It was not true bone, but, with a distinctly fibrous matrix, there were numerous tubes running in a wavy parallelism, which resembled imperfectly-formed dentine. A similar structure had also been discovered by the author in an ossification of the aorta, possessed by Professor Quekett.

Dr. BRISTOWE has figured a fungus, with a distinct mycelium and perfect fructification, which he had found in a tubercular cavity, without tubercle, at the apex of the lung of a woman, aged forty-nine. He was of opinion that the sporules had been introduced during life, and consequently that the development of the fungus was a vital process.

Dr. FULLER has described, and figured some branching casts moulded in bronchial tubes of the third or fourth diameter, and their branches. They were about one and a half inch in length, and of the diameter of a crowquill. The patient, aged twenty-five, had lost three sisters of phthisis, and from the age of fourteen years had been afflicted with cough and dyspnoea, and had expectorated small pieces of plastic material, and also casts which at one period were four inches in length. Dr. Peacock, in his remarks on this case, has entered at length into the etiology of the affection, and has collected a long series of instructive cases. The communications on

#### *Diseases, &c., of the Heart*

are numerous, and some of them have peculiar interest.

Dr. PEACOCK has made four contributions. The two first are instances of malformation of the heart, and are illustrative of the cause of cyanosis. One case was that of a child, aged six and a half years, in which there was contraction of the pulmonary artery, a considerable deficiency in the septum

of the ventricles, and an open state of the foramen ovale, so that venous blood readily passed to the right side; whilst the other case was that of an infant with contraction of the right auriculo-ventricular orifice, with two small apertures in the septum ventriculorum, so arranged that if any admixture of blood took place, it could only be from the left to the right side. In both cases there was cyanosis, and in both congestion; and the author inferred that the former condition depends rather upon the latter, than upon admixture of blood in the heart. The latter case was also of interest, as showing intra-uterine disease of the tricuspid valve. His other cases were,—one of lateral, or partial aneurism, at the apex of the left ventricle; and another of rupture of the septum cordis, sufficiently large to admit the forefinger, accompanied by diseased valves, and the earlier stages of fatty degeneration.

Dr. BRISTOWE is the author of four communications, also, of which the one on three cases of fatty degeneration is the most interesting. In the first case, the patient, aged thirty-five, died of pericarditis, implicating the structure of the heart, so that the degeneration was considerable at the seat of inflammation, less so on its borders, and not evident elsewhere. The diseased tissue was not brittle. In the second, there was degeneration and brittleness of tissue, inducing rupture of the posterior part of the left ventricle and the opposed pericardium. The third case was one of blood-disease in an ill nourished boy, and was accompanied by hæmorrhage from the nose, great anæmia and loss of vision, and gave evidence of extreme degeneration, without brittleness. Of the other cases, one was old-standing disease of the aortic and mitral valves, with hypertrophy and dilatation of the heart, which appeared to have produced no inconvenience till a short time before death. Another was extreme hypertrophy of the heart, without apparent cause, and which, in the author's opinion, was the primary and most important of all the concomitant deviations from a healthy condition. The last was the formation of an aneurismal sac opposite to the junction of the four cavities of the heart, and projecting posteriorly.

Dr. OGLE exhibited an intra-uterine malformation of the pulmonary valves, in which there was a plain diaphragm, instead of three segments, pierced by a foramen about the size of a pea. The aortic valves were also malformed, and the author regarded the hypertrophy of the walls of the heart as a conservative process, preventing cyanosis.

Dr. Brinton has described and illustrated two cases of lesion of the aortic valves, which presented symptoms of considerable contrast; and Mr. Obré a case of malformed and diseased aortic valves; and another of bony deposit in those structures. Mr. Haynes Walton also presented the heart of a case of aneurism of the posterior tibial artery, which so far resembled Mr. Obré's cases, that there was a fusion of two segments of the aortic valves into one, and a laceration of one of them causing sudden death after the ligature of the femoral artery. Mr. Walton also gives the details of a case in which there was aneurism of the popliteal, (which ultimately gave way,) aneurism of both femorals and of the subclavian, involving all its branches, and also disease of the heart.

Mr. Harvey Ludlow has described a case of aneurism of the arch of the aorta; and Mr. N. Ward, one of the aorta opening into the œsophagus. Mr. Hutchinson has contributed a case of false aneurism of the arch of the aorta in a child, aged four, which, in his opinion, began as an abscess, probably tubercular, external to the artery. The same gentleman had also examined the heart of a girl, aged eleven, who had from birth suffered from aggravated cyanosis, and had found a fleshy septum dividing a rudimentary right ventricle into two chambers, and the opening of the pulmonary artery reduced so as only to admit a probe. The septum of the ventricles was most imperfect, whilst that of the auricles was complete, and the foramen ovale closed. He regarded the false septum as the cause of the non-development of the true septum. Dr. Sieve-

king has given the case of an infant, aged six weeks, of congenital malformation of the heart, in which there was an absence of the right auriculo-ventricular orifice, with defective inter-ventricular septum and open foramen ovale, without the presence of cyanosis or any symptoms of heart disease. Mr. S. Wells exhibited drawings of the appearance of the surface of the heart in two cases of purpura.

(To be continued.)

## Foreign Department.

### MAN AND MONKEY.

ARE we truly promoted monkeys? If there is truth in testimony, the confession, however humiliating to human vanity, must be made. What if Lord Monbodo, the much ridiculed, should have the laugh on his side? Our contemporary, the *Gazette-Hebdomadaire*, publishes a circumstantial summary of what he believes to be authentic intelligence. In 1677, it is said, a Dutch traveller, John Struys, was the first to make the interesting discovery that we are entitled to a caudal appendage. He saw, or at least says he saw, in Africa, a man with a tail *more than a foot long*. But this may be a mere traveller's tale. M. du Courret, who has written a book upon the tail question, says that a marabout of Kuchenhah, a town of central Nigritia, affirms that there exists, between the gulf of Benin and Abyssinia, tailed anthropophagi, called Niam-Niams. M. du Courret says he has himself seen at Mecca, in 1842, a negro from Central Africa, who carried a true tail; and further, that he has it from several djelabs, or slave-merchants, Arabian and Nubian, that there is in this part of Africa a spot where all the indigeni have the same conformation as this negro. M. du Courret gave a minute description of this race to the Paris Academy of Sciences, in 1849. He reports that both males and females have tails *from two to three inches long*. The tail of the individual he examined was very movable. Similar communications were made to the Academy by MM. Arnault and Vayssière, and by M. Roches d'Héricourt to the Oriental Society. More recently, M. Francis de Castelnau relates that, travelling some years ago, he was at Bahía, and bethought him that it was a convenient opportunity of studying the question. He interrogated a slave named Mahammah, remarkable for his intelligence and the extent of his travels. This man says that, by order of the sultan of Kano, he once joined an expedition against the Niam-Niams. They came by surprise upon a band of these tail-gifted people, and massacred the whole. They all had tails of about forty centimetres long, and two or three in diameter. The tails were flexible. They afterwards took other parties prisoners. The chief of the Niam-Niams begged for mercy, but the sultan of Kano had them all killed, *because they had tails*, and no one would buy them for slaves. In 1852, M. d'Abbadie, the well-known traveller, related to the Geographical Society that an Abyssinian priest had given him very circumstantial details concerning this race of men. According to this priest, the tail is twenty-nine millimetres long, and covered with hair; but the women do not possess it. M. Hübsch, physician to the hospitals at Constantinople, has just addressed an interesting communication to the editor of our French contemporary. He says that in 1852 he saw a negress with a tail. Her master, a slave-merchant, told him that there exists in Central Africa a tribe called Niam-Niams; that all the members of this tribe have tails, which sometimes reached the length of two feet, but this, M. Hübsch says, may be an Oriental exaggeration. The tail M. Hübsch examined was two inches long, supple, without hair, and ended in a point. Her master could not sell her. The objection did not reside in her tail, but in her avowed taste for human flesh. In 1853, M. Hübsch saw a man of the same race, who had a tail an inch and a half long. He is also acquainted with the son of an apothecary at Constantinople who was born with a tail an inch long: he belongs to the white Caucasian race. M. Hübsch adds that the Turks have long been acquainted with this race of men, and are very much surprised that scientific Europe should appear to have been ignorant of their existence. Such is the evidence in favour of our affinity to the monkey tribe. Whether the Niam-Niams be a creation of Oriental fancy, like the Yahoos of Captain Gulliver, or a race actually existing, it is at any rate an object of interest to extend our ethnographical inquiries in Central Africa. Should any enthusiastic traveller determine to solve the question, we counsel him to bring home the finest-tailed specimen that can be found.

# THE LANCET.

LONDON: SATURDAY, NOVEMBER 4, 1854.

If any doubt remained as to the absolute necessity of a thorough public inquiry into the conduct of the Medical Department of the Army, it must surely be dispelled by the following extraordinary, and we hope mistaken, censure officially uttered by Lord RAGLAN:—

"Camp before Sebastopol, October 11th, 1854.

"The Commander of the Forces is sorry to have to animadvert strongly upon the conduct of the medical department, in an instance which came under his observation yesterday. The sick were sent down from the camp to Balaklava, under charge of a medical officer of the division to which they respectively belonged; but on their arrival there, it was found that no preparations had been made for their reception. The Commander of the Forces is aware that Deputy Inspector-General of Hospitals, Dr. Dumbreck, gave the necessary order verbally to the staff medical officer of Balaklava; but that officer neglected to inform his superior, and the consequence was that the sick, many of them in a very suffering state, remained in the streets for several hours exposed to very inclement weather. The name of the officer who was guilty of this gross neglect is known to the Commander of the Forces. He will not now publish it, but he warns him to be careful in future, and to be cautious how he again exposes himself to censure. Dr. Dumbreck will, on future occasions of importance, give his orders in writing addressed to the responsible officer. When a convoy of sick is sent from the camp, either to the hospital, or to be placed on board ship, it is henceforward to be accompanied not only by a medical officer, but likewise by the Deputy-Assistant Quartermaster-General of the Division, who will precede it to the place of deposit, and take such steps as may ensure the due reception and care of the men confided to his charge.

(Signed)

"RAGLAN."

The first thing that strikes the reader in perusing this document is the inquiry, What was the motive that induced the Commander of the Forces to notice what we will assume to have been a particular instance of neglect of duty by a medical officer in a General Order? Was that course pursued in order to reprove "the staff medical officer of Balaklava?" If such were the object of the Commander, why not mention the name of the officer whose sense of duty it was intended to quicken? If the "staff medical officer" thus threatened in this undignified General Order has indeed neglected his duty in the manner pointed out, it is clear that he ought to have been tried by a court-martial. Had this course been adopted, it is possible that the medical officer might have been able to show that he was not deserving of censure. It is also possible that the charge of culpable remissness in his duty might have been brought home to him. In either case justice would have been done, and injustice avoided. As Lord RAGLAN states the case, it is obvious that the whole charge consists in the neglect of the "staff medical officer of Balaklava" to inform his superior of the verbal order given by Dr. DUMBRECK. We have not the smallest desire to extenuate the gravity of this offence: we wish to point out that, grave as it is, it is the fault of one man, and that, in common justice, upon that one man should

censure or punishment fall. But what is the conduct of Lord RAGLAN? It is impossible to read his General Order without being painfully impressed by the tone of irritation that pervades it. It is difficult to account for that irritation on the supposition that it is entirely caused by the conduct of the medical officer censured. The concluding part of the General Order clearly enough betrays the existence of a feeling in the breast of the Commander not raised by the single lapse of a single medical officer, but we fear of an unfriendly and mistrustful feeling against the entire medical department. What is there in the circumstances of the case so severely commented on by the Commander to call for this deliberate reflection upon the capacity of the medical staff?—"When a convoy of sick is sent from the camp, either to the hospital or to be placed on board a ship, it is henceforward to be accompanied, not only by a medical officer, but likewise by the Deputy-Assistant Quartermaster-General of the Division, who will precede it to the place of deposit, and take such steps as may ensure the due reception and care of the men confided to his charge."

We will assume that the medical officer at Balaklava neglected his duty: does that justify a studied censure and official degradation of the whole medical staff of the army? And yet this is the course that Lord RAGLAN has thought it necessary to adopt. Now we, in the name of our brethren in the East, and not less in the interest of the public service, unhesitatingly declare that this censure and this degradation must be justified before the public eye. Our army surgeons, who in the present campaign have evinced professional skill and public zeal at least equal to the skill and zeal of any other department of the service, and who have already on many trying occasions displayed the twofold courage of the soldier-surgeon, must not be allowed to remain under the stigma of incapacity, in order, as we strongly suspect, to screen other departments from the censure which is their due.

We conceive that we are justified in this suspicion—one we utter without any intention to reflect upon Lord RAGLAN, whose mind is in all probability under the spell of old War-Office traditions—by the simple fact that the medical department of the army enjoys no distinct and separate authority of any kind, even in matters directly pertaining to professional duties. In everything our medical officers are subordinate to others; for every want, for themselves or for the care and treatment of the sick and wounded, they are at the mercy of other departments; at every turn they are harassed and distracted in the performance of their duties by conflicting anxieties; they have no independence of action even for the most necessary purposes. Where, then, is the consistency in blaming the medical department if the general arrangements for the care of the sick and wounded are defective? Those arrangements, we broadly state, do not depend upon the medical department. All that the medical staff can do consists in personal devotion to their individual duties: and can the Commander of the Forces declare that they have been wanting in this? He cannot require to be reminded, that where there is no authority there can be no responsibility; and that it is monstrous to blame a man for the non-performance of a duty with which he was not entrusted.

If, then, it be true that our sick and wounded have suffered and perished, as but too many authentic accounts concur in stating that they have suffered and perished, from the want of surgeons, from the want of proper means and proper arrangements for removing them from the field of battle, from the



want of hospital ships and hospital accommodation on shore, from the want of medicines and surgical appliances, from the want of medical comforts, and even of food, all these and other shortcomings must be visited on the heads of those who have authority in these matters, and who, having authority, must be content to bear the responsibility.

Although we may regret the injustice committed against the medical officers of the army by the Commander-in-Chief, in the General Order we have quoted; although we may regret the not less remarkable indignity cast upon the medical staff by the omission of all testimony to their services, of even the most passing recognition of their devotion on the field of battle, and during the exhausting labours that followed the fight, in a despatch lavish of praise of every other department; we find comfort in the assurance that the medical history of this campaign, the unnecessary sufferings of our brave soldiers, and this last indignity to the medical staff by the Commander of the Forces, will lead to a rigid and impartial inquiry into the conduct of the medical department during the present war, with the stern determination to trace back all errors to their true source. Nor can it fail to bring about a thorough revision of the whole organization and arrangements of the medical department, and, as a necessary consequence, a radical reform.

Should the public fail to demand, or Parliament fail to initiate, this inquiry, we hope it will not have to be recorded that the medical officers of the army hesitated to challenge the justice of the censure passed upon them in the face of the world by the Commander of the Forces.

It has often been our task to expose the defects of the Lunacy Laws, and to dwell upon the enormities which may be, and as we believe have been, perpetrated under their authority. A case has recently come to light which, although not free from exaggerations, nor perhaps from substantial error, still affords conclusive evidence of the truth of many of the objections we have felt it our duty to urge against the principles, and some of the provisions, of those laws. In laying the leading facts of this case before our readers, it is our desire to abstain for the present from individual censure, and to consider it mainly in its general relations to the Laws of Lunacy: further inquiry is necessary, and will probably be instituted, in order to arrive at an accurate judgment as to the culpability of the parties principally concerned: the illustrations revealed of the imperfect state of the Lunacy Laws, and of the abuses which may be perpetrated under their authority, are clear and unmistakable enough.

The facts of the case, as condensed from the report in the *Daily News*, are briefly as follows:—In June, 1852, the Rev. Mr. HOLMES was brought before Mr. CANN, a magistrate at Wymondham, in Norfolk, charged by a woman residing at Hethersett with attempting to commit a rape on her child. Her deposition was taken and sworn, and a warrant was prepared. Mr. CANN, the clerk to the magistrates, stated:—“I felt, with my father, the magistrate, that Mr. HOLMES was labouring under some complaint, and communicated with the Rev. Mr. ANDREWS; and from inquiries I made, I felt he was labouring under insanity. It was therefore hinted to Mr. ANDREWS, that if something was done within a certain time, the warrants would not issue to be executed.” In answer to questions by Mr. SULTZER, (one of the visitors,) Mr. CANN

replied, that “the magistrate withheld the warrant in consequence of the station in life of Mr. HOLMES. *Probably, had he been a poor man*, the case would have been different. The usual course would be, to prove the offence first, and afterwards to consider the plea of insanity.” It would appear, that in consequence of the view taken by the magistrate, Mr. NICHOLS, a leading surgeon in the city of Norwich, and one of the proprietors of the Heigham Hall Asylum, saw the defendant, and afterwards applied to several medical men, in order to fill up the necessary certificates to authorize his detention as a lunatic. Mr. MILLS, of Norwich, after seeing him, declined to certify that he was insane. Dr. HULL did not see him, and consequently could not offer an opinion upon the case. Mr. DASHWOOD was ill in bed, and could not see him. The two certificates were ultimately signed by Mr. WILLIAM HENRY TAYLOR, of Norwich, and Mr. GEORGE GILLET, of Brooke; and the order for the detention of the certified lunatic being signed by the Rev. J. HOLMES, his brother, he was consigned, in strict conformity with the law, to the asylum. He remained in the asylum as a patient until the 4th of September, 1852, when he was discharged, and appointed chaplain to the asylum. He officiated in this capacity for two years; his name was publicly announced in the prospectuses or circulars of the establishment; his appointment was recognised by the Commissioners in Lunacy and the visiting magistrates. But it must be borne in mind that the Lunacy Acts expressly and carefully provide that no patient shall be retained as a boarder in a private asylum after his formal discharge. It is obvious that, but for such a provision, persons of sound mind might be detained in asylums, secreted from the eye of the Commissioners, and withdrawn altogether from the cognizance and protection of the law. It is only fair to say, that no secrecy of this kind was practised, or could have been contemplated, in the present case. If it was improper that the Rev. Mr. HOLMES should be allowed to remain in the asylum as chaplain, the blame must be borne by the visiting magistrates and the Commissioners in Lunacy, who, being officially informed of all the circumstances, permitted, if they did not directly sanction, the appointment.

But, nevertheless, there was enough in the matter to give rise to honest animadversion; and we fear it is not altogether unfounded to conjecture that local jealousies and personal feelings prompted to a certain extent animadversions of a less disinterested character. Dr. RANKING, who had recently become a partner in the asylum, called upon the visiting magistrates to institute an inquiry into the whole matter. The inquiry took place, when the facts we have related were established. But Dr. HULL, on being examined, affirmed that Mr. NICHOLS, when he called upon him on the occasion referred to, said, “That a country gentleman of a high county family had committed a rape; that the family wished to make him out mad; that the person himself wished to be made out mad; that he (Mr. NICHOLS) had rescued him from custody, and brought him to Norwich; that he (Mr. NICHOLS) wanted a second medical certificate to get him into his asylum; when once secured, he should defy magistrates or anybody else to get him..... That if he (Dr. HALL) would grant a certificate, it would be hundreds a year in his (Mr. NICHOLS) pocket.....” Dr. HALL stated, that he declined to comply with the request. This statement of Dr. HALL’s, it appears, had become the topic of common conversation in the town. The visiting magistrates having considered

the statements and documents submitted to them, agreed to the following resolutions:—

“First.—That the Rev. Mr. Holmes, by being placed in the asylum under the circumstances appearing on this inquiry, was rescued from the gripe of the law on a criminal charge.

“Secondly.—That the order and medical certificates upon which he was admitted into the asylum were regular, and in the form prescribed by Act of Parliament in that behalf.

“Thirdly.—That in the opinion of the visitors, Mr. Holmes is not a proper person to have been appointed, or to continue to officiate, as chaplain to the asylum.”

This was the position of the case when the Norwich City Magistrates recently met at the usual quarterly gaol session. On the motion, that the present justices of the Lunatic Asylums should be re-appointed, Mr. PALMER, a magistrate, after much opposition, elicited the report of the visitors relating to their inquiry into this case. The publicity thus given to the matter has naturally called forth the animadversions of the press. Some of our contemporaries have, as it seems to us, directed their censures too strongly, because somewhat prematurely, and too exclusively, against the proprietors of the asylum. It appears to us obvious that further inquiries are wanting, in order to determine correctly the extent to which they are deserving of reprobation. It is clear that the question as to the good or bad faith of the proprietors turns greatly upon the fundamental question as to the sanity or insanity of the alleged lunatic. Upon this point we think it only just to observe that, with our present information, the presumption is that the Rev. Mr. HOLMES was insane at the time of his admission at Heigham Hall. But further, in order to substantiate the imputation of corruptly employing the machinery of the Lunacy Laws to rescue a person charged with a criminal offence from the law, it is necessary to show that the Rev. J. HOLMES, the brother of the alleged lunatic, who signed the order for his admission; that Messrs. TAYLOR and GILLET, who signed the medical certificates; and that Messrs. NICHOLS and WATSON, who received Mr. HOLMES into their asylum, did what they did respectively, *not believing him insane*. It is true that sufficient grounds may not exist to satisfy the public mind as to the insanity of the alleged lunatic. We cordially agree with Mr. PALMER in not “pinning our faith upon the report of any Commissioner in Lunacy whatever.” But still we discover nothing in what has transpired to show that Messrs. NICHOLS and WATSON did not believe Mr. HOLMES to be insane. We find that they possessed, at least, the legal evidence that the patient they were called upon to admit was a proper person to be confined. We are not entitled to assume out of what has transpired that the proprietors acted corruptly in receiving into their asylum a person duly certified as insane.

With reference to the second charge, that they have been guilty of a breach of the Lunacy Act, in retaining a person discharged as a patient as a private boarder, we think there is even less evidence in substantiation. Viewing all the circumstances of the case, it cannot be denied that the sudden transition of the alleged lunatic from patient to chaplain, was calculated to give rise to suspicion and remark. But we have already seen that there was no concealment in the matter. The Rev. Mr. HOLMES was publicly announced as the chaplain; his appointment was known to, and at last tacitly sanctioned by, the Commissioners in Lunacy; and in a minute, made by the visitors in September, 1852, that is, immediately after the appointment, and signed, “P. MONEY, and E. COPEMAN,

M.D.” it is said “divine service is performed on Sundays, by “a clergyman of the Church of England, recently discharged “from the asylum, but now resident there.” The appointment may not have been the most eligible or the most unobjectionable, but it is clear that neither the Commissioners nor the visitors saw in it a breach of the Lunacy Laws.

But, although we cannot in justice to the proprietors of the asylum withhold our opinion that they have been prematurely, and perhaps unjustly, assailed, we still think that further inquiry is essential. It is due to the proprietors themselves. In a letter, addressed to the *Daily News*, they challenge investigation; and they state, as an example of the prejudice and exaggeration surrounding the case, that the culprit or lunatic “never committed a rape at all.”

Should it be proved, after full, impartial, and *public* inquiry, that the charges adduced against the proprietors are well-founded, we shall not be slow to express our abhorrence of their conduct. But in the meantime we shall not allow ourselves to be diverted from the plainer and more profitable course of illustrating by this case the monstrous defects of the Lunacy Laws; of showing, by the history of this case, whether the alleged lunatic were insane or not, the fatal facility with which those laws may be made subservient to the foulest of purposes; how easy it is to pervert those laws into engines of oppression, to deprive the innocent and the sane of liberty, and to subtract the guilty from merited punishment.

These are the points which it most deeply concerns the public to discuss. The paramount duty is to examine and to remedy the defects of laws based upon a principle of injustice, and so constructed as to afford scope and facility for the most nefarious deeds. But for the iniquitous basis and construction of our Lunacy Laws, the offence charged against the magistrates of Wymondham, the brother of the alleged lunatic, the medical practitioners who signed the certificates, and the proprietors of the Heigham Hall Asylum, would have been impossible. When the inducement to prove insanity is strong, and the process easy and secret, bad deeds will surely be done. The end to be steadily borne in view is to remove the inducement, and to render the process difficult and public.

EVERY account from the seat of war adds fresh proof of the sad insufficiency of the medical department of the Army and Navy. It is in vain that we are told by the Medical Director-General at home that surgeons are attached to the forces in the proportion of one to ninety-seven men. It is in vain that the too true and circumstantial relations of the want of medical and surgical appliances for the wounded and sick in the Crimea are met by columns in the newspapers, setting forth the number of yards of bandage, adhesive plaster, the number of splints, the quantity of lint, &c., which have been sent out. It still remains a lamentable and disgraceful fact, that hundreds and thousands of the flower of our army have suffered and perished without the succour or the consolation that medical skill could have supplied. The special correspondents of the press have rendered an invaluable service to our soldiers and to the country by their methodical observation and regular reports of the condition of the troops. It is through their agency that we who are at a distance from the scene of action are enabled to judge of the wants of the army, of the shortcomings of the authorities, of the faults of system, and of the means by which effectual aid can be given. That the sanitary condition of the

forces is most deplorable cannot now be doubted. Every letter confirms the terrible fact, that pestilence marches with the army, destroying more than the foe. It is impossible to drive away the apprehension that, should the contest be protracted in the Crimea for two or three months, our forces will be fearfully reduced in numbers, and that the survivors will be so broken down in health and spirit, that, even if we escape a reverse, victory will only be achieved at a terrible cost. It will then perhaps too late be a matter of regret that the first great principle in strategy, the duty of preserving those who are to fight in vigorous health, has been neglected. In reviewing the events of the campaign even down to the latest accounts, while many, too many, victims are still doomed to fall, it is even now ascertained that the greatest losses the army has sustained are from sickness. If we may judge from the comparatively feeble efforts made to improve the medical arrangements of the expedition, we must conclude that the consequences of sickness are very imperfectly understood. It seems not to be considered that health is synonymous with strength and efficiency in an army. The loss of an able, disciplined soldier cannot easily be replaced. The loss of many able soldiers may break up or destroy the efficiency of a regiment. Of what avail is military science, if the materials for its exercise are wanting? It may be urged that disasters are inseparable from warfare; that sickness is one of the difficulties to be encountered; that the enemy is equally exposed to it. All this may be admitted. But we do not admit that those who have the conduct of war do their duty, or show the highest skill and foresight in their vocation, unless they bring into operation all the aid that science can afford in obviating the known causes of sickness. In what does the superiority of one army over another consist? Is not one element at least superior physical prowess and endurance? Is it not, then, a paramount and obvious duty to secure to our army this source of superiority? Can it be said that this has been accomplished to the utmost of our power?

We feel that we are insisting upon truths so palpable and familiar that we can hardly persuade ourselves that it can be necessary at the present day to revert to them. But truths are long familiar to science and the world before they become practically recognised by governments and take the name of action. The force that the science of Medicine can bring to the art of war is not yet understood. Until the art of preserving the health of individuals and masses of men under varying conditions of climate, of exposure, of food, and of epidemic influences be estimated as it ought to be, our battles will be fought at a needless cost of treasure and of life.

AMONGST other serious evils which result from the present unsatisfactory state of the laws which regulate the medical profession, is the disgrace brought upon the respectable members of that body by the false assumption of medical titles by rogues and impostors. The records of our Police Offices and Criminal Courts have afforded abundant evidence of the truth of this remark. How frequently has it occurred that an offender against the law has described himself as a "physician" or "surgeon," when, on inquiry, it has turned out that he has not the slightest pretension to such titles, and that he is repudiated by that profession? The public, however, generally altogether unacquainted with the anomalous state of the laws relating to the practice of medicine, regard the criminal as a

legitimate practitioner. Many of the public receive with incredulity the denial of the claims of such a person, and can scarcely believe it possible, in a country where property is protected so stringently and with so much jealousy, that a vagabond should be allowed by the law to assume a title by which he can plunder, without fear of punishment, the pocket of his victim, and destroy his health, without infringing the law. Yet such is the fact—a fact which cannot be too often repeated. The opponents of any change in the laws which relate to the medical profession will scarcely vindicate such a condition of things as this. If they are prepared, however, to justify the practice of fraud and imposture, they must be equally prepared to do away entirely with all medical instruction, and all examinations to test the qualifications of a practitioner of medicine. If there is to be free-trade because it is good, then surely the more unrestricted it be the better. What right has the Legislature to demand that a class of men, such as the qualified practitioners of this country, should undergo a long and expensive course of instruction, and be subject to severe penalties for malpraxis, and afford them no protection afterwards?

This is a question which must be answered, and that it will be so in a satisfactory manner in the next Medical Reform Bill, we feel assured.

### Medical Societies.

#### MEDICAL SOCIETY OF LONDON.

MR. HEADLAND, PRESIDENT.

SATURDAY, OCTOBER 28TH, 1854.

DR. ROGERS exhibited to the Society

#### THE UTERUS OF A FEMALE,

who died between three and four weeks after her delivery. It contained a nodule of flesh about the size and shape of a nut, firmly adherent to the posterior wall of the uterus. The female from whom it was taken had had nine children, the three last prematurely born about the sixth and a half month, and were accompanied with great hæmorrhage. Before her last accouchement, which appears to have been brought on by bodily fatigue, she caught a violent cold, which assumed the form of a severe attack of bronchitis subsequent to her delivery, which took place on the 21st of August. The labour was natural and favourable, the placenta being discharged of itself half an hour after. On examination, it was found very small sized, perfectly rounded, a fissure through its centre, but without any apparent loss of substance. The uterus contracted well, and for eight days Mrs. G— appeared progressing favourably, excepting the danger she was in from the bronchitis. On the 8th of September, while sitting up reading the newspaper, and listening to alarming accounts of cholera, violent hæmorrhage came on, which was subdued by tincture of the ergot. This again recurred on the 14th, and was arrested by matico and gallic acid. The cough was most incessant and violent, and to it was attributed the hæmorrhage, especially as on examination no cause was discovered, excepting a small coagula in the neck, which was then removed. On the 22nd it suddenly returned with great violence, producing extreme prostration, from the combined effects of which, and effusion into both lungs, she gradually sank three days after. On the third and last return of hæmorrhage, the uterus seemed forced down very low, and on examination a small fleshy nodule, high up towards the fundus, could be felt. During all this period no fetid or disagreeable discharges ever took place. Having been the only case of its kind that ever fell under Dr. Rogers' notice, he thought it not undeserving the attention of the Society, and desired their opinion of the fleshy nodule in the interior.

In answer to questions, Dr. ROGERS stated that the discharge from the uterus had not been fetid. The pulse became very rapid after the last attack of hæmorrhage, and continued so until death.

Mr. HEADLAND, Mr. W. ADAMS, and Dr. CHOWNE, ex-

pressed an opinion that the tumour was not placental, from the fact of there not having been discharge to indicate it, from the slender attachment of the tumour to the uterus, and its having no resemblance to the structure of the placenta. It was regarded as a fleshy or fibrous tumour of the uterus.

#### EXCISION OF THE ANKLE-JOINT.

Mr. HANCOCK exhibited a boy to the Society, ten years of age, in whom he had, three years previously, removed the lower ends of the tibia and fibula, and the upper part of the astragalus, for disease of the joint. The boy walks remarkably well, with scarcely any halting. There is considerable motion in the joint, and altogether the case was a most satisfactory instance of conservative surgery.

Mr. MILTON, in the absence of the author of a paper announced for the evening, at the request of the PRESIDENT read a paper on

#### THE TREATMENT OF INVETERATE GONORRHOEA AND GLEET.

He remarked that cases of this kind were far from being rare; every surgeon might meet with them occasionally, while statistics showing the number of cases cured, and of those not cured by medicines, were still wanting. Neither were there any means of arriving at a conclusion as to which remedies had proved most successful in curing cases which had resisted ordinary treatment. Authors had mentioned an immense variety of remedies, but they did not give exact rules for ascertaining to which particular class of cases they were applicable, or specific, clear, directions for making use of them. He thought all cases would become inveterate, if treated by specific remedies, when they had been thirty days under treatment without giving any signs of improvement; or when, after getting somewhat better in that time, they relapse without any manifest cause; still more probable was it that they would become inveterate, when worse at the end than at the beginning of thirty days of judicious treatment. His experience of these cases was, that not one in fifty would be cured by ordinary remedies. Ordinary remedies he called those usually recommended; extraordinary, those called for solely in inveterate cases, such as blisters, quinine, veratrine, bougies, and caustic. It might be objected that thirty days was a very short time, but in almost every case of cure, he had found that a sensible improvement was effected within this period. Stricture, too, might spring up while we were trying to arrest the discharge, and he did not think we were justified in giving such large and long-continued doses of powerful medicines. Copiba might bring on a most irritable state of the skin, kidneys, stomach, bladder, or bowels; alkalis might in time seriously damage the processes of nutrition. The materials for forming really useful and trustworthy rules of treatment were to be drawn from three sources:—1. The nature of the discharge. 2. The history of the previous treatment. 3. The absence or presence of complications. The history of the previous treatment required to be carefully gone into, for many cases lasted so long, solely from the patients' disinclination to conform to restrictions. Inveterate, purulent, or muco-purulent discharge, of whatever kind, was a difficult case to manage. He should, therefore, for the sake of explaining his views, divide the disease into four classes. 1. Neglected gonorrhoea, in which a cure is brought about by mild aperients and injections. 2. Inveterate gonorrhoea, in which there are severe symptoms, such as great pain on passing urine, and chordee; a free, purulent, discharge, &c. In long-standing cases of this kind, stricture, if not known to exist, was not necessarily to be suspected; for, when it complicated these severe cases, it usually became so bad at the end of a few months, as to declare its character quite clearly. It (inveterate gonorrhoea) was occasionally cured when treated like acute gonorrhoea in its early stage; most cases, however, only yielded to strong purgatives and blisters. Blistering has here the advantage, when the patient will not allow a bougie to be passed, that, if it fails, it convinces him that an instrument should be used. The author could not acquiesce in the opinion commonly taught, that a tendency in gleet to break out afresh, on indulgence, should make us suspect stricture; nor the view held by Jesse Foot and others, that gonorrhoea could not exist long without inducing structural change. 3. Muco-purulent gleet, with narrowing of the orifice, generally indicative of stricture. Indeed, this complication was found in every case except one, where the persistence of the disease was traced to fistula. The gleet, after stricture was cured, generally yielded to the use of a moderate-sized bougie, well warmed, with quinine and an aperient, the health of many of these patients being disordered, probably from so much medicine. Tender spots in the urethra were to be relieved by caustic and the use of Morson's veratrine.

4. Mild chronic gonorrhoea, owing to some peculiar disposition in the urethra, not curable either by ordinary treatment or blisters. Only three of these cases were met with; one was cured by caustic. 5. Pure mucous gleet—a, from the urethra, was rather rare. It was unaffected by any remedies the author had seen tried; various astringent injections had been employed without success, green tea amongst the number. β, Prostatic and vesical gleet were passed over. He (Mr. Milton) totally disbelieved in the influence of diathesis, and could not trace the peculiarity of the discharge remaining uncurable to the habits of the patients; he thought it resulted from an in-born infirmity in the secreting apparatus of the urethra, where alone inflammation could go on for years without producing structural change, from an imperfect evolution of call and fibre. Every case of purulent discharge was essentially curable, and, if uncomplicated, curable by blistering. In twenty-one cases this remedy effected a radical and permanent cure, in nineteen of which all other treatment had failed. One relapsed from fresh infection; one lived at a distance, and when last seen was cured, but could not be traced. In seven of these the disease had lasted from one to six years and a half. Mr. Hall, of Leeds, and Mr. Acton, had tried the plan with success. There were ten cases in which blistering had failed; in seven of these (further examination by the bougie being only submitted to in some instances, after failure with blisters) stricture or abscess in the perineum was actually present, or ensued shortly after. One of the remaining three was cured by caustic; one left uncured, but relieved; one was pure mucous gleet, which, like all such cases, seemed not to be affected by any remedies. As a complication, abscess of the perineum offered the most unsatisfactory results, only one case out of five being completely cured. The treatment of these cases in which stricture was detected before resorting to blisters, was omitted; as was also that of pure mucous gleet, except in the one case alluded to, it being a mild, harmless form, which would die away if left to itself. The author concluded by saying that his aim was to bring the subject before the fellows, and leave it to them to say which was best, the old treatment, or the new.

The PRESIDENT made some remarks on the poisonous effects which occasionally followed the use of copiba, particularly the eruption of the skin, &c. He alluded to a mucous discharge from the urethra occasionally occurring at stool, which appeared to be dependent upon the state of the bowels, and removable by purgatives.

Mr. HANCOCK could see no utility in such a minute division of cases of gonorrhoea. Neglected cases occasionally presented themselves, and were obstinate; but he had not found so much difficulty in effecting a cure as the author appeared to have done. The mucous discharge mentioned by the President he believed to be the result, in many cases, of subacute inflammation of the prostate from masturbation. Many cases of gonorrhoea were made obstinate by an early resort to copiba and inattention to the state of the bowels. He alluded to a discharge connected with or preceding gout, which was most controllable by doses of colchicum.

Dr. CHOWN made some remarks on gonorrhoea and purulent discharge from the urethra occurring without any previous impure connexion. Married men occasionally consulted us respecting such a disease, and great caution should be exercised by the medical attendant in expressing an opinion upon its nature. Such discharges often arose from constitutional and other causes independent of infection, and much domestic misery might arise in such cases by giving a hasty and erroneous opinion respecting them.

Mr. WREEDON COOKE had seen much of gonorrhoea, and regarded, in obstinate cases, the constitutional treatment of the disease as the most effective. Change of air, particularly to the sea-side, would often effect a cure when all other remedies failed. Blistering was a severe remedy, and should not be resorted to hastily; as a local application, he had found an injection of half an ounce of liquor plumbi to three ounces of water a very effectual application. Discharges from the male might result from a woman having leucorrhoea or the catamenia upon her at the time of coition.

Mr. HUNT had found cases of gonorrhoea more readily controllable by salines and gum arabic than by copiba or canbala. He mentioned that he had seen two or three cases of ardor urinae, accompanied by purulent discharge, follow the use of arsenic in small doses.

Dr. TYLER SMITH had found that when purulent discharge in the male was produced by leucorrhoea, the latter discharge contained a considerable quantity of epithelial scales.

After a few remarks from other members, the Society adjourned.

## NORTH LONDON MEDICAL SOCIETY.

MR. NORMAN IN THE CHAIR.

WEDNESDAY, OCTOBER 25TH, 1854.

MR. QUAIN placed before the Society a piece, about three inches long, of a gum elastic bougie, which he had removed from the urinary bladder of a young man. The patient had suffered about three years from a narrowing of the urethra, which originated in gonorrhoea, and for a good part of that time he himself had been in the habit of passing a bougie. At length the instrument broke in the canal, and he felt the fragment slip into the bladder. The journey to London was a long one. Three days had elapsed from the occurrence when he came to Mr. Quain. At first, an effort was made to withdraw the foreign body with slender forceps, but though grasped, yet apparently from being taken hold of in the transverse direction, it slipped away when drawn to the urethra. The idea of removing it in this way was soon abandoned, the more so on account of severe pain, complained of in the left side of the loins, affording evidence of an inflammatory state of the left kidney. The operation as for the removal of a calculus was decided on, but delayed because of this pain. Leeches and hip-baths being used, and relief obtained by these means in a couple of days, the operation was performed on the sixth day after the accident. The incision through the integument was a short one; the prostate was left untouched. The bougie was found lying transversely above the orifice of the urethra towards the pubis. From this position it was hooked down with the finger, so as to be seized with a pair of straight forceps which had been used in lithotomy upon children. The patient got well rapidly. The urethra too was so completely restored to a healthy condition, that a bougie (No. 11) passed easily in a short time. Mr. Quain added, that as from the nature of the foreign body there is a want, in such a case as this, of any assistance which the clear click gives when a stone is struck with a metallic instrument, as well as of the aid afforded by the feel of a firm body under a sound, the removal of the piece of bougie per urethram, softened as it is by residence in the bladder, must be a matter of chance, depending upon the mode in which it is seized. He thought it of importance, in assuring the safety of the patient, that the prostate should not be incised in any degree.

Mr. S. ALFORD read a case of

## PERITONITIS CAUSED BY IMPACTION OF HARDENED SCYBALA IN THE VERMIFORM APPENDAGE.

A little boy, aged three years and a half, when first seen by Mr. Alford had been ill four days, complaining of pain in his bowels, and vomiting frequently; he was cold and pulseless, his breathing hurried, his manner wild and restless, but he was quite sensible; he vomited, sank back, and died twenty minutes from his being seen. On the post-mortem examination, the omentum, stomach, large intestines, and margin of the liver, were found covered with recently-deposited lymph. The vermiform appendage seemed the source of this peritonitis, for here an ulceration and perforation was found communicating with the peritoneal cavity; between the perforation and the cæcum were three small, hard, dry portions of feces, of the colour and consistence of half-dried clay.

## A CALCULUS EXTRACTED FROM THE SCROTUM

was presented by Mr. WARD, of Bodmin, removed from Patrick M—, a seaman, aged sixty-four. About three years before he came under Mr. Ward's care, lithotomy had been performed, and a large calculus removed from his bladder. It would appear, from the man's account, that the incision healed without observed complication or unusual symptom of any kind. Six months subsequent to this operation he began to suffer occasional pains in the scrotum; these recurred with varying frequency, but not at first with much severity, and upwards of two years elapsed before he applied for relief. On examining the seat of pain, Mr. Ward found a hard, roundish tumour simulating, both in size and appearance, a third testicle; closer examination led to the detection of a body of stony hardness impacted in the scrotal cellular tissue. The pain and inconvenience having become severe, an incision was made, and the calculus extracted with forceps. The stone has been accidentally broken into three fragments; when extracted, it was ovoid in shape, its dimensions one inch and a half by one inch; it presents no very distinctive character, and had evidently been formed in the urinary bladder. Nothing could be elicited from the patient which could assist conjecture as to

either the date or mode of its transit from that viscous to the situation in which it was ultimately discovered. The case went on favourably to recovery; the incision soon healed, and there had been no return of calculous disease.

Mr. COUSINS suggested that this might be a case of phleboliti. An animated discussion ensued, when a committee, consisting of Messrs. Adams and Erichsen, were requested to examine the specimen, and report upon it.

Mr. COUSINS related a case of

## PAINLESS LABOUR.

He was called, on October 18th, to a lady, aged twenty-six, eight months gone in her first pregnancy, who had been exerting herself during the day preparing for a dinner-party. At half-past five P.M., a sudden gush of liquor amnii took place, carrying down the funis of a child, this was replaced, but again descended in ten minutes; it ceased to beat, and the os uteri being readily dilatable, Mr. Cousins turned the child. No sensation of pain had occurred until this operation, which gave rise to some slight suffering: the child, a small one, was easily expelled by the expulsive efforts of the uterus; throughout this there was no pain besides that described above. When asked during the uterine contractions, she averred, without any falter of voice, that she felt no pain whatever. She gave directions which were required, and sustained an easy flow of conversation. Mr. Cousins watched the descent of a second child, a healthy, strong boy, the passage of whose shoulders alone caused pain: during the uterine contractions, she, now that her attention was aroused, "felt, as it were, a band pressing about her," but nothing more; and she recollected that, for twelve hours before she sent for him, she had more than once remarked to a servant, "how tight she felt all at once." Throughout the day the characteristic mucus had been abundant.

Mr. COUSINS read a case of

## RENAL DISEASE, CAUSING PROLAPSUS ANI, AND SIMULATING CALCULUS IN THE BLADDER.

J. H—, aged eight months and a half, was moribund when first seen, and soon expired: it had suffered eight days from dysentery. The child had been born in India, whence it arrived two months previously; had been brought up on artificial food; had had no ailment from his birth until the present illness; had never had diarrhoea, or other faulty condition of the stools; had never had any medicines; but, from the age of one month, he strained when at stool or urinating, and latterly the bowel came down during micturition, the prolapsus first becoming permanent during this illness. It appeared thus that the usual course of this by no means rare occurrence was absent, and the history suggested, as a cause, irritation of the neighbouring organs, presumably of the bladder. Blood had not been ascertained to have passed in the urine. At the post-mortem examination, the bowel was found much prolapsed, and extensively ulcerated; the mucous membrane throughout the colon and rectum softened to a greyish pulp, with numerous abraded patches, and general vascular redness. The prepuce was very long, and abraded at its extremity; the testicles were in the inguinal canals. The bladder was empty, its parietes peculiarly muscular and thickened. The right kidney contained a large quantity of sabulous matter; the left a yet larger quantity, together with some small calculi of urate of ammonia. Its texture was peculiarly firm; the capsule adherent; and at one extremity the incision laid open a small cavity containing pus.

Mr. BALY read a communication upon the

## TREATMENT OF CERTAIN FORMS OF CONSTIPATION.

A young lady came under his care in the autumn of 1853, anæmic, and of feeble constitution; had been troubled with habitual constipation from childhood; from the age of fifteen had constantly had recourse to large doses of aloetic aperients, and for many years had not had an action of the bowels without their aid. Latterly she had frequently used injections, but these now fail frequently, and at the present time she generally obtains relief, every three or four days, by a dose of blue-pill and colocynth at night, followed by an enema in the morning: the latter frequently requires to be repeated. She complains of great debility; inability to make exertion, mental or bodily; temper irritable; spirits depressed; pulse feeble; catamenia regular, but pale; frequently suffers from cold extremities; appetite small. When the bowels have not acted for three or four days, she suffers from a sense of fullness and distention of the abdomen; she frequently, after an evacuation, suffers for some hours from severe prostration. In this case, Mr. Baly revived the treatment proposed by Dr. Strong in 1842, it being evident that the continued employment of any form of aperient would be hurtful. Having, as a preliminary measure,



cleared out the bowels with a dose of blue-pill and colocynth, followed by an enema, he ordered sulphate of zinc, five grains; bread-crumbs, sufficient for a pill, to be taken three times a day, immediately after each meal. This was continued for ten days, without causing sickness, and with decided relief to the abdominal distention; the appetite improved; the listlessness decreased. No evacuation of the bowels occurred from the second day till the tenth, when the following was administered: calomel, four grains; compound colocynth pill, six grains: make a pill, to be taken at bed-time, followed by a black draught in the morning. On the day following this, the bowels acted spontaneously; and from that time until now, nearly twelve months, have been relieved daily without aperients or enemata. The use of the sulphate of zinc was continued for three weeks, and then gradually exchanged for sulphate of quinine. A curious fact deserved notice in this case. For some time after the discontinuance of enemata, the patient was not sensible of the action of the rectum during the passage of *fecæ*. Other cases were cited in support of this treatment, the use of which Mr. Baly limited to cases dependent upon want of tone.

Mr. HAINWORTH exhibited a canula, which he had first used sixteen years ago, for the removal of fragments from the bladder after lithotomy.

## Correspondence.

"Audi alteram partem."

### THE LATE DR. ROUPELL AND THE THIRD YEAR'S STUDENT.

To the Editor of THE LANCET.

SIR,—An unfortunate mistake, which is susceptible of very considerable misconstruction, occurs in my letter which you were so courteous as to publish in the last number of your periodical. It is an error which no doubt, in the haste with which I was forced to write, crept through inadvertence into my own MS. The blunder to which I refer is as follows:—"Had not my name of late been so frequently associated, both privately and publicly, with the contributions of the 'Third Year's Student,' it would misbecome as well as be unnecessary for me to notice the remarks to which I refer; but the profession is cognisant that such is not the case," &c.

I had intended to write—"but the profession is cognisant that such is the case." You will pardon my importunity if I request you to insert this explanation in the current number of THE LANCET, as the unfortunate insertion of "the particle of negation" changes the entire significance of the sentence, and renders me liable to much misconception.

I have the honour to be, &c.,

H. CHALMERS MILES, M.R.C.S. Eng.

Dowlais, Glamorgan, October, 1854.

### THE LATE PESTILENCE.

To the Editor of THE LANCET.

SIR,—Having for some weeks past had many cases of diarrhoea and cholera under my care, and in all of them found that a particular state of the digestive organs preceded the diarrhoea and cholera, I wish, through your columns, to draw the attention of the profession to this state, that other observers may be able to verify its presence in other quarters where cholera has prevailed, should such have occurred in their experience. It has been so universal in this district, so uniformly present in every case of diarrhoea and cholera, that I look upon it as something more than an accidental circumstance, or a mere state of borborygmus from error in diet. It may be a state of the system which predisposes to the cholera poison, or it may be the first effect of that poison on the system—the stage of invasion; I do not pretend to determine which; but I look upon it, and treat it, as the great appreciable symptom of an impending attack of cholera. The following is the state to which I allude:—A person, apparently in a state of robust health, feels suddenly a rumbling sensation at the stomach, with sickness or faintness, followed by a rushing through the bowels, as of air and fluid, all the while apprehensive that he is about to have a copious liquid stool; at once the rumbling ceases entirely, and he finds that his fears have been groundless; there are no eructations; there may not even be any escape of flatus, or if there is, it is frequently free from fœtor. Again and again the same rumbling is repeated, it may be at

long intervals, but sooner or later it is followed by diarrhoea, frequently terminating in cholera.

I dare say that many of the profession may be disposed to look upon this state as a trifling matter, and consider it nothing more than simple flatulence, easily removed by any of the cordial tinctures. Some may think that I am endeavouring to give it undue prominence as a premonitory symptom of cholera, which I firmly, however mistakenly, believe it to be. I do not know whether others may have remarked this state to exist previous to the appearance of cholera. I write for the purpose of drawing attention to it, of inviting communications on the subject, and of eliciting from other observers whether they have witnessed it in other localities where cholera has appeared; and, if so, may I not with confidence inquire,—are we not in a condition, have we not sufficient indications, to enable us to avert an attack of cholera altogether, and thus remove one of the reproaches of our profession? Apologising for the length of my communication, I have the pleasure to be,

Yours sincerely,

M.D.

Oct. 1854.

P.S.—I enclose my card and address.

### UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—An idea I have long entertained is confirmed by the case of Brownridge, in THE LANCET of October 28th, and with your permission I will submit it to your consideration. It is this, whether it would be advisable that every medical man who loves his profession should be requested to send you the names of all those unqualified individuals practising in his locality, thereby furnishing you with valuable statistics in case they should be required at the next reading of the "Medical Reform Bill," and also forming for ourselves a data of the loss we (as a profession) sustain from these encroachments by uneducated and unqualified persons.

May I ask you to place this suggestion before the profession through the medium of your widely-circulated journal; and if adopted by my medical brethren generally, I shall be happy to transmit to your office a list of names from my own immediate neighbourhood.

I am, Sir, yours very truly,

MEDICUS.

October, 1854.

### THE EASTERN WAR.

A PROPOSITION TO SUPPLY OUR ARMY WITH AN EFFICIENT STAFF OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Would it not increase the country's confidence in the young surgeons volunteering for the East, and pave the way for rescinding the foolish regulations of the unprofessional medical boards, viz., that of the Admiralty, &c., if they each took out a certificate of competence, granted after a careful examination by that eminent authority in military surgery, Mr. Guthrie, in the presence of either his colleagues or a few distinguished men of the nation? Mr. Guthrie would, perhaps, feel himself not authorized to do so. But who could censure him? not the profession, for they would be only too glad of his services, and would appreciate his painstaking as they already do his comments on military surgery, and I am sure it would go to the very heart of the young men themselves, feeling that that eminent man was satisfied of their ability before despatching them to the East.

I remain, Sir, yours most obediently,

A PATRIOT.

### THE WAR.

(FROM OUR OWN CORRESPONDENT.)

H.M.S. "NIGRA," BALAKLAVA, OCT. 7TH, 1854.

THE morning after the battle I landed at half-past six o'clock; and such a scene! it is impossible to describe it—the groans of the wounded, the ghastly stillness of the dead, was something horrible to witness. Seeing that our own wounded were being attended to by their own medical officers, I went to the Russian side of the field, and worked hard for some hours, cutting out balls, putting on splints, and, what was a greater boon to them, giving a little brandy and water (which I carried with me for the purpose) "to slake their dying thirst." When I had expended all my supply, and quite exhausted from stooping so much over

the wounded men, I was passing on, trying to avoid the anxious looks of the poor fellows, as I had nothing more to give them, when I heard a mournful voice cry, "Monsieur! monsieur!" I turned, thinking a Frenchman had fallen there, when I saw a young Russian soldier, quite a boy, lying on his face, evidently badly wounded. He spoke French and German fluently, and, from his beseeching look and interesting face, I could not find it in my heart to leave him. I cut his clothes off, and examined his wounds, and the poor little fellow was so anxious to know if I could save his leg, which had been broken by a ball, (the left thigh was broken, and the ball lodged; another passed over the right knee-cap, and a third went through his right arm,) that I was obliged to say "yes," and from that moment determined to do everything I possibly could for him. After some trouble I managed to get a stretcher for him, and had him carried down to the village, and from there to the beach. I knew if I left him for a moment that he would be bundled anywhere, as they were carrying all the wounded on board the ships, and such a scene as the beach presented that evening. Men actually dying and left dead upon the sands; hundreds of wounded lying on the shore, where they had been brought from the field for embarkation; crowds of boats taking them on board, and the noise and bustle of their crews engaged in the operation presented a scene of confusion not to be described. With a good deal of difficulty I succeeded in getting my poor little wounded Russian on board the *Colombo*, one of the ships appointed to receive the wounded. The next thing was to get him a cabin, and by telling the chief officer of the ship that he was a young Russian officer, and that Lord Raglan wished them all attended to, he said that I might have everything for him that I wished. After getting him into a comfortable cabin, and dressing his wounds, I returned on board the *Niger*, having been thirteen hours on the field without eating or drinking, for I started in the morning before breakfast. The next morning I returned to the *Colombo* with some linen for my protégé, and while there our Medical Inspector of the Fleet came on board, and said, as they could not get army medical officers, he had orders from the Commander-in-Chief to send naval medical men with the wounded to Scutari, and that as I was there he would send me; so that, as luck would have it, I was still to remain with "Nicolas Klousheu," for that was the name of my young Russian. He is a cadet in the Russian army, and had not served his full time for a commission. His father, he told me, is secretary to the Military College at Moscow. I forwarded a letter to him from his son, written in French, in which no military news was mentioned more than that they had had a battle, the Russians retreated, and he was left wounded in the hands of the enemy. Fancy about 650 wounded officers and men, including the Russians, on board our ship, and only three doctors to attend them, myself and two others! I assure you we were working day and night, not even time to sit down to dinner. Nothing but cutting off arms and legs all day long. I had more operations during that time than any London surgeon in a twelvemonth. We could not operate fast enough to save all the wounded on board. I had one amputation of the shoulder-joint, and as for thighs and legs I left off counting them. I had one most extraordinary case. A man named Hackett, I think belonging to the 33rd Regiment, was struck with a ball on the anterior edge of the tibia, in an oblique direction from above downwards. Strange to say, the ball was cut in two by the bone; one half lodged on the inner side of the tibia, and was cut out on the field by the surgeon of the regiment, who must have fancied that no more entered; the other half I found on the outer side of the leg, and, on cutting it out, was struck with its appearance, as if freshly cut, and evidently by its own velocity, from the edge of the cut which struck first being indented, and the opposite edge prolonged out. If you can understand my explanation, to prove the case, there was only one opening in the first instance, so that only one body could have entered; that opening was round, and corresponding to all wounds made by round bullets. It was also situated over the sharp anterior edge of the tibia, and the two halves of the same ball were cut out from exactly opposite points of the leg. Guthrie mentions (if I remember right) a similar case, but occurring on the nose. I have preserved the half that I cut out. The men who I cut bullets out of generally wished to keep them, and I of course always gave them to them; but I have managed to keep some, and will send you one as a relic of the battle of Alma. I also took a ball out of Colonel Webber Smith's leg, of the 95th Regiment, but he retained his as a trophy. Having seen all my patients safely lodged in the barracks at Scutari, not forgetting poor little Klousheu, I tried to get leave for him to be attended to privately, but the commandant could not grant it. Dr. Glascott, of Constantinople, kindly told me he would take

charge of him, but the application failed; however, he gets everything he requires at Scutari. I returned by the *Beagle* gun-boat to Sebastopol, and joined the fleet; but my ship was round in Balaklava, and I got a passage to her that night in the *Sans Pariel*. Since my arrival I have been twice up to the camp, and had a splendid view of Sebastopol. The day before yesterday, when I was up, a shell burst in the camp of the 68th. I was standing a little distance off with the 44th, and crossing to see what damage the shell had done, I had to cross a slope that was exposed to the Russian battery, when—whiz—went a shot, and struck within five yards of me. I immediately altered my course, not knowing but it was a shell. However it did not burst. On getting up to the 68th camp I found two men had been killed and two wounded by the explosion of the shell, the occasion of my visit. I was very much pleased yesterday to get a letter from our Medical Inspector of the Fleet, returning me thanks for my services to the wounded.

**SURGEON FOR THE EAST.**—C. R. Nicholl, Esq., surgeon in the Grenadier Guards, has taken his departure, with a detachment of his regiment, for the East. Previous to his departure, the soldiers who have been placed under his charge presented him with a suitable testimonial in appreciation of his kindness and attention to them whilst in England, and they feared that the chances of war might deprive them of another opportunity of evincing their respect and esteem for their medical officer.

## THE CHOLERA.

RELATIVE to the progress of cholera in the metropolis, we condense the following from the "Weekly Return" of the Registrar-General for the week ending October 28th:—

Districts.	Elevation above water mark.	Population (1851).	Deaths from Cholera.
Northern (Marylebone, &c.)	135 feet	490,396	3
Central (St. Giles, &c.)	49 "	393,256	11
Western (Kensington, &c.)	28 "	376,427	10
Eastern (Shoreditch, &c.)	26 "	485,522	12
Southern (St. Saviour's, Lambeth, &c.)	6 "	616,635	30
			66

Of these 25 were below 15 years of age; 32 between 15 and 60; 9 above 60 years old. 46 persons are stated to have died from diarrhoea.

From the present Returns it will be seen that the cholera epidemic in London is, for this season, quickly passing away, and that the total mortality has nearly resumed its former position.

The deaths by cholera in the three months of July, August, and September, throughout England and Wales, have been 15,687; by diarrhoea, 11,135; or 26,722 by the two forms of disease. The epidemic has exhibited less intensity than it did in 1849; and although diarrhoea has been apparently as prevalent, or at least as fatal, the deaths by cholera have been less by 28,234 than the deaths by the same disease in the three summer months of that year. The mortality from cholera and diarrhoea is less by one-half than it was in 1849.

The districts in what was called the London Cholera Field have suffered most severely; and there it is known that, though some sanitary improvements have been projected, they have only in a few instances been carried out.

Liverpool has been attacked by the epidemic, but the deaths by cholera in that town and its suburbs (the districts of Liverpool and West Derby) have hitherto been 953; whereas the deaths by cholera in the corresponding period of 1849 were 4545. Liverpool has a Health Officer; and certain sanitary measures have been carried into effect. The authorities of the town deserve credit for their successful efforts in the improvement of the health of Liverpool.

Deaths by the epidemic cholera have, during the three months, occurred in every county except Herefordshire, Rutlandshire, and Westmoreland; but many districts have escaped hitherto, and a few, such as Merthyr Tydfil, have suffered or are still suffering severely.

The diarrhoea, which was so fatal in Birmingham, Manchester, and other districts, where few deaths are referred to cholera, requires investigation; it is undoubtedly, in the majority of instances, a modification of choleraic disease.

## Medical News.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

*Thursday, October 26th, 1854.*

BENNETT, EDWIN, Dorchester.  
HALSE, CHARLES SMITH, London.  
MARSTON, JEFFERY ALLEN, Newcastle-on-Tyne.  
SHARPLEY, THOMAS, Louth, Lincolnshire.  
SMITH, MATTHEW BASS, Louth, Lincolnshire.

*October 20th.*

HOFFMAN, OCTAVIUS WILLIAM, Queen-street, Ipswich.

**ROYAL COLLEGE OF SURGEONS.**—From the annual account of the receipts and disbursements of the College, just published, it appears that the former amounted to £13,692 6s. 6d., and the latter to £18,992 10s. 7d., being an excess of £5300 4s. 1d. over the receipts. The principal sources of revenue arises as heretofore from the Courts of Examiners for the diploma of Member and License of Midwifery, amounting collectively to £9619 16s. Not the least important item is that arising from the sale of the Fellowships, which, during the past collegiate year amounted to no less a sum than £998 10s. From a summary of the account now presented to the members, it appears that the incidental income is £12,627 1s., and the incidental expenditure £14,685 15s. 3d.; whereas the permanent income is only £1065 5s. 6d., arising from dividends on investments in Government securities; and the permanent expenditure is £4306 15s. 4d., being an excess over the income of £3241 9s. 10d.

**THE FELLOWSHIP.**—From an analysis of the last published list of Fellows of the Royal College of Surgeons, it appears that there are only 192 who have undergone the examination for this honour, whereas the number who have gratified their ambition for this distinction by the payment of ten guineas, amounts to 757, increasing the exchequer of the College by nearly £1000. The total number of Fellows by examination and election therefore appears to be 949. The Licentiates in Midwifery, all of whom are also Members of the College, amount to 184.

**NORFOLK AND NORWICH HOSPITAL.**—At a meeting of the governors, held on Saturday last, Mr. W. Cadge was unanimously elected assistant-surgeon to the institution. Mr. Cadge, the personal friend and professional assistant of Mr. Liston at the time of the great surgeon's death, formerly held a similar office at University College, but resigned it in consequence of the state of his health. We congratulate the governors of the Norwich Hospital on this appointment, which is eminently calculated to support the established surgical fame of their institution. Mr. Frith was unanimously elected to the office of surgeon.

**THE MYSTERIOUS POISONING CASE AT COULSDON.**—PRESENTATION OF A TESTIMONIAL TO MR. BOTTOMLEY BY THE INHABITANTS. —In December last, it must be in the recollection of the reader, much sensation and horror were produced in the neighbourhood of Coulsdon and Croydon through the death of a whole family, named Atlee, consisting of a man, his wife, and three children, under very sudden and mysterious circumstances. The bodies had been all interred, an inquest having taken place on one of them without the usual post-mortem examination having been made, the cause of death being attributed to natural causes; but Mr. Bottomley, an experienced medical man, of Croydon, was of a very far different opinion; and, notwithstanding that several of his professional brethren had stated that the family died from natural disease, he very properly communicated with Lord Palmerston, informing the noble Home Secretary of his strong conviction that the deaths arose from some irritant poison. The result of that communication was his Lordship directing the exhumation of one of the bodies, and a proper analysis to be made, the consequence of which was that poison—arsenic—was discovered in the stomach, and which accounted for death. It could not be elucidated how the poison got into the stomach, whether by mistake or intentionally; although there was a strong suspicion that the unfortunate father, driven by poverty, first poisoned his family, and then terminated his existence by the same means. After the investigation, which eased the public mind of so much doubt and uncertainty, the inhabitants determined upon presenting the originator, Mr. Bottomley, with a suitable mark of their respect, for the active part he had taken in bringing to

light the truth. Accordingly, last Saturday, the day fixed upon for the presentation of the testimonial, in the shape of a beautifully-chased teapot and salver, the friends and admirers of Mr. Bottomley assembled at the "King's Arms," Coulsdon, where they sat down to dinner; and after the cloth had been removed, the testimonial was presented, with the usual complimentary remarks from the chair. Upon the salver was inscribed—

"Presented to GEORGE BOTTOMLEY, Esq., F.R.C.S.E., in testimony of his great professional skill and zealous conduct in detecting the real cause of the mysterious deaths of John Atlee, his wife, and three children, at Coulsdon, by arsenic poison, in December, 1853."

Mr. BOTTOMLEY, in returning thanks, observed that the whole of the expenses attending the last investigation, the exhumation, &c., were paid out of the private purse of Lord Palmerston. Mr. Robinson proposed the health of the noble Home Secretary, who was ever ready to come forward to do justice, and whose conduct in that particular case was deserving of the highest praise.

The toast was drunk amidst cheers, after which other toasts were given, and the interesting proceedings terminated with a warm vote of thanks to the chairman, Mr. ROWLAND, of Coulsdon.

**NAVAL AND MILITARY INTELLIGENCE.**—A court-martial was held last week on board the *Victory*, in Portsmouth Harbour, to try Mr. David Ormond West, assistant-surgeon of H.M.S. *Victory*, on charges of *drunkenness and disobedience of orders*, which charges were duly proved, and the prisoner was sentenced to receive *three months' imprisonment in the county gaol*, and to be dismissed H.M. service.—*The Times*.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCTOBER 28TH.**—In the week that ended on Saturday, the number of deaths registered from all causes was 1228. In the ten corresponding weeks of the years 1844-53 the average number of deaths was 952, and, with a correction for increase of population, 1047. The excess of last week is 181. The deaths from cholera have fallen to 66; those from diarrhoea are 46.

## Obituary.

**DEATH OF DR. GOLDING BIRD.**—On the evening of Friday, the 27th ultimo, this excellent and accomplished physician breathed his last. For some months past his failing health had obliged him to relinquish all professional exertion; and in June last he finally left London to seek repose, though not health, in retirement at Tunbridge Wells. Although he had long suffered from affection of the heart, the immediate cause of death was connected with kidney disease, and thus he fell a victim to a malady, to the elucidation of which the greater portion of his professional life had been devoted, and in the diagnosis and treatment of which he had been one of the greatest authorities. We shall give a brief memoir in our next.

We have to record the death of Mr. BURNSIDE, the able and well-known surgeon of Dumfries. After a professional visit on Saturday, the 14th of October, he was seized with paralysis, under which he rapidly sank, and breathed his last on the following Wednesday. Mr. Burnside studied at the University of Edinburgh, commenced as a practitioner in Maxwelltown, and subsequently settled in Dumfries. Besides his private practice in this town and vicinity, he acted as medical officer under the parochial boards of Troqueer, Terregles, and Irongray, and his time and energies were thus mainly absorbed by the laborious duties of his profession. Though this was the case, he found occasional leisure to devote to the recreations of art and literature. The kindly qualities, combined with his skill and experience, rendered him a most acceptable visitor of the sick, to whom soothing words and gentleness of demeanour are sometimes of more use than medicine, and can rarely be well spared from a doctor's recipe. Mr. Burnside has descended to the grave deeply deplored and lamented by the wide circle of friends and acquaintances amongst whom he lived so usefully and honourably.

On the 30th ult., on board H.M.S. *Apollo*, on his passage from Balbek to Balaklava, of cholera, brought on by the excessive fatigue in the discharge of his arduous duties after the battle of the Alma, FRANCIS C. HUTHWAITE, Esq., surgeon of the 3rd battalion of the Grenadier Guards. The deceased gentleman was appointed to the above regiment in 1845, and ranked as a full surgeon in the army.

On the 28th ult., THOMAS COLBORNE, Esq., surgeon, at his residence, Brentwood, aged sixty-seven.

On the 6th ult., after a few hours' illness, JOHN MACKAY, M.D., of 17, Nelson-street, Edinburgh. The deceased gentleman was parochial surgeon of the North-Western District of Edinburgh City; Ext. Mem. Roy. Med. Soc.; Mem. Edin. Med. Chir. Soc.; Mem. Edin. Obstet. Soc.; and Mem. Med. Soc. Paris.

On the 27th ult., at his residence, Islington, aged thirty-nine years, GEORGE GOULD, Esq., surgeon, formerly of No. 1, Lansdowne-terrace, New Brompton, London.

At his residence, 10, Laura-place, Bath, after a protracted illness, borne with great resignation and patience, ALFRED AUGUSTUS HARVEY, Esq., M.D., aged seventy-one.

## TO CORRESPONDENTS.

IN consequence of the early hour at which *THE LANCET* is necessarily sent to press every Thursday, there is not any certainty for the insertion of communications, not being advertisements, which are received subsequently to Wednesday morning's post.

### CHOLERA FLIES.

*Mr. G. Selwyn Morris.*—The observations which have appeared from time to time on cholera flies afford a striking illustration of the slender evidence which is by many deemed sufficient upon which to build up theories of the highest importance. What are the facts and what the theory in the present case? Certain observers, at different times and places, having, we presume, at the moment but little to engage their attention, and happening to gaze out of the window, have seen, either resting upon the glass or adhering to the bars of the window, stumpy dead flies. Cholera being rife at the time, and the minds of medical men being full of the notion that the cause of cholera was to be found in some fungus, animalcule, insect, or else poisoned state of the atmosphere, they have deduced, from noticing these flies, two important theories. Some believed them to be the cause of cholera, and others considered that the death of the flies was to be attributed to a poisoned condition of the air. Both of these are perfectly gratuitous assumptions, as is evident on bestowing a little consideration upon the matter. The flies in question are the common house-fly. They are to be found in the autumn of every year, in a dying state and dead, in great numbers; some adhering to the walls and windows, and others scattered about loose and unattached. The term of existence of house-flies is but short, and they nearly all perish in the autumn, the cause of death being apparently attributable to a fungus, the sporules and threads of which form the powdery-looking substance often seen lying around them, and by means of which they are attached to the walls or window-frames. The dead flies in question, then, are usually the common house-fly, and their death has no relation to cholera, except that of the mere coincidence, that cholera is generally most prevalent at the period at which the death of these flies ordinarily takes place—viz., in the autumn. Occasionally other species of flies may also be found lying dead, their death taking place from the same law and the same cause which determines the death of the house-fly.

*Mr. Carpenter's* communication did not arrive at *THE LANCET* Office until Thursday afternoon.

### COMFORTS FOR THE SOLDIER.

To the Editor of *THE LANCET*.

SIR,—In reply to the suggestion of your correspondent, "Walter Scott, M.R.C.S.E. & L.S.A.," will you allow me to refer him to Mrs. Glaeser's well-known and excellent directions as to the cooking of a hare? That practical lady says, "First catch the animal, then cook it;" and I also say,—first get your soldiers a supply of water, then wash their feet. In elucidation of my meaning, I would direct your correspondent's attention to an article in the *Illustrated News* of Oct. 28th, headed, "The Troops in the Crimea," page 408. I have the honour to be, Sir, your obedient servant,

DANDIE DINMONT.

*Medicus*, (Guy's Hospital).—The following extract is from Wilson's work on "Diseases of the Skin," and may supply the information required:—

"Depilatories are merely temporary removes of the hair; for it is clear that their agency can extend no deeper than the epidermis; the hair-pulp consequently remains, and the hair is not long in being reproduced. The following depilatory powder is the safest and best with which I am acquainted:—

℞ Soda hypophosphitis, 3iii.  
Calcis vivi, ʒi.  
Amyli, ʒviii.  
M. ft.

The powder, when required for use, should be mixed with water to the consistency of a paste, and, after being applied to the skin for one or two minutes, should be removed with a spatula or paper knife. I have seen deep and troublesome ulcerations produced by the incautious use of depilatories."—*M. Boudet, Journal de Pharmacie*, vol. xviii. p. 119.

*A Foreigner.*—The first meeting of the Royal Medical and Chirurgical Society will be held at 63, Berners-street, on Tuesday evening, November 14th, at eight o'clock precisely.

*Mr. Edward Cousins* is thanked for his polite communication.

*A Member of the Association, and Subscriber to THE LANCET.*—No notice can be taken of such a production.

*Pater.*—There is no cause for alarm. Such cases are common, and easy of cure. Apply to a respectable surgeon.

*M.D.*—The results of the treatment in the cases would be acceptable.

*Dr. G. Greville.*—We have received the extract from the *Bath Journal*, consisting of "Some Remarks on Diarrhoea and Malignant Cholera," and may take this opportunity of stating that we regard the publication of popular theories of, and remedies for, cholera as most objectionable and dangerous. From facts which have reached us, we have good reason to believe that the most disastrous consequences have resulted in very many instances from persons resorting to newspaper "remedies" in cases of bowel complaints, and postponing medical assistance until it is too late to be of service. In addition to the danger of public prescribing, it must also be regarded as most derogatory and unprofessional, and singularly open to the suspicion of having resulted from interested motives. It is only due, however, to Dr. Greville to state, that he has, in this matter, followed in the wake of others, some of whom, at least, ought to have set a better example.

*Mr. W. Miller's* valuable paper shall be published in an early number.

*Bath.*—Dr. Tunstall, we are informed, has given in his resignation. It is therefore unnecessary to pursue the subject further. A Medico-Ethical Association is the proper tribunal for such cases. There is no such society in the west of England.

*Dr. Bone* is thanked. We shall be happy to receive the reports of the cases. *THE LANCET* has been sent to Dr. Rutherford, in the Crimea.

A CORRESPONDENT informs us that a practitioner in Croydon, who has hitherto held a very respectable position in the profession, openly commends the homeopathic system, and treats those patients in conformity with it who prefer that fraudulent scheme.

*W.*—The article was good in every respect, but unsuited for a medical journal.

*A. B.*—The person does not belong to the profession.

*Medicus*—Indentures of apprenticeship are not absolutely necessary in all cases. A certificate of having served five years in the manner of an apprentice is, in some instances, received as sufficient.

*A. B.*—Dr. Richard King has offered, or intends to offer, his services to the Colonial Board, to descend the Great Fish River in search of the remains of the Franklin expedition; and if that Board declines the offer, then to the Admiralty Board.

*Mr. Wilkinson* should forward the paper.

*A Candidate, East India Service.*—Candidates are admitted to examination, although they may not have attended a Lunatic Asylum or an Ophthalmic Hospital. This alteration was made, we believe, to meet the cases of several gentlemen who have already commenced practice, and who cannot, without great sacrifices, obtain certificates of attendance. It will thus be seen that gentlemen in practice need not leave their vocations for three months to obtain the certificates in question on the bare chance of being amongst the successful candidates. If successful, however, they will be required to study Lunacy and Diseases of the Eye, and to give proof of their having done so before proceeding to India. The following notice has also been issued:—

"The Board of Examiners of candidates for the appointments of assistant-surgeon in the East India Company's Service give notice, that on the 6th of January, 1856, they will hold examinations at the East India House, for the selection of assistant-surgeons. The selection will be made according to merit, and it is expected that about thirty appointments will be awarded."

*Mr. Blacklock.*—Advantage has been taken of the notice forwarded. Our correspondent is thanked for the trouble.

*A Non-Medical Man*, (Dublin).—Such a course of proceeding would be highly objectionable, and would subject the party adopting it to a penalty of £20. There are many ways of bringing the matter before the public in a legitimate manner, provided the proposition is worth anything. We cannot advise further.

*THE* interesting memoir, by Dr. Knox, "On the Life and Labours of Bichat," shall be published in our next.

*Dr. Crooke's* (Chorley) paper, "On the Removal of a Fibrous Tumour from the Left Neck," has been received, and shall be inserted.

*The Smoke Nuisance.*—We are glad to observe that Lord Palmerston has given a very intelligible hint that he has resolved that the Smoke Nuisance Abatement Act shall not be a dead letter. With his accustomed energy, he has taken the matter in his own hands, and has directed the issue of a summons against Mr. Jonathan Keen, the owner of the saw-mills on the west side of Waterloo Bridge. The usual defence was, of course, put forward—namely, that in this particular case it was impossible to consume the smoke. The argument of impossibility, Mr. Elliott meets with the invincible reply—You must. So we suppose the impossible will be discovered to be possible. Let others take warning.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marshall Hall; Mr. Coulson; Mr. John Langley; Another Sufferer; Dr. Eade, (Bosfield, Norfolk); The Council of the Ethnological Society; Dr. W. H. Bone; The Secretary of the Whittington Club; A. B.; The Honorary Secretary of the Epidemiological Society; Mr. Chalmers Miles, (Dowdals, Glamorganshire); W.; Mr. Henry Wilkinson, (Rotherham); Mr. J. F. Tucker; Mr. Robert Birch; Dr. Fraser, (Chatham, with enclosure); Mr. B. Webster, (with enclosure); Mr. B. Wilkinson, (Wilmsholme, with enclosure); Dr. Bond, (Lut-teworth, with enclosure); Mr. W. W. Stabb, (Torbay, with enclosure); Mr. A. Wall, (with enclosure); *Medicus*, (Guy's Hospital); J. W.; Dr. Woodman; Dr. King; Dr. Henry MacNab, (Inverness); Dr. G. Greville, (Bath); Mr. W. Luxton; M.D.; Eastern Dispensary, Bath; Dr. Holmes, (Dispensary, Leeds); Dr. Scott, (East India House); Dr. M. Collett; Dr. E. G. Crooke, (Chorley); Mr. Blacklock, (Dumfries); Mr. J. C. Barry; M. S. (Reigate); Mr. William Miller; Mr. Garret Butler; *Medicus*; Dandie Dinmont; A Foreigner; Mr. Edward Cousins; A Member of the Association, and Subscriber to *THE LANCET*; *Pater*; A Candidate, East India Service; A Non-Medical Man, (Dublin); Mr. G. Selwyn Morris; Mr. Carpenter; &c. &c.

**GOLD CHAINS AND JEWELLERY.**

**Watherston and Brogden, Wholesale Manufacturing Goldsmiths and JEWELLERS,** beg to announce to the Nobility, Gentry, and Public in general, that in obedience to the numerous calls made upon them since the Great Exhibition, where they were awarded a Prize Medal, they have resolved to throw open their Manufactory to the Public at Manufacturers' prices, a closer connexion than has hitherto existed between the real worker in the precious metals and the Public being obviously an advantage to both parties. Gold is capable of being alloyed to any extent, and therefore, in order to protect the Public in the article of Chains, Watherston and Brogden will make the Mint price of 77s. 10<sup>4</sup>d. per oz. for British standard the basis of all their operations, and, making their profit on the workmanship alone, will charge the bullion in their Chains at its intrinsic value, undertaking to re-purchase it at any time at the same price: thus—15 carat gold will be charged and will realize 53s. 1<sup>4</sup>d. per oz.; 18 carat gold will be charged and will realize 63s. 8<sup>4</sup>d. per oz.; 22 carat gold will be charged the Mint price of 77s. 10<sup>4</sup>d. The price for workmanship will be charged according to the intricacy or simplicity of the pattern: for example—a Chain weighing 2 oz. of 15 carat gold is worth, at 53s. 1<sup>4</sup>d. per oz., £5 6s. 2d. intrinsic value; supposing the workmanship to be £2, total £7 6s. 2d. By this arrangement the purchaser will see at a glance the proportion charged for labour compared with the bullion in a Gold Chain, and, being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of Jewellery, all made at their Manufactory, 16, HENRIETTA STREET, COVENT GARDEN. (Established 1798.)

**The Arctic Expeditions.—The whole**

of the Ships of the various expeditions which have wintered in the Ice, including those of Sir John Franklin and Captain Collinson, have been Warned by SYLVESTER'S HOT AIR APPARATUS.—For prospectus and prices, apply to SYLVESTER and CO., Engineers and Manufacturers of Heating Apparatus, 86, Great Russell-street, Bloomsbury, London.

AT THE CRYSTAL PALACE.

**"The Duobus," a cheap close Carriage**

for a "Country Practice," having all the comfort and convenience of a Brougham, with the weight of an ordinary Gig. Price £48. This Carriage can be seen at the new Crystal Palace, and sketch and particulars obtained on application to T. R. Starey, Coachmaker, Nottingham.

**Improved Invalid Cot Carriages—**

the greatest luxury and comfort ever introduced for removing invalids, being fitted up with the patent noiseless wheels. These carriages may be engaged, on moderate terms, for any journey, upon application to H. and J. READING, coachbuilders, 14, Riding House-lane, Cavendish-square.—N.B. A good assortment of new and second-hand carriages for sale or hire.

**The 16s. Trousers reduced to 14s.—**

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

**To Professional Men and others.—**

The Oxford Mixed Doeskin Trousers, price 21s. The Striatum Cloth Vest, price 10s. 6d. Stock for choice, or to measure.

S. BATTAM, Coat and Trousers Maker, 160, Tottenham-court-road, four doors south of Schoolbred and Co's.

Patterns of the material and Directions for Measuring sent free per post.

**R. T. Pigram, Practical Tailor, and**

Inventor of the Indicator of the Human Figure, whereby a perfect fit is secured, respectfully invites the attention of the public to his mode of art, since none can doubt the importance of an easy and exact adjustment of wearing apparel. Superior Trousers at 17s. 6d. per pair.

R. T. PIGRAM, 51, Lamb's Conduit-street, Foundling Hospital.

**Assistant-Surgeons.—Gentlemen**

receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

L. PHILLIPS', 28, WEST STRAND, LONDON,

the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, and every necessary information, may be obtained on application.

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**Samuel Brothers,**

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Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS, at 17s. 6d.,

Unequalled for superior style, fit, quality, perfect ease, and gracefulness, so requisite for gentlemanly appearance, and so rarely obtained.

Patterns sent free on application.

SAMUEL BROTHERS' Stock of OVERCOATS

for the present Season is worthy of your inspection.

**Cholera Prevented! Rettie's Patents.**

SELF-ACTING SEWER AND SINK TRAPS, for Streets and Kitchen Sinks, to prevent all effluvia from Drains, Cesspools, and Urinals. Damp Houses cured at Fourpence per day, giving a dry, warm temperature, for sick or invalids.

PORTABLE CHAMBER CLOSETS, free from all effluvia.

Orders to E. M. and M. Rettie, 7, Brompton-road. (Enclose Stamp.)  
N.B.—Beware of imitations on the above Patents.

**Ten Thousand Stoves.—The Tenth**

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DRAY, and CO., 48, King William-street, London-bridge, and may be obtained of most ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.

**Metcalfe and Co.'s New Pattern**

TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfume for the toilet.—At METCALFE, BINGLEY, and CO.'S only establishment, 130 and 131, Oxford-street, second and third doors west from Holles-street. Metcalfe's Alkaline Tooth Powder, 2s. per box.

**Funeral Extortion avoided, by Exe-**

cutors and bereaved Relatives of deceased Noblemen, Gentlemen, Tradesmen, and others, sending in the first instance to SHILLIBEER'S OFFICE, CITY ROAD, near Finsbury-square, or to 12, NORTH STREET, QUADRANT, BRIGHTON, instead of employing their Upholsterer, or the nearest Undertaker, who, not possessing the needful requirements, resort to the Funeral Furnishers, to hire them, and consequently inflict twofold profits.

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Funerals of every class, and the most varied description of conveyances, old and new styles, and first-rate equipments, at charges so moderate as to defy competition. Catholic Fittings from Paris. No extra charge within ten miles. A Nobleman's Funeral, Thirty Guinea; Gentleman's, from Ten Guinea; Tradesman's, 28; Artisan's, 24 and upwards.

Originated in 1842.

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The distinguished patronage, the flattering encomiums, and the increasing demand, are sufficient proofs of the utility and excellence of these fashionable, safe, and elegant Carriages for adults, children, and invalids, propelled from behind by the slightest effort. Country and Shipping orders. Illustrated Circulars.

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CAUTION.—To avoid unprincipled and dangerous imitations, look for Burton's Label on each Carriage.



**Allsopp's Pale Ale in Bottle, as**  
supplied to the CRYSTAL PALACE; also in casks of 18 gallons  
Recommended by BARON LIEBIG.

Address, HARRINGTON PARKER and CO., 54, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

WOOD & WATSON, 16, Clement's-lane, City.

**Allsopp's Pale Ale.—Medical gentle-**

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

**Soyer's Aromatic Mustard.—"M."**

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration.—THE LANCET.

Sole Agents: Messrs. CROSSE and BLACKWELL, 21, Soho-square, London.

**To Invalids and those desirous of**

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

**Robinson's Patent Barley, for making**

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and alternately with the Patent Barley, is an excellent food for Infants and Children.

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The proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest Tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets at 6d. and 1s., and in Family Cansisters at 2s., 5s., and 10s. each.

**Pure Country Bread, supplied every**

Day by Train by G. BILLINGS, of Sawbridgeworth, Herts.

Sawbridgeworth, Herts, 1852.

George Billings begs respectfully to call the attention of the Public to the subjoined Testimonial (vide THE LANCET, March 28th, 1852) as to the pure and unadulterated nature of Bread made by him.

Having been earnestly solicited by numerous parties in London to introduce it to the public, he has appointed as his agents:—MR. DAVID BILLINGS, 7, Ivy-place, Hoxton; MR. HOLLOWAY, 18, Liverpool-street, Bishopsgate.

N.B.—All Bread supplied to the London public is stamped,—"G. BILLINGS, Sawbridgeworth."

London Hospital, March 17th, 1852.

I have made a careful analysis of the Bread manufactured by Mr. George Billings, Sawbridgeworth, Herts, and I find that it is perfectly free from everything of a deleterious nature: besides which it is of good colour and light texture, is pleasant to the taste, entirely free from acidity, easy of digestion, and apparently well suited to the wants of the dyspeptic.

HENRY LETHEBY, M.B.,

Professor of Chemistry, &c., in the London Hospital.

18, Upper Seymour-street, Portman-square,

November 4th, 1853.

Having submitted to careful analysis a loaf of bread, manufactured by Mr. George Billings, of Sawbridgeworth, Herts, and placed in my hands for that purpose by Mr. D. Billings, of Ivy-place, Hoxton, I find the bread to be well made, free from acidity and all deleterious matter, and accordingly well adapted for the sustenance both of invalids and of persons in health.

ANDREW URM, M.D., F.R.S., Analytical Chemist.

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**Infants' New Feeding Bottles.—These**

celebrated Nursing Bottles, the best Artificial Mother ever invented, enabling the most delicate Infant to feed from its birth with the greatest comfort and ease, are adapted to milk, biscuits, and all kinds of food. The Nipple, of novel material, is elastic, soft, durable, very cleanly, and so beautiful an imitation of nature, that no Infant ever refuses it.—BENJAMIN ELAM, 9 & Oxford-street,—7s. 6d.—Each is stamped with my name and address.

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fine Sherry, (Amontillado and Montilla.) Brown and Pale, for Cash, at 42s. per dozen; £21 per quarter-cask; £42 per hogshead; £24 per butt.

Port.—Very fine old dry Wine (Vintages 1827, 1830, 1832, 1834), lately imported: from the Wood at 48s., 54s., 63s., and 68s. per dozen.

First Class Champagne, (Ay, Avize, Pierry, Verzenay, and Sillery,) Sparkling and Still Moselle, Sparkling, Still, and Red Hocks, and Bordeaux Wines, at very moderate prices.

These Wines are patronized and recommended by several eminent Physicians, and are especially recommended to Connoisseurs. Samples and List of Prices forwarded on application.

H. H. HAMMICK, Importer, 11, Pall-mall, London, opposite the "Travellers' Club."

**Mineral Waters.—W. Best begs to**

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Seidlitz, Pullna, Ems, Seltzer, Fachingen, &c., at his Eau-de-Cologne, Arquebuzard, and Foreign Mineral Water Depot, 22a, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on Advantageous terms.

N.B. Allsopp's and Bass's Pale Ale, and Guinness's Dublin Stout.

**Aërated Waters of sufficient and**

uniform strength. BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, having given great attention to the manufacture of Mineral Waters, and feeling it important that medical men should be assured of the quantity of Alkali contained in each kind, beg to submit the following list of their preparations:—

Potash Water, 18 grains of the Bicarbonate in each bottle; Citrate of Potash, (a new and valuable auxiliary in Gout and Rheumatic affections,) 30 grains; Soda, 15 grains; Magnesia, 12 grains, and Ammonia, 10 grains.

B. S. & B. would especially recommend their Seltzer and Vichy Waters; the latter now bottled in half-pints as well as pints.

BLAKE, SANDFORD, and BLAKE, 47, Piccadilly.

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the name of Respirator for various discreditable and defective imitations of MR. JEFFREYS' Instruments, the value of which in medical practice has given a false reputation to the name, can only mislead unwary persons not acting under professional advice.

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TO THE SURGICAL AND MEDICAL PROFESSION.

**W. F. Durroch, late Smith, begs to**

inform the Profession, that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent practitioners and lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their instruments finished in the best and most modern style. Surgical and Medical Instruments made to drawings, and kept in repair. Established 1798. No. 2, New-street, St. Thomas-street, (near the Hospital), in Southwark.

Superior dissecting instruments and equally moderate in price, well worth the inspection of the student.

SPECULUM ANI, made by W. Durroch, for John Hilton, Esq., may be had at a moderate price.

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ROW, LONDON, the Sole Licencee and Maker of PALMER'S PATENT LEG, adapts this beautiful substitute to every form of amputation; and having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given, (if required.)

**Dr. Lever's Improved Elastic Utero-**

ABDOMINAL BELT being constructed by Mr. H. Bigg, 29, Leicester-square, under the immediate suggestion of Dr. Lever, will be found to combine every advantage possible to obtain. It upholds the parietes of the abdomen, secures support to the uterus, and admits of the elastic force immediately above the pubes being increased by the patient after the Belt is applied.

To be had only of Mr. H. BIGG, 29, Leicester-square.

**Spinal Curvature.—Mr. H. Bigg, 29,**

Leicester-square, particularly invites the attention of the Faculty to two new and distinct forms of SPINAL APPARATUS he has recently invented. The principle on which they are constructed, thoroughly supplants the "brute force" of the screw, yielding instead an elastic power analogous to muscular motion; it also encourages respiration, admits of the spine being moved in any direction, and possesses a weight so trifling as hardly to be felt by the wearer.—PATENTED.

To be had only of the Patentee, 29, Leicester-square.

**Treatment of Club Feet, Spinal**

CURVATURE, &c., WITHOUT THE EMPLOYMENT OF THE SCREW.—MR. HEATHER BIGG, 29, Leicester-square, begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the feet and spine.

"\* \* \* The living structures do not with impunity tolerate the brute force of the screw.\* \* \* In any case in which the force of the screw is employed, unless for a very brief period, excoriation, sloughing, intolerable pain in the parts compressed will inevitably result.\* \* \* Dr. LITTLE, on "Deformities," pp. 34, 35.

Mr. H. Bigg has recently invented four distinct forms of Orthopaedic Instruments for Talipes Varus, T. Valgus, T. Equinus, Lateral Curvature, &c., in all of which the principle of muscular elasticity is simulated and the "brute force" of the screw ignored.—PATENTED.

29, LEICESTER-SQUARE.

**Mr. G. Hind, F.R.C.S., resumed his**  
DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.  
Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

## Epidemiological Society.—The First

Meeting of the present Session of this Society will be held on Monday, the 6th of November, at Half-past Eight p.m., at 37, Soho-square; entrance, Carlisle-street. An Introductory Address will be delivered by the President, Dr. BARNSTON. Members of the Profession will be admitted to the Meeting on presenting their cards.

J. O. McWILLIAM, M.D., F.R.S., } Hon. Secs.  
J. H. TUCKER, }

TO PROFESSORS OF ANATOMY, STUDENTS, &c.

**Dr. Kahn continues to execute every**  
description of ANATOMICAL and PATHOLOGICAL WAX MODELS.  
For a List of Prices apply at 232, Piccadilly.  
DR. KAHN'S ANATOMICAL MUSEUM is open Daily, from Eleven till Five, and from Seven till Ten. Admission, One Shilling. Lectures, as usual, by Dr. SEXTON, F.R.G.S., and F.E.S.

## Buxton Baths.—St. Ann's Hotel.—

The Reduced Charges for the Winter will commence on the 1st of November. Conducted by Mrs. HARRISON.  
N.B. The New Baths are kept open as usual during the Winter Months.

## Matrimonial Institution.—Founded

1846.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Bales, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CURENBER, 12, John-street, Adelphi, London.

**Mr. T. H. Wakley's Stricture Instru-**  
MENTS. Complete Sets of these Instruments may now be had of  
WEISS & SON, 62, Strand, London.

## Anatomical and Dental Repository,

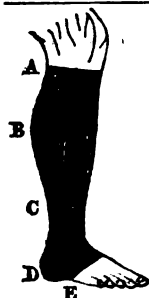
45, Museum-street, Bloomsbury, London.—JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

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STUDENT'S MICROSCOPE, which, for solidity, portability, and reasonable price, surpasses any Microscope hitherto made by any English or Continental maker. The Student's Microscope, with coarse and fine adjustments, single mirror, one eye-piece, a one-inch and one-quarter-inch French achromatic object-glasses of best quality, the whole packed in mahogany case, 7in. by 6in., 25 10s.; or with M. Pillischer's own-made, 1in. of 16 degs. angular aperture, and 2in. of 60 degs., 27.

The above stand with lever stage, extra eye-piece, double mirrors, animalcule cage, &c., 28; or with Pillischer's glasses, 29 10s.

A list of prices will be sent free on application to M. Pillischer, 88, New Bond-street.



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## Christian Medical Association.—An

Address is proposed to be delivered, in connection with this Association, in the Lower Hall, Exeter Hall, Strand, on Friday, November 10th, at Eight p.m., by R. D. GRAINGER, Esq., F.R.S., Lecturer on Anatomy, &c. C. J. B. WILLIAMS, M.D., F.R.S., in the Chair.

The attendance of all Medical Students is specially invited. They will be admitted on exhibiting their entrance card to Hospital Practice, or to any of the Courses of Lectures delivered in the Medical Schools. Practitioners desirous of attending, are requested to present their private cards at the door.

S. O. HARRISON, M.D., } Hon. Secs.  
CHARLES H. MOORE, }

EAST INDIA HOUSE, Aug. 9th, 1854, and Oct. 4th, 1854.

## Notice is hereby given, that the

annexed CODE OF REGULATIONS for the ADMISSION of CANDIDATES at the First Examination, to be held in January next, for the APPOINTMENT of ASSISTANT-SURGEONS in the service of the EAST INDIA COMPANY, has been framed by the Board of Commissioners for the affairs of India, under the provisions of the Act 16 and 17 Vic., cap. 85, sec. 32.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE SERVICE OF THE EAST INDIA COMPANY.

All natural-born subjects of her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons. They must, however, be between 22 and 28 years of age, and of sound bodily health. They must subscribe and send in to Dr. Scott, the Physician to the Hon. East India Company, before the 10th day of December, 1854, a declaration to the following effect:—

"I [Christian and surname at full length], a candidate for employment as an assistant-surgeon in the service of the East India Company, do hereby declare that I was — years of age on the — day of — last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 and 6 Wm. IV., c. 62.
2. A diploma in surgery, or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree.
3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended for six months the practice and clinical instruction of the physicians at some hospital containing at least on an average one hundred in-patients, or of having attended one course of lectures of six months on the practice of physic, and clinical instruction for twelve months.
4. A certificate of having attended for three months the practical instruction given at one of the public asylums for the treatment of the insane.
5. A certificate of having attended for three months one of the institutions, or wards of a hospital especially devoted to the treatment of ophthalmic diseases.
6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.
7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of military surgery is recommended.

Candidates producing satisfactory certificates will be admitted to an examination to be held in January, 1855.

The examination will include the following subjects:—

1. Surgery in all its departments.
2. Medicine, including the Diseases of Women and Children, Therapeutics, Pharmacy, and Hygiene.
3. Anatomy and Physiology, including Comparative Anatomy.
4. Natural History, including Botany and Zoology.

The examination will be conducted:—

1. By means of written questions and answers.
2. By object examinations and experiments, when the subject admits of such tests.
3. By practical examination at the bedside of the patient, and by dissections and operations on the dead body.
4. By viva voce examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as assistant-surgeons in the East India Company's Service.

All assistant-surgeons are required to subscribe to the Military or Medical, and Medical-retiring Funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society also, if appointed to Bengal.

All assistant-surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

Candidates may apply to Dr. Scott, 13, Stratton-street, for further information if needed.

N.B. The certificates and notices as to examination herein contained apply only to the examination to be held in January next.

Regulations regarding the requirements of candidates for future examinations will be issued after the first examination.

JAMES C. MELVILLE, Secretary.

NOTE, Oct. 4th, 1854.—Candidates who may not have been able to attend the practice of an asylum for the insane, or of an ophthalmic hospital for three months previous to offering themselves for examination in January, 1855, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India.

The Board of Examiners of candidates for the appointments of assistant-surgeons in the East India Company's Service give notice, that on the 8th of January, 1855, they will hold examinations at the East India House for the selection of assistant-surgeons. The selection will be made according to merit, and it is expected that about thirty appointments will be awarded.

J. D. DICKINSON, Deputy-Secretary.

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MEDICAL.

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**An M.R.C.S., L.M., and L.A.C.,**  
London, aged twenty-five, wishes to meet with a PARTNERSHIP with a gentleman in good practice, where, after a term of years, he could succeed to the whole.—Address, stating terms and full particulars, to George B. Mead, Bury St. Edmunds, Suffolk.

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**Wanted, by a Practitioner in the**  
Country, a Visiting and Dispensing ASSISTANT. He must be accustomed to Country Practice, and able to give satisfactory references, especially as regards moral character.—Address, stating age and references, C. B. A., THE LANCET Office, 422, Strand.

TO MEDICAL MEN.

**A Surgeon, whose chief objects are**  
to see practice and to be treated in every respect as a gentleman, is anxious to Assist a General Practitioner in any of the provinces. The highest references offered.—Address, F. P., 19, Albert-street, Mornington-crescent, Regent's-park.

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and LYING-IN CHARITY.—Gentlemen wishing CASES are requested to apply to Dr. Griffith, at the Dispensary, or at 8, Wellington-street, London-bridge.

**Metropolitan Free Hospital,**  
DEVONSHIRE-SQUARE, BISHOPSGATE.—The Committee hereby announce a Vacancy in the SURGICAL STAFF. Candidates for the Office must be Fellows or Members of the Royal College of Surgeons of England, not practising Pharmacy, and are required to send in their Diplomas and Testimonials on or before Thursday, the 9th of November, under cover, to the Secretary, 8, Devonshire-square.

JOHN GURNEY FRY, Chairman.  
CHARLES NASH, Secretary.

**Dover Hospital and Dispensary.—**

Wanted, a RESIDENT MEDICAL OFFICER to this Institution. He must be a Member of the Royal College of Surgeons of London, Edinburgh, or Dublin, and a Licentiate of the Apothecaries' Company. He will be restricted from private practice, and expected to enter upon his duties on the 30th of November next. His salary will be £30 a year, with furnished apartments, coals, and candles. Duties and further particulars may be known on application to the Secretary, Mr. ELWIN, No. 35, Castle-street, Dover, to whom Testimonials may be sent on or before Monday, the 20th of November, at 11 A.M. The Hospital contains at present twelve beds for in-patients.

Dover Hospital, 30th October, 1854.

EDWARD ELWIN, Secretary.

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November, 1854.

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Saturday, November 4, 1864.

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LONDON, SATURDAY, NOVEMBER 11, 1854.

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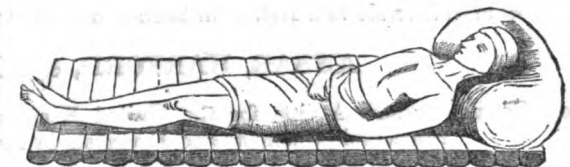
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### THE ANATOMY, PRINCIPLE OF ACTION, AND PATHOLOGY, OF THE SPINAL SYSTEM.

[THESE lectures were delivered by invitation of the lecturers, and were attended by a large body of students, and most of the leading members of the profession resident in Manchester and the surrounding towns, including Dr. Lyon; Sir James Bardsley, M.D.; Mr. Wilson, President of the Provincial Medical Association; Dr. Radford, Dr. Eason Wilkinson, Dr. Watts, Dr. Noble, Mr. Southam, Mr. Dumville, Mr. Somers, Mr. S. S. Fletcher, Mr. Braid, Mr. Hatton, Dr. Stone, Dr. Clay, Dr. Merei, Mr. Golland, Mr. Murphy, Mr. Windsor, Dr. Whitehead, Mr. J. O. Fletcher, Mr. Morley Harrison, Mr. Manley, Mr. McKeand, Mr. Walsh, and Mr. Manley, of Manchester; Mr. Flint, of Stockport; Mr. Brigham, of Lynn; Mr. Lallemand, of Macclesfield; Dr. Black, Dr. Chadwick, and Mr. Wolstenholme, of Bolton; Mr. Anderson, and Mr. Clark, of Farnworth; Mr. Lumb, and Mr. Lawton, of Rochdale; Dr. Woollam, and Mr. Galt, of Ashton, &c.]

Mr. Southam, in prefacing the proceedings, stated, that he had great pleasure in introducing to the gentlemen assembled Dr. Marshall Hall, who, by invitation of the lecturers of the School, had kindly consented to deliver three lectures on the Physiology and Pathology of the Spinal System. To the members of the profession present it was unnecessary for him to say anything in support of Dr. Hall's views, they being sufficiently well-known and appreciated by all who sought to practise medicine on correct and scientific principles. To the students present he would just remark, that they would have the privilege of hearing explained, by its discoverer, the spinal system, comprising a series of facts which he believed had the same relative importance to medical science, as the atomic theory of their late illustrious townsman, Dalton, had to the science of chemistry.]

Dr. Marshall Hall then addressed the crowded audience as follows:—

GENTLEMEN, — I have accepted, with much satisfaction, the invitation of your able teachers, to expound to you the Anatomy, Physiology, and Pathology of the Spinal System. In doing this, I shall avail myself of experiment and of reference to clinical observation. I wish to demonstrate to you the immediate and intimate connexion between physiology and practice. You may indeed regard these lectures as a specimen of a work which I am preparing for the press, designed specially for the medical student, to be entitled "*PHYSIOLOGY in the Laboratory and the Clinical Ward.*"

I propose, in that work, to effect the separation of mere empiricism from medicine for ever.

Physiology was divided, by the illustrious Bichat, into two systems, or sub-systems,—*the animal, and the vegetative.*

The nervous system has, in a correlative manner, been divided into *the cerebro-spinal, and the ganglionic.*

Both these divisions are defective. There is a *third* sub-division of the nervous system, hitherto undetected, which forms an essential link with the other two, and which I have designated *the Spinal.*

Observe this frog. You are all familiar with its natural movements. I divide what was termed the cerebro-spinal system just below the occiput.

I stop for a moment to call your attention to a most interesting phenomenon. I seize one of the toes of a posterior extremity between my thumb and finger, making a little gentle pressure and movement. No effect is produced. In a minute, or less, you will see how different the result will be. The animal is in the state of *shock*; just such a shock as we observe in practice, as the effect of a violent fall from scaffold.

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ing, or a crushing accident from machinery. I repeat the experiment. You now see the manifestation of returning power in energetic movements.

This experiment, repeated with care, would afford the means of investigating the phenomena of shock, and of a principle of practice. For example: after a violent comminuted fracture, is it better to amputate immediately or after the lapse of a certain interval of time?

I again call your attention to my experiment. Observe how energetic the movements of the frog now are on exciting the skin of the foot; how similar, too, to ordinary voluntary motions! Who would not be beguiled into the conclusion that in this animal sensation and volition still exist?

Nevertheless, if my experiment has accurately divided the cerebrum and cerebellum from the medulla oblongata, and if I induce quiet in the animal by gently controlling its movements, as you see, it will never move spontaneously more! Nay, though I place it in a position which, if sensibility remained, *would be* the most painful, yet, quiet once induced, and *all* external excitation avoided, it will never move again. It might be left in such a position, and if so protected from excitement, it would be found the next day in the same position still.

But again I rub the toe between my thumb and finger, and again it moves; it jumps, and it crawls; the latter movement consisting, in fact, in a series of movements induced by the renewed contact of points of the cutaneous surface with the surface of the table.

What is the *rationale*, what the relations, of these singular phenomena?

Gentlemen, nearly a quarter of a century ago I was engaged in the investigation of the circulation of the blood in the batrachian reptiles; I had been examining the pneumonic circulation in the *triton*; the animal lay on the table; I removed the head and the tail. On touching the latter by the point of a probe, it coiled up! I asked myself the questions which I have just proposed to you. From this simple fact and observation have resulted the discovery, the elaboration, and the application of the SPINAL SYSTEM—that system which, as I have said, I am about to expound to you in these lectures.

I again recur to my question—What is the *rationale*, what the relation to *life*, to anatomy, and to physiology, of this phenomenon? I have removed the cerebrum and cerebellum; it does not therefore depend upon these. But I proceed further: I now remove the whole of the internal viscera, and, with them, the whole of the ganglionic system. Still the movements continue as lively as ever!

Observe this physiological preparation well. There is not in the Hunterian Museum a preparation more replete with the deepest interest. It is the demonstration that when the centre of the cerebral system and when the entire ganglionic system are removed, there still remains a *third* system, independent of each and of both, *sui generis*, autocratic!

Place this specimen of the decapitated, eviscerated frog in your museum—the demonstration of the distinct and independent spinal system—in memory of this day!

Do not be disconcerted that I show you these things in so humble a creature. *All* physiology exists in the caterpillar or the butterfly, if we could only detect it. The least of God's works is infinite.

I began by stating to you that hitherto anatomists and physiologists had divided the nervous system into the cerebro-spinal and the ganglionic. I have analyzed these, and I have demonstrated to you, that in the midst of these two there is a *third* system. As the chemist detects, in a mineral hitherto regarded as consisting of certain elements—say silver and gold—a new element, platinum, so I, in the midst of the cerebro-spinal and ganglionic nervous systems, have detected a new element—the *spinal*; and of how great moment this is I must proceed, without further delay, to unfold to you.

I revert once more to this interesting preparation: the cerebral centres and the ganglionic system are removed; what remains? what is its anatomy, its principle of action, its physiology, its pathology, its therapeutics? what its relation to *life* and *death*?—questions of the deepest interest.

In the first place, observe me now destroy, in this decapitated, eviscerated frog, by means of this needle, the spinal marrow. Now all is still! I irritate the toe in vain. I wait in vain for recovery from shock. All the interesting phenomena formerly manifested are extinct! They depend, then, on the spinal marrow, *their* spinal centre!

In the next place, I take this preparation, which is similar to the former one—viz., without cerebral, without ganglionic systems, and I denude the lumbar nerves. The excited move-

ments in both lower extremities are, as you see, perfect. I divide this *right* lumbar nerve; the excited movements in the *right* leg, and in that leg only, are extinct!

The excited reflex movements depend, then, not only on the spinal centre, but on the nerves connected with that centre.

You observe the phenomena still perfect in the *left* leg: I remove the skin from the foot; the excited movements are again extinct. They depend, then, in this instance, on the integrity of the integuments of the part to which the excitation is applied. In these integuments, in fact, reside the *origin* of those nerves on which these excited reflex actions depend.

But now, gentlemen, I must beg your best attention whilst I explain more particularly the nature and forms of that nervous structure which constitutes the spinal system.

If I either strip off the skin, or destroy the spinal marrow, or divide the lumbar nerve, the phenomena cease. They depend, then, on the *origin* and on the *course* of certain nerves, and on their spinal centre.

But a little more minutely: If I remove the origin of this structure, by removing the integument; or if, within the spinal canal, I divide the *posterior* root of the spinal nerves; or if I destroy the spinal marrow itself; or, if I divide the *anterior* roots of the spinal nerves; or, if I divide the nerves in any part of their course to or from the spinal marrow, I annihilate all reflex phenomena.

Here then is a new *Demonstration*: all reflex actions depend on an *in-going* nerve, with its *origin* in the tissue excited; on the spinal centre; and on an *out-going* nerve, with its *termination* in the muscles. These constitute a *nervous Arc*, consisting of parts *essentially* linked together; a new kind of *Anatomy*, established and demonstrated for the first time.

Each *special* excited, reflex, or diastaltic action, (so I have designated it, because it is excited *through* the spinal centre,) has its *special* diastaltic nervous Arc. Of these *Arches* there is an extensive *series* in the animal economy. Together with their continuous centres, they constitute the spinal system of connected eisodic (or in-going) and exodic (or out-going) nerves.

Gentlemen, no facts in chemistry or physics are more demonstrable than these; none more valuable in their relations respectively; whether we contemplate life, disease, or death, the spinal system becomes now our constant guide.

Let us now, gentlemen, consider what we have within the spinal theca. The sensations of the hands, feet, &c., imply an uninterrupted connexion between those parts and the cerebrum, upwards. The acts of volition of the hands, feet, &c., imply a similar uninterrupted connexion downwards. There are, then, *two* nervous conductors, whether distinct fibres, or whatever they may be, along the spinal marrow, which, in this sense only, may be viewed as a *spinal Chord of nerves*, of sensation, and of volition.

But when the cerebrum is removed, when all sensation and volition are extinct, if we excite the skin of the lower extremity in the frog, the anterior extremity is moved, and *vice versa*; phenomena which cease either on removing the spinal marrow, or dividing the lumbar nerves. How then are we to view these structures?

The lumbar nerves convey sensation and the mandates of volition to and from the cerebral centre, when that remains; they convey the eisodic excitator influence, and the exodic excitator influence, when that centre is removed. The spinal centre is the general key-stone to the diastaltic arcs.

As certainly as the lumbar nerves in the frog convey sensation and volition, so certainly do they convey these other two influences. If Sir Charles Bell has proved that such nerves are *double*, I have proved them to be *quadruple*.

The posterior roots of the intra-spinal nerves are not only sentient, but eisodic excitomotor; their anterior roots are not only conveyers of the influence of volition, but of exodic excitomotor. There is precisely the *same* kind of proof of one of these functions, as of the other. The spinal marrow; the lumbar nerve in the frog; the sciatic in the human subject; are each and all *quadruple* in their mode of action; I do not say in their structure.

There is an additional fact or series of facts: the spinal marrow is the conductor of the influence of emotion, and of that of undue acidity in the stomach, when these affect, the first directly, the second in a reflected manner, the action of the heart—a subject requiring new and careful investigation.

Enough has been said, then, gentlemen, to convince you that the spinal marrow is no mere chord of nerves. Enough has been said to show you that it is intimately connected with the ganglionic system. And especially, enough has been shown to prove to you that it is the great centre of a series of actions in the animal economy.

You will be still more impressed with the importance of the

spinal system, when I tell you that, besides the phenomena which I have brought before you, it is the nervous centre and agent in *All the Functions of Ingestion and of Egestion* in the animal economy, in the *entire Class of Convulsive Diseases* in pathology, in the action of a certain *Class of Remedies*, and in the whole of that department of medicine denominated *Obstetrics*!

Having made these observations, which relate principally to the *Anatomy* of the spinal system, I must now call your attention to its *Principle of Action*. This I have proved, by a series of the clearest experiments, to be the *vis nervosa* of Haller. But this celebrated physiologist, Bichat, and Professor J. Müller, all laid it down as a *Law*, that this power acts in the *direction downwards* only. As long as this idea prevailed, it is obvious that it *could* have no application to *physiology*. For how could the spinal marrow or an exodic nerve be irritated physiologically? Its application was accordingly limited to pathology.

But by a series of experiments on the turtle, I proved that the *vis nervosa* may act *upwards* and *towards* as well as *outwards* and *downwards*, and then its application to physiology became evident.

If you remove the head and viscera in the turtle, and excite an eisodic nerve between the upper and lower part of the animal, *all* the extremities are moved. The influence of the *vis nervosa* has been *inwards*, and *upwards*, and in all other directions, and not *downwards* only.

It now became easy to explain the various acts of ingestion, retention, egestion, and exclusion, depending, as they all do, on an eisodic excitement.

I may now, before entering on this topic, give you a general idea of the Nervous System as we now view it.

The cerebrum, the cerebellum, and, in a certain sense, the medulla oblongata, may be regarded as the Centre of the Cerebral System, of the nerves of special sense, and of volition, of intellect, and of the passions, of pleasure and of pain. By its means we are placed in relation to all that is *external*, *psychically*. By its means we perceive, by its means we seize and use, external objects.

There is good reason to believe that intellect is seated high, the emotions lower, and the faculty of pleasure and of pain lower still, in their general cerebral centre.

Below the centre of the cerebral system is that of the spinal system, and its analogue in the articulate; &c. The spinal centre includes the medulla oblongata and medulla spinalis. It may be divided into—

1. The Medulla Oblongata, the spinal centre principally of the acts of ingestion and of egestion, by which the preservation of the individual is effected, and especially those of deglutition, respiration; &c. With this centre, the pneumogastric, the diaphragmatic, &c., of such momentous importance in these acts, are essentially linked;
2. The Brachial Enlargement;
3. The Femoral Enlargement; and
4. What, I think, may be designated the *Lower Medulla Oblongata*, the analogue with its nerves of the organs of generation, of the upper with its pneumogastric; and the spinal centre in the acts for the perpetuation of the species.

In each of the acts of ingestion and egestion to which I have alluded, there is the essential agency of a diastaltic spinal arc. The pharynx and larynx are excited by eisodic and exodic branches of the pneumogastric; the pneumogastric is the internal excitator of inspiration, acting through the spinal centre and the diaphragmatic and intercostals.

Similar diastaltic nervous arcs constitute the nervous media through which emission, conception, parturition; &c., are effected. In all these are nervous *origins* in exciting surfaces, an eisodic nerve, the spinal centre, an exodic nerve, and muscular terminations. The *law of action*, the mode of action, the channel of action, are in all identical or similar. All have the same object or objects—ingestion, retention, egestion, exclusion.

Can anything be more simple and scientifically beautiful?

All these acts are *physical*. As the cerebral acts depend on the immortal  $\psi\upsilon\chi\eta$ , these depend on the *vis nervosa*; as those relate to external objects psychically—viz., to objects *without*, these relate to them physically, acting *from without* to *within*, and *from within* to *without*.

The spinal centre, with its nervous arcs, and the muscles in which these terminate, are the dynamic agents which accomplish that "*tourbillon*" so eloquently described by Cuvier.

The ganglionic system relates to all that is *within*, governing the peristaltic actions, assimilation, the secretions, the excretions, &c.

But of these functions I must treat as cursorily as I have done of the cerebral system.



They are greatly under the influence of emotion, and of sympathetic or synergic action through the spinal centre. We have only to observe the effect of derangement of the stomach, or of eroded viscera, on the action of the heart, the skin, &c., in connexion with experiment, to arrive at this conclusion.

The experiments to which I allude are the following:—Let the head be removed in a frog, the spinal marrow remaining, and the circulation be ready to fail: if we now crush the stomach or a limb with a hammer, the action of the heart ceases. Let the conditions be the same in another frog, with the addition that the spinal marrow is also removed: in this case, no influence is perceived, on crushing a limb or the stomach, on the action of the heart. Now, the difference is the presence or absence of the spinal centre. This experiment, however, requires careful repetition.

Now, gentlemen, I think I may hope that you have a sound knowledge of the spinal system, as far as it extends; for it is founded on experiments which your own eyes have seen, and which I think you will not forget.

As in the present lecture I have brought before you the Anatomy and Physiology of that system, I propose, to-morrow, to treat of its Pathology.

You will, if I am not mistaken, find your knowledge of the spinal system the key to the diagnosis of the diseases of the nervous system. It is to these, in some degree, what the *Stethoscope* is to diseases of the heart and lung, the administration of a new kind of knowledge being as that of a new mode of observation; and if to know the disease is *not* half the cure, it is the whole of the treatment.

To-morrow evening, then, I propose to discuss the subject of the *Diseases of the Spinal System*.

## XAVIER BICHAT:

HIS LIFE AND LABOURS.

A Biographical and Philosophical Study.

By R. KNOX, M.D.

My professional studies and pursuits, and especially my avocation as a lecturer on anatomy, brought at least annually before me the consideration of the "true relation of anatomy to medicine and surgery." On the other hand, the study of comparative anatomy, embryology, and the transcendental, was from my earliest years the favourite and engrossing object of all my private studies, and led me necessarily to deeply consider, and if possible to discover, the relation of anatomy to philosophy and to science. Latterly, the exterior of man seemed to me worthy of a separate and distinct study. Its delineation forms the grand object of the divine arts of painting and sculpture; its study must have a basis in the anatomy of that form, the exterior of which art alone delineates. This led me to pursue earnestly the study of the relations of the interior to the exterior of living beings, and more especially of man himself. As my inquiries proceeded, I found that artists themselves, and especially the divine Leonardo, had instinctively, and by force of genius, solved the problem by their works; but they had explained nothing in writing; and this consideration, together with others more fully set forth in my work entitled "*Great Artists and Great Anatomists*,"\* led me to review in that work the true relations of anatomy to philosophy, science, and art. A part of my task remained, which I now endeavour to complete: it is, to establish the true relation of anatomy to the practical arts of medicine and surgery—arts which, though moving in a humble sphere, and in no way entitled to the name of sciences, are yet eminently useful to mankind, whatever statisticians and geometers may affirm to the contrary. To establish the true relation, then, of descriptive anatomy to medicine and surgery, is the object of the following Memoir.

The history of anatomy, as applied to medicine and surgery, is wrapt up in the life and labours of one man. That man was Xavier Bichat. Preceded by the laborious and truth-seeking Haller; by Winslow, Du Verney, Morgagni, and Santorini; Malpighi, Fabrinii, the teacher of Harvey; by Harvey himself; Albinus, Ruysch, Vieussens, Vesalius; the contemporary of a greater than all; it was yet left for one man of later times to place human anatomy on its true basis—to discover the descriptive, the general, the surgical; to bestow an intelligible, systematic form on that knowledge which, ere he

wrote and laboured, was disjointed, fragmentary, and all but worthless.

To appreciate justly the vast merits of this profound genius, we must consider first—What is anatomy and what its object? How it stood before the times of Bichat, and how since? What were and what are the views which the public, as well as the professional mind, had adopted in respect of it? Let us carefully distinguish the philosophical from the practical, the theoretical from the empirical, true generalization from mere truism. But first, of the man himself.

Marie François Xavier Bichat was born in 1771, at Thoirette, in Bresse, now called the department of the Jura. His father was a physician and mayor of Poncin, in Bugez; but he had property at Thoirette, where Bichat happened to be born.\* He was the eldest son of Jean Baptiste Bichat and of Marie Rose Bichat. Intended for the practice of medicine, his education was, according to the method usually followed in England, the reverse of what usually prevails in France. He acquired that first which most think should come last—practice before what is usually called theory, but what in reality merely means a scientific education; for practical medicine is not, nor ever was, based on theory. Be it so; but on this point, as on most others, two views are maintained, each having reasons in its favour. To be taught the application of drugs and instruments for the relief of medical and surgical disease before being taught the anatomy of the frame and its physiology, such as it is; its chemistry, its pathology, that mortifying record of well-intended efforts, seems at first sight empiricism to the last degree. And so it is, in a sense. It might be said of the medical man taught after this fashion, that he remains, and must remain, empirical for life. Were such education as universal as it was a few years ago throughout England, medicine must have remained stationary for ages. Many people think that this is exactly what has happened; but, though admitting that centuries pass on, and medicine makes no clear and undoubted progress—that medicine, in fact, has scarcely a literature deserving the name—still let us hope that it is not absolutely stationary. But be this as it may, with the purely practical man, the man who knows nothing of science, nothing of the frame, it becomes self-evident that the trade he exercises is not a profession. Reduced to a series of formulas and prescriptions, he observes certain signs, certain appearances, and acts accordingly, irrespective of the connexion of these symptoms with the organs themselves.

On the other hand, a highly theoretical, systematic education has this defect in it: first, as regards disease, it describes that which the student has never seen; second, it is apt to lead him from practical pursuits to the purely scientific, unfitting him thereby for the great drama of life. To use a homely phrase, this kind of education is likened by some to placing the cart before the horse—a plan which succeeds perfectly in England.

Bichat's education, then, was at first practical—ought we not rather to say empirical?—that is, his father taught him the application of drugs and instruments before he had been taught a knowledge of the human frame. But neither this false step—for such I think it is—nor any other, could arrest in its grand career a genius of the highest stamp. To bring him in contact with other minds was simply to enable him rapidly to overtake and to outstrip all other men. Like every great man, he speedily left each master far behind, learning rapidly all he could teach him, turning over the knowledge so acquired in his own mind, and reproducing it under forms till then unknown. From his earliest years he saw the truth face to face, without the interposition of that hazy veil obscuring her true form from ordinary minds.

Bichat, I have said, was born in 1771. He commenced his studies at Lyons, and it was there he first studied anatomy. I can well imagine what difficulties he must have encountered; he began his career near the termination of a declining era, which, as regarded his pursuits, it was his destiny to close for ever. The anatomy of man, and, indeed, of all animals, at the period I speak of, was a hap-hazard sort of study, fragmentary, at times minute and complex, at times coarse and contemptible. Such I saw it in 1810 in Edinburgh; such I found it still in 1814-15 in the metropolis; and such it still was in 1825, when I delivered my first course of lectures "*On Descriptive Anatomy*." Nobody seemed rightly to understand what descriptive anatomy meant; the general anatomy of man was unknown.† There were in the metropolis but two great schools. In one of these the course began with hernia and the fasciæ, and ended with harnia and the fasciæ. The lecturer read the descriptions of the muscles from Fyfe's wretched

\* *Great Artists and Great Anatomists: a Biographical and Philosophical Study.* Van Voorst.

\* Bulson.

† See my work, *Great Artists and Great Anatomists*, Van Voorst, 1852.

work. At the other, a man of high genius,\* affecting to despise descriptive anatomy, which his natural indolence and the spirit of his age and country prevented him mastering, talked of the abdominal muscles as so many steaks, which he buffoon-like tossed over each other, when dissected, counting them as steak first, steak second, steak third, muscles and tendons which the first of descriptive anatomists have failed clearly to describe. Yet Bichat had lived—nay, more, he had written his great works, the “*Traité sur les Membranes*,” the “*Anatomie Générale*,” the “*Anatomie Descriptive*,” but Napoleon had sealed continental Europe against England, and French works were rare. Still Bichat’s works had crept into Britain. I saw them early in 1811-12, and, comparing them with the school books and school methods of the age, I felt that a man had appeared whose destiny it was to bring to a close the era of his youth and of mine, substituting for it other thoughts, other terms, and other views.

In Bichat’s early youth, surgery was in the ascendant. J. L. Petit, De la Peyronie, Morand, Frère Come, distinguished men, led the schools, and gave the tone of the day. Sydenham and Boerhaave were about to be forgotten for ever. Dessault, the successor of the great surgeons just mentioned, the Dupuytren of his day, led all minds towards surgery. The times, moreover, conduced to this. The integrity of France was assailed by the hereditary dynasties of Europe, who found in England, or rather in its Government, what it was then and what it is now, the never-failing “conservator of hereditary despotisms.” The war spirit of the most warlike race on earth was roused and brought into action. Republican France desired repose, peace; England’s Government refused both. And England—grasping, avaricious, war-seeking England—would have granted to France of 1798 what she refused to France of 1748, because, having neither colonies nor fleets to seize, France had nothing which made it worth England’s while to prolong the war. But she could not, for now all men within the sea-girt isle of Britain instinctively felt that a life and death struggle approached with the man who had already conquered at Arcoli, Lodi, and Austerlitz.

The imbecile dynasties of Hapsburgh, and Brunswick, and Hohenzollern discovered too late their terrible error. They fancied that republican France would continue to employ the insufferable dull-headed idiots who, in the fat and drowsy times of peace, fill all offices of trust and profit under a well-conducted model hereditary dynasty! But the revolution had relieved France of the soul-destroying influence of a hereditary dynasty—the most odious incubus which ever pressed on man—and thus placed at the disposal of the Government an amount of genius, talent, and ability unequalled, unapproached, at any period, saving one, of human history.

In the early days of this stormy period, Bichat was still at Lyons, but after the siege he was obliged to leave for Paris. Politically marked out, already he felt only safe in the capital, where, attaching himself to the practice of the celebrated Dessault, he proposed qualifying himself as a surgeon, his intention being to join the army, and to remain as quiet as possible. Chance ruled otherwise. The ninth thermidor arrived and restored confidence; Bichat took courage; the republic one and indivisible was now in the grasp of a dictator, who suffered genius to thrive merely because he required it; order prevailed everywhere; the nation of *sabreurs*, *par excellence*, had Europe now before them as a battle-field; the fortunes of nations hung upon a battle. Bichat instinctively turned to science. Chance again favoured him. Dessault’s mode of teaching required certain students to reduce his oral lecture to an extract; this extract was read next day; the student on whom devolved the duty was absent, and Bichat supplied his place; the subject happened to be the treatment of fracture of the clavicle, and Dessault’s bandage. The reading of Bichat’s extract, or abstract, caused the strongest sensation in the class; the purity and expression of style, the clearness of ideas, the scrupulous exactness of the *résumé*, stamped it as the work of a genius and a master. He was evidently nature’s professor. Dessault informed of the circumstances by Manoury, sent immediately for the young Bichat, offered him a home, and henceforward treated him as a son. These were republican times; no impediment lay in the way; France had shaken from off her shoulders “the old man of the sea,” the soul-crushing, hereditary dynasty; the path was open for genius; Cuvier was in the field; Napoleon was soon to be First Consul; and France presented an amount of talent unparalleled in the history of man. This talent, the immediate product of the revolution, lay ready for employment. Under a model dynasty, and under a pure despotism no such amount of talent could have been brought forth in twice ten thousand

years. Napoleon found it prepared to his hand; he employed it to enslave the world.

As Bichat was born in 1771, he must have been about twenty-two years of age when he became first known to Dessault. Located in Dessault’s house, his genius expanded and grasped at everything. He now read extensively and deeply, thinking still deeper; assisted Dessault in composing his lectures; and the facility with which he acquired and imparted knowledge is spoken of by his contemporaries as something prodigious. Dessault died suddenly, on the 1st of June, 1795; Bichat, thrown on his own resources, did not despair. In 1797, he gave his first course of anatomy; it seems to have been merely a course of demonstrations—a private course no doubt—delivered to a few private students. During the course he experimented on living animals, a practice I never could witness, and have always held in extreme abhorrence; it was not by this that he acquired an immortal reputation. Unconsciously he had entered on a new path; he had commenced the era of facts against hypotheses; his demonstrations, of which in all probability he thought but little, constituted a new era in the history of medicine. He simply taught facts. It is as if he said, let your *elementary knowledge* be precise, clear, undisputed, and indisputable; if your anatomy be confused, your physiology must partake of the same character; and, as to “your pathology, read Bonetus, Lientand, Morgagni, and Ruysch, and say what are the conclusions to be drawn therefrom?” And, had he lived now, to the labours of these ingenious and laborious men he might have added the “*Morbid Anatomy*” of Baillie, and the “*Pathological Anatomy*” of Cruveilhier. “You have brought to a conclusion,” I said to my esteemed friend, M. Cruveilhier, “your great work on *Pathological Anatomy*.” Alas!

There is a period of life when most men call in question the powers of physic. This scepticism extends from Napoleon to the merest boor. It occurs when the mind is in its highest vigour; at a period when nothing is acceptable but *facts*; no theories listened to but the geometrical; all things doubted which admit not of direct proof. It is the age when men doubt the liquefaction of the blood of St. Januarius, but not the reign of Napoleon Buonaparte. The period I speak of ranges from thirty to fifty. At this period, physic has no hold of the mind; surgery, mechanical surgery, anatomy, positive and obvious, alone have sway. That Bichat, so young, should have leaned to surgery and anatomy arose not, however, from his years, but from fate or destiny—that is, chance, which rules all living things, uncontrollable chance, setting at defiance all human calculations. Chance willed it that he lived at the commencement of the French Revolution—that mighty event which for a time promised to restore to mankind those rights, the “*rights of men*,” filched from them by fraud and violence. For ages and ages the dominancy of the crozier and the sword, church and state, had held the human mind in a state of the most pitiable thralldom. In Europe, continental and insular, liberty had not a spot to rest on. In no country, not even in Russia, were the rights of men so thoroughly trodden down at that period as in England. The French Revolution promised to restore the rights of men.

Bichat, without being conscious of it, was the child of this Revolution. But for it an obscure, ignoble destiny awaited him. The dynasty of France, like every other dynasty, prudently rejected all bold-thinking men—men of genius and action. “We want *good men*,” said the miserable imbecile, Ferdinand of Austria, to the illustrious Scarpa, “not *great men*.” The same language was, and is, that of all dynastic governments. Based on fraud or on violence, they seek for support by crushing the mind of the nation. Not so Republican France! Menaced by the despots of Europe, she felt that genius alone could save her. The nation responded to the call, and a mass of intelligence appeared at once which throws into the shade the genius and ability of every other age.

Republican France, which produced Arago, Cuvier, Malus, Geoffroy, La Place, and Sévigny, also produced Bichat. That their career was unchecked by Napoleon was an accidental chapter in his history; for, like all despots, he hated genius and despised the rights of men; but he required their aid to consolidate that empire, to establish that central power, which chance and his own mighty genius had placed in his hands.

It was natural for a gigantic mind like that of Bichat to pass rapidly through the infantile and juvenile stages of intellectuality, described by M. Comte so happily and so simply as “the theological and metaphysical conditions of mental existence.” He scarcely seems to have been aware of those deep oceans of error in which so many men and nations and races have wandered, and been shipwrecked. His

\* Mr. Abernethy.

mind shot at once into "the positive," the real, and the absolute; for we find that already in 1797, when only twenty-six, he gave his first course of demonstrations. In 1799, he published the "*Traité sur les Membranes*," which first introduced him to Europe; and although it has been objected to Bichat that Bonn in Germany; Carmichael, Smith, and the Hunters, in England; Pinel, in his own country, France, had anticipated him in the announcement of the primitive idea, both as regards the serous membranes and the cellular tissue, it may yet be safely asserted that the "*Traité sur les Membranes*," viewed in conjunction with the "*Anatomie Générale*"—a term difficult of translation—placed anatomy in an entirely different point of view, and formed an era in medicine. Admitted that the view thus taken, which seemed for a moment to rescue medicine from pure empiricism, and to give to it a rational form, proved ultimately defective, ultimately a failure; that it explained neither diseases nor their treatment; that it shed no light on the animal sympathies; that it left biology nearly where it was,—yet was it a powerful generalization in the right direction, a step as great as that of Harvey, equally necessary to be known, equally unproductive in practical results.

The "*Traité sur les Membranes*," of which the "*Anatomie Générale*" is but the extension, was followed by the celebrated attempt to determine experimentally the essential conditions of human life. This he attempted in the brief essay, "*Sur la Vie et la Mort*," published in 1799. At that time he was twenty-eight, a fact incredible were it not quite certain. Unknown to each other, as if they had lived at different epochs and in different lands, Cuvier—the immortal Cuvier—was labouring at the Jardin des Plantes. Cuvier had already discovered the value to zoology of the new element, descriptive anatomy, and was applying it to the history of the earth. Bichat discovered that in point of fact it had never been applied to man. Retracing his steps, as it were, he might be supposed to have thus reasoned, if genius ever reasons, which is doubtful:—"For thousands and thousands of years physicians have conjectured, guessed, and theorized; surgeons have operated; physiologists have idly dreamed, respecting the operations in health and disease, of organs not yet properly described—not completely understood; what must that medicine be so exercised? It has been described by Celsus; he calls it empiricism. What must that surgery be so carried on? A hap-hazard, brutal art, which ought to have been long ago suppressed."

It was by the force of genius, instinctive, profound, that, arriving at certain generalizations, he formed a new era—the era of facts: he taught the scientific world to speak and think as he did. If he did not succeed in laying a true basis for biology, it must be remembered that the laws of life transcend, in seeming complexity at least, the laws of inert matter; in living bodies all is mystery—their origin, persistence, extinction. He failed where Hunter failed; he attempted *physiologie positive*, but it would not do. Is Cuvier's merit the less that he could not explain the successive zoologies which have appeared on the globe but by the clumsy interposition of a succession of miracles? But Bichat's merit does not lie here; in anatomy he formed a new era; in the descriptive he gave men "the method;" prior to him the anatomy of tissue did not exist. His brain was a mine of new ideas; every fact he turned to account. He was also much better read than many suppose; yet it has been said that his evenings were passed in senseless debauchery. Devoted to positive knowledge, he attempted a course of operations on the anatomical subject with tolerable success, mustering a class of some eighty students. Haller had done the same, that is, had delivered lectures on operative surgery before operating on the human body. But I cannot find that Bichat ever operated on the living body.

Scarcely had he completed his "*Anatomie Générale*," when we find him deeply engaged in the "*Anatomie Descriptive*;" the third volume touched a close when, accidentally slipping down on the stairs of the hospital, as he was proceeding to examine some pathological preparations in all states of decay, he fell; the nervous system was shaken; fever succeeded, super-added to a spitting of blood, to which he had been for some time subject, terminating the career of one of France's greatest men. Thus died one of the children of the Revolution; one of that bright constellation which, as yet, forms the grandest era in man's career on earth, always excepting the era of ancient Greece. Gradually they become extinct, disappearing from the field of science, their place marked by a void which none can fill. La Place, Cuvier, Geoffroy, Arago, Malus, Sévigny, Gay Lussac, De Blainville, all are gone.

The incurable Bourbons succeeded the mighty Napoleon, and with "the dynasty" dynastic views succeeded. "We don't want great men," was the cry again; "we want slaves and

beasts of burthen; supple courtiers, notable only for utter want of principle and ability." Gradually the men of the Revolution became extinct; now it is the reign of the *Sabreurs*, *simple et pur*. That it will be brilliant need not be doubted; that it will hold a distinguished place in history is at least probable.

Chance willed that the Ossements Fossiles and the visitation of Napoleon the Great should be cotemporaneous; between them there is no necessary connexion. The *grand Ourrage sur l'Egypte* belongs to the same category; they redeem the reign of Napoleon, and posterity may even fancy them in some way connected with each other. I have shown in what that consists. Posterity will class the reign of the Sabreur who now rules in France, with Timour Beg and Zenghis Khan.

In private life, Bichat was most amiable, patient, generous, at all times accessible, frank, and candid. His death happened on the 3rd thermidor of the year 10. Napoleon was then First Consul. The lamentations of the School of Medicine for the death of Bichat reached the ears of the mighty warrior. By an official letter of the 14th of the same month, he ordered a bust of Bichat to be placed in the Hôtel Dieu, (of which Bichat was physician,) to the left of the vestibule.

Yet there must, if I recollect rightly, be also a bust or painting of the great man in the reception-room of the Faculty of Medicine, where I first met Bécclard. This was in 1820-21. Glancing at the bust or painting, Bécclard remarked to me, "that man never performed the experiments given under his name." I was shocked and deeply grieved at human nature. Thanking him for his kindness and politeness to me, I withdrew from the hall of the Faculty, resolving not to return. The idol I worshipped had been too rudely treated, and men do not readily forget injuries to their feelings. I saw it all at a glance. Bécclard was about to publish, or had published, a work "On General Anatomy," compiled from Meckel. By this he hoped (vain hope!) to blot from the memories of men, the "*Traité sur les Membranes*," the "*Essai sur la Vie et la Mort*."

Nothing is more common, even for contemporaries, to mistake the claims of great men to the distinction accorded them by the world. I have already shown in the work already quoted,\* that in France, in the Institute itself, it is still the fashion to talk of Cuvier as a great naturalist; he who discovered and applied to the living and fossil world the grand element of descriptive anatomy, *which none had done before*; he, the great anatomist, who first made men acquainted, through the animal kingdom, with the structure of the globe, is classed, I believe intentionally and maliciously, with the dabbles in the "*Histoire Naturelle*;" with the men who count the primary feathers on the wing of a bird; the scales or head of a reptile—and call it science!

As with Cuvier so with Bichat. He is known, in this country at least, and perhaps even in France, as the author of an ingenious treatise on the "Membranes applied mainly to Man;" others connect his name with the "*Essai sur la Vie et la Mort*;" others again, as the distinguished Comte, whilst admitting him to be the founder of a new era in science, view him as an unsuccessful inquirer into the laws of biology, which, from preconceived views, he did not look for in general physics, where M. Comte thinks they are to be found. But of his grand claim as the discoverer of the descriptive anatomy of man they seem ignorant. On this, though not on this alone, rests his great fame. With his "*Anatomie Descriptive*" closed the era of anatomical monographs, of the Santorinis, De Graafs, Hallers, Ruyischs, Winslows, Hunters. The method met with most opposition in England, and in Holland amongst a race no less remarkable for methodical action, and immethodical writing, as for the false estimate they form of the characters of other races and nations. "Your Bichat," said Sandifort to a French *savant*, "will in a few years eclipse our Boerhaave." Such an idea could come only from a Dutchman, for never were two persons more opposed in character than Boerhaave and Bichat.

With Bichat ended the immethodical teaching of anatomy. I introduced his method into Britain; but the immethodical still lingers in England, under the pretence of its being practical! Yes, practical! Works on anatomy, descriptive anatomy, still appear, commencing with the microscopic history of the tissues, and terminating with the method of operating for strangulated hernia and with lithotomy! I have even seen the title of a work "On the Descriptive and Physiological Anatomy of the Nerves of the Neck!" Were the Continent again closed to England, I should not be at all surprised to see the *good old plan* again in the ascendant. But be this as it may, wherever true science exists the names of Cuvier and Bichat will always be revered. He had the mis-

\* Great Artists and Great Anatomists, Van Voerst.

fortune, like Hunter, to be classed with medical men—his writings to be confounded with medical writings; but their works were as strictly scientific as were those of Euclid and of Newton. Like all other men, he had his theories: one is remarkable, in so much that in the form of his own head was found its complete refutation. He fancied that, in accurate thinkers the brain, and, as a consequence, the skull, must be symmetrical. His own, as was proved after his death, was remarkably oblique, and the very reverse of symmetrical: obliquity of head implying obliquity of vision neither bodily nor mentally. In early life he ought to have abandoned the sterile field of medicine, and cultivated pure science.

The relative reputations of these two great men may be measured by the degree of universality to which their discoveries led. That of Cuvier spoke to mankind: it was Bichat's fate and misfortune to limit his researches to one animal—that animal, it is true, was man, great and all-powerful only in his own conceit. To the study of man alone Bichat devoted his genius and the labours of his life. The art of medicine he hoped to improve. Alas! his works, like those of Hunter, have ceased to be read by those for whom he wrote; but his name and the influence of his discoveries and views will remain for ever.

*Conclusion.*—The true descriptive method of anatomy was first discovered and applied to human structure by Bichat. Its relation to zoological science is direct—to medicine, as a science, indirect, exercising scarcely any influence over medicine as an art. Mechanical or operative surgery is based upon it. With physiology it has a few direct relations; but the greater number are indirect, vague, and of no account. Without it, the art of medicine would lose its best claim to be ranked as a profession; but it has not advanced it much, and probably never will. The springs of the action constituting life cannot be displayed by the scalpel and forceps: by its means we discover the effects of disease only, not diseases themselves. The nature of healthy or physiological action being entirely unknown, so also must be that of the pathological. Still more obscure are the effects of medicaments. In vain attempts to discover these relations were the lives of Bichat and of Hunter passed. Cuvier more fortunately applied the same element of research simply to science—to zoology—and so acquired immortal renown.

## DELIRIUM TREMENS TREATED WITHOUT OPIUM.

By E. L. DIXON, Esq., M.R.C.S. Eng.

In the treatment of delirium tremens, when the disorder is pure and uncomplicated, the use of opium has generally been considered to be of prime importance, indeed it has been thought an essential. But I observe that of late the administration of tartar emetic, in moderate doses, and without opium, has been ably advocated by Dr. Peddie. Now the object of this communication is to put forward a mode of treatment relying for success simply upon supporting diet of an unstimulating nature. I was led to adopt this method, which I have found succeed beyond my anticipations, in consequence of having had occasion to see one or two fatal cases, treated by full doses of opium, which presented all the symptoms of narcotic poisoning. Indeed, for some years past I have been in the habit of treating all my cases, which have been numerous, in this way, and with an equally satisfactory result, the duration of them being tolerably equal. Of the last of them I subjoin a short account.

A tall, robust quarryman, aged thirty-eight, had been making use of intoxicating liquors of various kinds in great excess for seven weeks, when, (October 10th, 1854,) from causes over which he had no control, he was at once deprived of them. On the morning of the 12th he was first observed to be delirious, and when I saw him at nine A.M. I found him tremulous, very talkative, and labouring under ocular illusions, being particularly distressed about some little fishes crawling up his legs. His skin was warm and perspiring; the tongue coated with a moist whitish-brown fur; appetite good; bowels confined. Pulse 100, soft and full. There was no headache, heat of scalp, or injection of the conjunctivæ.

Two strong men were ordered to remain constantly with him, to prevent him injuring himself or others. His diet to consist of beef-tea, strong broths, with tea and bread and butter. To have also a dose of common aperient mixture.

October 13th.—He has been very restless and talkative during the night, and this morning the tremulousness is increased. Skin bathed in a profuse perspiration of a disagreeable

odour; pulse 102, soft and full. Tongue coated with a fur of a brown colour, exhibiting a tendency to dryness; has taken all his allowance of food; the bowels have not been opened. Repeat the aperient.

14th.—The delirium during the past night has been of a more violent character, but now (nine A.M.) he is very tranquil, and appears exhausted, and oppressed with sleepiness. Tongue moist, and coated with a dirty-white fur; appetite continues good; pulse 100; the bowels have been opened once by the medicine.

15th.—Nine A.M.: He fell asleep yesterday at 11 A.M., slept three hours, awoke, slept again for an hour, and since one o'clock this morning has been asleep with trifling intermissions. Has no illusions, but is in a condition of bewilderment. Tremor; skin moist; pulse 85, soft and full.

16th.—Yesterday slept an hour during the day, and all last night. Is perfectly rational, but the tremulousness is very great. He walks in a manner very similar to that of one under the influence of the exciting cause of his disorder. Pulse quiet, tongue somewhat coated; bowels open once yesterday.

17th.—Slept well last night, and is less tremulous this morning; tongue cleaning; appetite voracious; bowels confined; pulse quiet. Repeat the aperient; to have a chop.

19th.—Tremulousness subsided; is rapidly gaining strength; tongue almost clean; appetite good; bowels open.

In contrast with the above, I place an epitome of a case I attended some time ago, in conjunction with another medical man, and in which opium was, I think, fairly tried.

On the evening of August the 10th, 1854, I saw a tradesman of this town, who was recovering from an epileptic paroxysm, the occurrence of which, by-the-bye, I may remark I have frequently observed at the commencement of an attack of delirium tremens. I found that for some time previously he had been in the habit of drinking very freely, although he had never been intoxicated. During the whole of that day he had been in bed, and had vomited very frequently, the ejections containing bile; his bowels were open, but not purged. He was in a very tremulous condition, and mentally rather confused. An opiate draught was ordered to be taken directly, and an effervescing mixture every two hours.

He slept little during the night, and the next morning he was found to be labouring under a decided attack of delirium tremens. He was ordered to take fifteen minims of Battley's sedative solution every four hours, the diet to consist of strong broth; one or two persons to remain constantly with him, and the room to be darkened.

Although the opiate was continued without intermission, and a draught, with a grain of morphia, administered for two or three nights, he continued in the same state of busy delirium for five whole days, when he fell asleep, and awoke comparatively well.

Though, perhaps, it is scarcely fair to compare any two cases of a disease such as this, yet the circumstances of these, irrespective of their medical treatment, were as nearly similar as possible; and from their respective duration we see that the method of treatment without opium was the more advantageous, sleep being induced much more rapidly, and certainly it is less homicidal. In other diseases, however, the non-employment of a patent remedy may be equally culpable with its administration when not required.

To conclude, I consider that the chief indication in the treatment of delirium tremens is, to support the patient by plain and nutritious unstimulating food, until the brain has been restored to its normal state of nutrition, and the natural eliminative powers have removed from the system the poison producing the disorder. And such is the confidence I have in the treatment without opium, that I may say I consider those cases treated successfully with it get better in spite of it, and not by its assistance.

Preston, November, 1854.

**INCREASE OF BIRTHS.**—154,735 births were registered throughout England in the quarter ending September 30th. This number, which exceeds by 7154 the number of births in the summer quarter of 1853, is the largest number ever registered in the summer quarter, and allowing for increase of population, the rate of births, 3.294 per cent. per annum, exceeds the average (3.179). The chief increase of births has been in the counties of Essex, Suffolk, Norfolk, Wilts, Somerset, Stafford, Worcester, Lincoln, Durham, Northumberland, Monmouthshire, and South Wales. As 113,939 persons died in the summer quarter, the natural increase of population in the quarter was 40,796. The increase of population is below the average.—*Quarterly Report of the Registrar-General.*

# A Mirror

## OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

*Nulla est alia pro certo noscendi via, nisi quam plurimas et merborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.*—Monsaceni. *De Sed. et Caus. Morb.* lib. 14. Procerimus.

### KING'S COLLEGE HOSPITAL.

#### MEDULLARY CANCER OF THE ILIUM, PRESENTING VERY STRONG PULSATATIONS.

(Under the care of Mr. FERGUSON.)

(Concluded from p. 379.)

FROM its first appearance to the present time the tumour had been steadily increasing in size.

*State on admission.*—There is now seen on the posterior part of the dorsum ilii, on the left side, a pulsating tumour, situated above and slightly over the great sacro-sciatic foramen; and the crest of the ilium can be felt distinctly above it. The tumour measures five inches across in one direction, four in the opposite, and the circumference is nearly circular. The growth stands out from the surface of the body about one inch. When the fingers are firmly pressed on the tumour, it recedes before them; but on removing the latter, it immediately resumes its original size and position. The growth is not at all tender to the touch, and the pulsations are very manifest in it, as the tumour may even be seen to throb, and each pulsation is synchronous with those of the heart. A strong bruit de soufflet is heard with the stethoscope. As regards the patient's general health, he is in a state of great debility, a condition which has been coming on for the last two years; the appetite is, however, good; the man sleeps well; the pulse is 90, weak; but the bowels are never moved without a purge.

The patient continued in about the same state for the next three weeks, his case exciting much interest, as he had been sent up from the country as suffering from gluteal aneurism. It was, however, soon manifest to Mr. Fergusson that the symptoms above described, the emaciation, helplessness, pain, &c., were more characteristic of malignant disease than aneurism; and, in spite of the pulsations, the affection was looked upon as a medullary tumour connected with the bone, the former being raised and made to pulsate by an arterial trunk lying either within it or in its immediate vicinity.

On May 30th, about twenty-six days after admission, the patient was seized with severe pain in the hip and down the left leg, for which an opiate was ordered.

On the following day, the man complained of very severe pain in the affected part; his speech became inarticulate, and there was inability to pass water. The emaciation and weakness, which had been gradually increasing since admission, were now extreme, and it was perceived that the left leg was shortened by three inches and a half. On examination of the hip, a good deal of thickening was found about the trochanter, and moving the limb gave the patient considerable pain. When the severe suffering was somewhat abated, the thigh was carefully examined, and found broken just below the trochanter. The tumour had, at the same time, lost in a great measure its pulsations; a spreading upwards had obscured the margin of the crest of the ilium, it being now easy to feel the tendons of origin of the erector spinae over the surface of the tumour.

For the next twenty-four days the growth scarcely altered in its appearance, the inguinal glands became enlarged, and it could be felt that a good deal of callus was thrown out around the fracture. The poor man was breaking down very fast, both in body and mind, there being a good deal of wandering, especially at night. On the 24th of June he attempted to cut his throat, but the knife was blunt, and he merely divided the skin.

The patient soon, however, sunk under debility and irritation, and, on a post-mortem examination, it was found that the tumour lay on the external and posterior part of the ilium, just above the notch, exactly verifying the diagnosis. It pushed up the veins and the plexus going to form the crural nerve, and also extended inwards towards the sacrum, interfering with the sciatic nerve. The tumour was composed of

a mass of medullary matter, about the size of an adult fist, and exhibited, under the microscope, the characteristic cells. Medullary tumours were also found in the lungs and kidneys. The pulsations seemed to have been due to a ramification of vessels around the growth, which latter had yielded to their impulse. The fracture, which had spontaneously taken place during life, was found to be situated just below the trochanter, and it was evident that a certain amount of callus had been thrown out.

In the course of clinical lectures given on this case, Mr. Fergusson took occasion to say that the man had been sent up from Birmingham as a case of gluteal aneurism. It did not, however, seem to him to be such at first, but rather a case of disease of bone, very vascular, and hence the pulsation which was present in it. It was not, however, actual aneurism of the bone. Medullary sarcoma, we know, is likely to present great expansion, throwing out in various directions the malignant matter of which it is composed, cysts containing fluid or blood being often connected with it.

If a ligature is placed on the internal or external iliac in such cases, we must not condemn the operator, but avoid making the same mistake ourselves. The reasons for supposing the present case to be one of tumour, and not aneurism, were, the man's pallid face, his emaciation, and inability to walk on account of pain, &c. In the worst forms of internal aneurism, patients are not inclined to stay in bed, except in the very last stage, and they do not fall away at all.

Mr. Fergusson, on looking at the man, had said that the pulsating tumour must be more than aneurism; it was, in fact, situated too high to be an aneurismal dilatation, and the muscles were raised above the tumour, which they would not be in aneurism. The case had been sent up for deligation of the common or internal iliac; but he had hesitated, and had availed himself of as many good opinions as it was desirable. Mr. Hodgson, Mr. Stanley, Sir B. Brodie, and Mr. Guthrie, all stated that the disease was obscure, but yielded to the opinion that it was disease of bone, and not aneurism. Nor were the man's weakness and pain, for two years, symptoms of aneurism. Besides, the tumour was situated above the sacro-sciatic notch, out of the way of the gluteal artery. In a common aneurism, the blood can be expelled from the tumour by pressure; but this could not be done in this case, nor did the pressure give the patient pain, which he would certainly have experienced had the disease been aneurism.

Now, if we cannot cure disease, we should not increase it; and errors, which we should strive to avoid, have been made by very great men; but we learn more from mistakes than good treatment. He (Mr. Fergusson) had been asked by a friend, a long time ago, to see an aneurism of the hip, and the case turned out to be a large medullary sarcoma, more vascular than usual, undulating and pulsating wherever vessels interlaced. Since that period, a tumour inside the knee had come under his observation, looking like a growth from the bone; it subsequently began to pulsate, and popliteal aneurism, extending inwards and forwards, was suspected; but Mr. Fergusson looked upon it as tumour of bone.

This case, as we stated on a former occasion, created very great interest at this hospital; for whether aneurism or pulsating medullary sarcoma, it must be looked upon as very rare. The idea of its being aneurism of the gluteal artery was not entertained in town as it had been in the country, for the reasons stated by Mr. Fergusson in his clinical lectures; and every symptom, except the pulsations, pointed on the other hand to malignant disease. Now, it is well known that a ramification of rather large arterial vessels will, according as the tumour is more or less free, give the latter an impulse synchronous with the pulse at the wrist. Cases of medullary disease have been recorded in which the pulsations were very strong; and we would here mention one under the care of Mr. Lawrence, which is related in the seventeenth volume of the "Medico-Chirurgical Transactions":—

"I was consulted on the 21st of February, 1825, by Mr. K—, twenty-two years of age, about six feet high, with large limbs, light hair, and fair complexion; the latter having, however, a rather pallid and doughy appearance. He had been quite well on the preceding Christmas, and two or three days after had felt pain in the knee. He had been told that this was rheumatic, and would probably go away by exercise; he accordingly attempted to dance it off in the beginning of January, but found himself worse for the effort. He repaired, however, to Cambridge to prosecute his studies; the pain increased, and a slight fulness was observed below the knee.

"When I saw him in February, there was no defined tumour, but an inconsiderable general swelling, with a little redness, more particularly about the head of the tibia. The motions of the joint were unimpaired; but exercise brought on pain,



which went off by rest. Leeches, aperients, and repose of the affected part were directed, and Mr. K— went back to the University.

"He returned to London much worse on the 4th of March. Pulsation had been felt in the swelling, and had led to the suspicion that it might be aneurismal. There was now an elastic tumour between the bones and below the knee, with general enlargement in the same situation, and slight oedema below. No beating could be felt in the swelling; but the pulsation of both tibial arteries was suppressed, although it was readily and plainly perceived in the opposite limb. The pulse was accelerated, and the tongue foul; there was loss of appetite and costiveness, and the patient obtained very little rest at night. Two surgeons of great experience who saw him were doubtful about the nature of the complaint, but pronounced positively that the tumour contained fluid.

"It increased rapidly, the whole upper part of the leg being enlarged, with a considerable protrusion under the knee. When this part began to project more decidedly, the pulsation of the tibial arteries in the lower part of the limb returned. As the local complaint advanced, the constitutional disturbance increased, in spite of every effort to lessen it. The anterior prominence was now so soft as to make us believe that suppuration had occurred; this opinion being corroborated by the increased pain and redness of the part. Under this impression it was punctured deeply, after consultation, on the 2nd of April, but nothing flowed, except a little blood.

"It was now clear that the disease was a growth of a medullary character, and that amputation, although its result was considered doubtful, offered the only chance of saving life. A small, bleeding fungus slowly protruded from the opening of the puncture. There had been lately slight enlargement of the inguinal glands, without pain.

"After the amputation, which was performed a week or ten days subsequently to the puncture, the case went on most favourably till the night of the sixth day. Mr. K— had been very well and in excellent spirits; he went off quietly to sleep, and in the night rang for the nurse, who, lifting the sheet, saw a most violent rush of blood from the wound. The patient died without uttering a word.

*Examination of the limb and body.*—"The head of the tibia was largely excavated by a medullary tumour, [see the case of medullary cancer of the head of the tibia, under the care of Mr. Erichsen, in last week's "Mirror,"] of soft, brainlike consistency, in which there were small deposits of coagulated blood. This growth extended forwards and backwards, being irregularly deposited between the muscles and in the interval of their fibres. It had protruded from the bone just at the division of the popliteal artery, and the passage of the anterior tibial through the inter-osseous ligament. This circumstance accounts for the pulsation felt in the tumour at an early period; for the suppression of the pulse in the tibial arteries, when the morbid growth was confined by the fascia of the leg; and for its subsequent return, when the progress of the swelling through the fascia had liberated the arteries from pressure.

"An absorbent gland, situated close to the artery, and cut through in the operation, was diseased.

"The end of the femoral artery was completely open, without any trace of coagulum or effused lymph. The ligature, with its knot entire, was found in the stump.

"The inguinal glands were diseased; they presented, when cut through, a marbled appearance, from intermixture of white medullary matter with the natural texture of the gland. One or two glands on the side of the pelvis were diseased in the same manner.

"There was a soft medullary tubercle, as large as a gooseberry, in the thin edge of the liver."

But the fact of medullary tumours sometimes pulsating very strongly should not make us forget that actual aneurism may occur, and has been observed by no less a pathologist than Scarpa. It is well known that tumours, be they malignant or not, may be given an arterial impulse either by an artery of pretty large size lying in contact with it, or by the congeries and interlacement of the vessels which permeate the tumour. This latter mechanism seems to have obtained in Mr. Fergusson's case; and we find accordingly, that when the patient was much reduced the pulsations ceased, as the central impulse was too weak to communicate sufficient force to the arterial ramifications pervading the tumour. But actual aneurism of bone may, according to Scarpa, be formed between the surface of the bone and the periosteum. The Italian surgeon has given a well-known example of this pathological phenomenon in his work "On Aneurism;" and we beg to transcribe the description for the benefit of those who may not have the volume at hand:—

"A young countryman, twenty-four years of age, apparently of good constitution, had for a long time had a pulsating tumour upon the spine of the left tibia, about six fingers below the patella. The bone of the tibia formed the base of this tumour, and therefore it was hard at its root; but at the apex, and above the spine of the tibia, it was soft; and on applying the hand, a strong pulsation was felt in it, which raised the hand as a large aneurism does. There was some swelling also behind the tibia and the upper part of the calf of the leg; but the greatest elevation of the pulsating tumour was, properly speaking, upon the spine of the tibia.

"About seven years before the examination, an ox had struck the portion with its horn on that place; a small tumour had afterwards appeared, which, however, some days after, vanished again. No inconvenience was felt for three years, when an indolent, but pulsating tumour rose on the spine of the tibia; it had increased gradually to the size of the fist without confining him to bed. Scarpa was clearly of opinion, that it was an aneurism, but could not determine whether the pulsating tumour proceeded from a wound of the popliteal, or of the anterior or posterior tibial arteries. He was inclined to believe that it was formed by a rupture of the anterior tibial, and that extravasated blood, by resting upon the anterior surface of the tibia and compressing it, had excited the absorption and destruction of a portion of the body of that bone.

"After some delay the leg was amputated above the knee, and the limb having been injected, all the arteries above named were found quite healthy. The aneurismal sac was covered with a network of arterial vessels; and on being cut open longitudinally, it was found full of fibrinous layers, after the manner of aneurisms, and the wax which had been injected was mixed with those layers of blood. After cleaning the aneurismal sac, it was wonderful to see from how great a number of arterial orifices the wax injected into the popliteal artery had been effused into the cavity of the aneurism. Scarpa was of opinion that the disease at first had only been a softening of a portion of the inside of the body of the tibia, followed by an absorption of the substance of that bone from the inner towards the outer side, the periosteum covering it remaining entire, and in a state of perfect vitality; in the second place, that the greater than usual afflux of blood had thickened the periosteum, and greatly enlarged in diameter the arteries of that membrane. From the open extremities of these arteries, the arterial blood being poured in great quantity, and with great impetuosity, in the cavity left by osseous absorption, the periosteum, compressed and thickened, had been converted into an aneurismal sac.

"The man died six years after amputation, the stump, one year previous to death, having been converted into a huge aneurism, which, on being opened, was found full of fibrinous clots, similar to those found in the cavity of an aneurism. The substance of the os femoris had been absorbed through the whole space, from the apex of the stump to the vicinity of the great trochanter; and the absorption was about to proceed, likewise, to the neck of the thigh bone. The periosteum of all this portion of the thigh bone had remained untouched, thickened, interspersed with bloodvessels, very much dilated, and converted into a sheath, which supplied the place of an aneurismal sac."

Another feature of interest in Mr. Fergusson's case is the fracture of the patient's femur, which occurred a short time before his death. Surgeons are, indeed, familiar with spontaneous fracture occurring in persons suffering from syphilis, cancer, rickets, scrofula, and scorbutus. Sir B. Brodie mentions the case of a patient of his who suffered fracture of the clavicle at the spot where a venereal node had become developed. Mr. S. Cooper, in his "Dictionary," quotes a case from Sarazin, a physician of Lyons, in which the patient, who was very gouty, and sixty years of age, broke his arm above the elbow, on putting on his glove. "Dessault," continues Mr. Cooper, "used to speak of a nun at the Salpêtrière, whose arm was broken as a person was handing her out of a carriage. Louis, who was vexed that no union took place, was not a little surprised to find her thigh-bone experience a similar fate, one day as she was changing her posture in bed. It was then learned that she had a cancer in her right breast." In 1837, there was, in the North London Hospital, a woman with cancer in the breast, whose humerus was fractured by the ordinary action of the muscles. A few months before she had been in the same institution for a similar occurrence, and she had previously sustained the same kind of injury in other bones. It is to be supposed, from the foregoing, that union used to take place before another bone gave way. At all events, it is plain that, in the case of medullary sarcoma under the care of Mr. Fergusson, the disease had in-

vaded the femur, which broke on a slight effort being made, and that abundance of callus was thrown out.

Now, the formation of a firm callus, and eventual union after a fracture of this kind, seems at first startling, and looks like a deviation of the destructive and anti-formative tendencies of cancer. But as these cases are put upon record by trustworthy and respected observers, we are driven to suppose that the very fact of the fracture excites an inflammation which, in spite of the malignant disease, gives rise to an effusion of a fibrinous kind, which is soon converted into callus. Or may it not be supposed that the substance which looks like callus is largely contaminated by cancerous matter? However this may be, and whichever may be the explanation of the phenomenon, the facts are well ascertained, and we may even refer to a very recent one, which has been observed at the Royal Free Hospital. We beg to subjoin the case.

### ROYAL FREE HOSPITAL.

#### FRACTURE OF THE FEMUR AND HUMERUS IN A CANCEROUS PERSON, FOLLOWED BY UNION.

(Under the care of Mr. WEEDEN COOKE.)

ELIZA S—, aged seventy years, was admitted, May 27th, 1854, having fallen upon the flag-stones in the Gray's Inn-road.

Upon examination of the right leg and thigh by the house-surgeon, it was found that the femur was fractured a little below the trochanter. The leg could be rotated with great freedom, and some slight crepitus was perceptible, but no shortening of the limb. The patient was seen the same day by Mr. Cooke, who verified the diagnosis of the house-surgeon, and ordered the usual treatment—viz., a long splint, with perineal bandage.

Upon inquiry it appeared that she had had a cancer of the right breast, which has remained in a quiescent state for five or six years; and a few weeks only before this accident occurred she fractured the right humerus, of which there was good evidence in the callus thrown out. The woman had suffered for some time from pain, supposed to be rheumatic, in the right leg, incapacitating her from much exertion.

Being somewhat depressed from the accident and a rather scanty diet, she was ordered at once good food, with porter, and a draught of ammonia and cardamoms three times a day.

Fifteenth day.—Callus thrown out, doing well.

She continued to progress favourably, and at the end of the second month was daily lifted out of bed into an easy chair, but was quite unable to stand, or use the crutches, owing to the weakened arm and affected breast.

The patient remained in the hospital, still unable to stand, for about three months, when she was sent home by railway into Wales.

There was at this time much enlargement of the bone at the seat of fracture, and some pain, though the latter had not been complained of whilst she lay in bed with the splint on. Her general health had improved under the good feeding, and the breast remained as when she came in—viz., a small, hard tumour, with the skin adherent, drawing in the nipple.

From the inability to bear the weight of the body upon the thigh-bones after union had taken place, it was pretty evident that these bones, and perhaps others, had become softened by medullary cancerous deposit, and that the callus thrown out was likewise of this character; so that whilst the poor woman might be congratulating herself that the disease in the breast was dormant, the same fell messenger was in a more occult manner hastening her to her end.

In the fifteenth volume of the "Medico-Chirurgical Transactions," Mr. Salter, of Poole, recorded two cases of fracture of the femur, produced by the very slightest cause, and in both cases the bone had given way just below the trochanter. There was likewise cancer of the mamma, considerable pain in the limb previous to the fracture, and relief from this pain after the accident. Both patients were females advanced in years, and both died from exhaustion a few months after this occurrence.

Post-mortem examination in one case showed a soft, flexible condition of the bone, permitting the easy passage of the knife through its structure, with deficiency of earthy matter, and union at the seat of fracture. In the other case there was no post-mortem examination; "but," says Mr. Salter, "the case was treated in the usual way, and at the end of three months the bone had acquired some firmness."

Sir B. Brodie, in the *Medical Gazette* for 1833, mentions, as we stated above, a case of spontaneous fracture of the thigh-bone in a woman having cancer of the breast. He concluded that union would not take place; but it did so as well as under ordinary circumstances. He likewise gives two cases of fracture

of the clavicle, occurring without violence, in diseased systems, and uniting as in healthy ones.

Mr. Liston had a cancerous patient, who broke several of her bones one after another, and they all united.

Dr. Mason Good quaintly records the fracture of both thigh-bones in an old lady of seventy-two when kneeling in church, and of the os humeri when the attendants raised her for the purpose of removal. "Hardly any constitutional disturbance ensued, and in a few weeks the bones united."

There is a specimen in the University College museum, of commencing union in a thigh-bone, broken in this manner, contributed by Mr. Samuel Cooper; and others in the museum of St. Thomas's Hospital; so that, although disease and old age combined would seem to forbid any anticipation of reparation in the bony structures, experience shows us that *nil desperandum* should be our motto in the most desperate cases. Although the union obtained may not be of that solid nature which would give strength to the limb, and free power of locomotion, (a condition indeed scarcely to be expected, seeing that in all probability the whole bone itself is softened,) still the amount of union suffices to permit the action of muscles upon the bone, and the limb to be raised or depressed; not hanging or dragging as a useless log, which would indeed be the case if no union had been effected.

In all the foregoing cases, cancer had invaded some external portion of the frame, as the breast, and had subsequently affected the nutrition of the bony tissue. Whether these patients had also cancer in any of the viscera is not stated, and can only be guessed at; but we may, at all events, pause one moment, and consider the contrast between cases of this kind, and those in which cancer produces the most deadly ravages in the principal viscera, and leaves both the external regions and the skeleton perfectly free from contamination. Cancer, according to modern pathologists, lies originally in the blood, and becomes manifest in that region which, by some accident, becomes an appropriate *habitat*. When the cancerous growths are therefore confined to the viscera we may perhaps suppose that the latter at some particular period become fit receptacles of the malignant deposits. Look at the following case.

### GUY'S HOSPITAL.

#### MALIGNANT DISEASE OF THE PRINCIPAL VISCERA.

(Under the care of Dr. BABINGTON.)

EMILY G—, aged forty years, a widow, was admitted May 18th, 1853.

About six months before admission, she perceived a swelling just at the angle of the left lower jaw; it gave her but little uneasiness at first; but at length it increased in size, and she was treated at this hospital with iodine in its various forms, in conjunction with sarsaparilla, cod-liver oil, blisters to the neck, scarification of tonsils, and generous diet, with wine.

The patient had not been in the hospital long before other lumps made their appearance, some in the front part of the neck, causing great difficulty of breathing, and others in the abdomen producing tenderness and burning heat.

Shortly after this another complication took place: the tonsils became considerably enlarged, this circumstance causing great difficulty of deglutition. The legs now became oedematous and painful, and the treatment seemed to afford her but little relief. The pulse was intermittent, the tongue coated with a brown fur, and the urine albuminous.

She was ordered chalybeate medicines, in the form of the iodide of iron, with sarsaparilla and generous diet.

But the breathing, after some days, became extremely difficult, and the swelling in the neck and tonsils very painful. All the symptoms assumed, about two months after admission, a very aggravated character, and the poor woman died exhausted after having suffered considerably.

*Post-mortem examination, fifteen hours after death.*—Body much emaciated; abdomen distended and globular; lower extremities oedematous. The lungs were not adherent, but contained portions of malignant disease, about the size of walnuts, especially the lower lobe, on the left side. The heart was small and contracted, with atheromatous deposit on the mitral valves. The liver was enormously enlarged, weighing six pounds and a half, and its whole substance was infiltrated with malignant tumours, as was also the gall-bladder. The spleen was very much enlarged, and weighed three pounds and a half; the kidneys pallid, and filled with malignant deposit. The stomach was small but healthy. A mass of malignant disease was found in the lumbar glands, which, pressing upon the vena cava, had caused the oedema of the lower extremities. The enlarged glands of the neck were of the same malignant character as was noticed in the lumbar glands.

## Reviews and Notices of Books.

*On the Special Treatment of Pulmonary Consumption and Hooping-Cough.* By JOHN HASTINGS, M.D. London. 1864. pp. 171.

There are few members of the profession who, we think, have more fully entered into the spirit of the well-known saying of a veteran practitioner to his rather enthusiastically scientific pupil—viz., *Juvenis tua doctrina non promittit opes plebs amat remedia*—than Dr. John Hastings. If report speaks truly, he has had no great cause either to regret his early rejection of the one maiden (*doctrina*) for the graces of the other—*remedia*. Be this as it may, however, ten years ago we found him charming the expectant ear of the public by a book entitled “Pulmonary Consumption successfully treated with Naphtha,” in which work Dr. Hastings informed us that—

“From the very first moment I employed naphtha in pulmonary consumption up to the present time it has been so successful in my hands, that I have no doubt it will be found, upon careful and judicious use, to be *little less than a specific* in the earlier stages of the disease.”—p. 8.

“Single-handed, if I may be allowed the use of the expression, it has cured pulmonary consumption in almost every case in which it has hitherto been used, when the disease has been treated in an early stage; and from what I have more recently observed, although I do not consider myself justified at present to publish it, I am most sanguine that, even in the *later stages* of this disease, a restoration of health may generally be calculated upon.”—p. 120.

Need we say here how thankfully the public received this new remedy from the hands of its author, though warned by the proper professional arbiters on such matters as to the consequences of too great a confidence?—or how they released their sick friends from the care of scientific and sober-minded men, and placed them where they might reap the benefits which naphtha and Dr. Hastings had to offer them? Need we do more than just recall to mind the result—viz., that the public has now become of one mind with the profession in the knowledge that naphtha as a “cure for consumption” is altogether—a delusion? But there is one thing we must dwell upon a little more in detail—viz., that of informing our readers that, as the “naphtha treatment” no longer “brings grist to the mill,” its original proposer himself is inclined to regard it very suspiciously. In the new work before us the merits of the once-lauded naphtha are thus delineated:—

“About eleven years ago I introduced to the profession, through the medium of THE LANCET, the treatment of consumption by naphtha, or pyroxylic spirit, which was attended with much success; but whether this arose from some peculiarity in the constitution of that year, making it more particularly adapted for the treatment of phthisis, I am unable to say; but this I do know, that my subsequent success has not equalled that which attended the first year of its trial.”—p. 11.

“Look here upon this picture, and on that!”

Naphtha thus no longer being “a specific” “single-handed” for the cure of consumption, but the *amor remedii populi* as great of course as ever, Dr. Hastings (other things being considered also) was consequently obliged to investigate anew. The *bisulphuret of carbon* appeared at first to be all that was desirable, arresting for a time the progress of the disease! and, where the deposit of tubercle was small, effecting a cure! (*vide* pages 13, 14, &c.) But this remedy having some drawbacks, (for an account of which we must refer to the treatise,) it was necessary to institute yet further inquiries. “To detail their results and,” remarks the author, “to introduce to the notice of the profession two new agents, which I believe have enabled me to advance still further the curative treatment of phthisis,” (p. 49,) are Dr. Hastings’ motives for “writing again on this disease.”

The two new agents are *fluoric* and *oxalic acids*; and if we may accept Dr. Hastings’ account of their virtues, wonderful and valuable truly they are.

“The good effects of oxalic acid in phthisis are quickly de-

veloped; two or three doses afford marked relief to some of the most distressing symptoms of the disease.”—p. 54.

“The difficulties of breathing and cough were quickly relieved, the expectoration diminished, the perspirations disappeared, and the appetite greatly improved. The physical signs likewise, in all such cases, underwent a speedy change for the better; the gurgling *râle* rapidly gave way to cavernous respiration,” &c.—p. 56.

“When the disease has reached the cavernous stage, I would recommend that the treatment be commenced with the oxalic acid, as its good effects are developed more rapidly at this point than those which result from the employment of the *fluoric*.”—p. 57.

We hope so; but—

“Were such things here as we do speak about?  
Or have we eaten of the insane root  
That takes the reason prisoner?”

In respect to the *fluoric acid*, Dr. Hastings remarks:—

“I have employed it in every stage of phthisis with most satisfactory results” ..... “It removes the congestion from the neighbourhood of the tubercles in a more effectual manner than any other remedial agent with which I am acquainted.” ..... “Its good effects were in most instances persistent, as will be shown by the cases subjoined.” ..... “Although, however, it may be administered with benefit in every stage of the disease, it seems to act more promptly in that where cavities exist.”—p. 53.

The fullest proof of the very strong test to which Dr. Hastings has so satisfactorily subjected his two new cures for consumption will appear when the following extracts from the work are reflected on:—

“Before I proceeded to the employment of these acids in the following cases, the great majority of them, and more especially those in which the disease was far advanced, and where large cavities already existed, had experienced the advantage [uselessly, of course] of the most approved modes of modern treatment.”—p. 61.

“The season of the year in which I commenced this treatment was the most trying that could have been selected for the experiment. Many of the patients were in that rank of life in which they were compelled to labour to keep their families from starving, and obliged to live on food not very proper for invalids, while their clothing was but too often insufficient to protect them from the cold of the late severe winter. Under all these disadvantages, however, a great amount of success has been realized.”—p. 63.

Great indeed, according to Dr. Hastings’ own showing, we may say almost more than might have been expected! In the face, it will be seen, of the “single-handed” “almost a *specific*” for phthisis, discovered ten years back, and which is still considered “as one of the most valuable agents we possess in the treatment of this affection when carefully and skilfully employed,”—(p. 13,) and in spite of the most defective hygiene of the patients, and desperate condition of their malady, *fluoric* and *oxalic acids* carry off the highest prize!!

There is one slight disadvantage which the want of early education in the *doctrina*, and the too full a preference for the *remedia*, cause to be associated with the therapeutic history of *fluoric* and *oxalic acids*, as developed by Dr. Hastings. It will be indicated when we say the learned author has allowed himself to write—we were about to say *reason*—in total ignorance of what is understood by the “theory of perturbations.” Whether the ignorance or simplicity of the affair be more regarded, however, it is, under the circumstances, amusing to find Dr. Hastings, whilst vaunting his two new specifics, laying stress upon employing, “in addition to these acids, local treatment over the seat of the congestion and tuberculous deposit, either by means of occasional blisters, croton oil, or any of the numerous irritating liniments or ointments usually employed for this purpose,” (p. 5;) and advising that, during the use of his acids, *cod-liver oil* be used, (p. 58,) as also that in many cases the larynx and trachea be sponged with a weak solution of the nitrate of silver.—(p. 83.)

Now we freely admit no one could maintain, *a priori*, that *fluoric* and *oxalic acids* are not “cures for consumption,” but the

*a posteriori* evidence which can alone establish the fact, must, in our opinion, be something very different from that we have met with in Dr. Hasting's new treatise. The whole principle is bad in the extreme which thus attempts to catch the ear of the public, and at the same time degrades the profession. It may happen that specifics for cancer, consumption, cholera, nervousness, &c., may hereafter be discovered to benefit humanity, but should they be, we may rest assured they will come before us associated with other names and other evidences than have been as yet witnessed in the very sorry *miscellanies* they have hitherto formed. We have no space to dwell upon Dr. Hastings' discoveries as relate to *pertussis*, suffice it to say that he recommends

"The treatment of whooping-cough to be commenced with oxalic acid, but if no amendment be perceptible when it has been employed for four days, it should be withdrawn, and the chloride of strontium given in its stead. Should this too fail . . . the sulphate of strontium may be resorted to with advantage."—p. 139.

We leave this very disagreeable, yea discreditable, subject, by remarking that fluoric and oxalic acids cannot be trifled with in their administration, as fatal results have already occurred.

*Lectures on Polarized Light; together with A Lecture on the Microscope.* Delivered before the Pharmaceutical Society of Great Britain, and at the Medical School of the London Hospital. By the late JONATHAN PEREIRA, M.D., F.R.S.E., F.L.S. Illustrated by numerous Woodcuts. Second Edition, greatly enlarged from materials left by the Author. Edited by the Rev. BADEN POWELL, M.A., V.P.R.S., &c. London: Brown, Green, and Longmans. 1854.

To those desirous of investigating the beautiful and interesting subject of Polarized Light, these Lectures will prove of great service in laying before them, in a concise and familiar manner, the principal facts and phenomena which have as yet been observed in connexion with that science. The Editor has somewhat altered Dr. Pereira's original arrangement, having had fresh matter to introduce, partly from notes left by the lamented Author, and partly where he himself considered the subject capable of receiving further or more apt illustration. In a second edition, moreover, of lectures which were originally orally delivered, there is, of course, opportunity for making improvements in the relative positions of various portions, in a manner more adapted for the convenience of study than would be admitted of in a course of lectures, each of limited length. The account of the phenomena of Polarized Light, in particular, is preceded by a short, but remarkably lucid, summary of the general Laws of Optics, at least, in so far as is necessary in order to serve as an introduction to the due comprehension of what follows. The woodcuts are numerous, and well-selected for the purpose of facilitating the study of a somewhat complex and difficult branch of science.

*The Climate of the Island of Madeira, and the Errors and Misrepresentations of some recent Authors on the Subject considered, in a Letter addressed to George Lund, M.D.* By JAMES MACKENZIE BLOXAM. London. 1854. pp. 32.

We have heard it said, that whilst Malaga and Egypt are becoming the more fashionable resorts for probable or really phthisical patients with well-filled purses and no necessity for exertion, the reputation of Madeira is rapidly on the decline. How the case truly stands we cannot say, nor what ratio of diminution of yearly arrivals of tuberculous patients has been experienced in the island. Messrs. Lund and Bloxam, feeling hurt, however, at the slanderous climatorial insinuations of Drs. Burgess and Mason, enter the lists in favour of the island in question. We cannot stop to see the joust, but announce its performance to those interested in the matter.

## THE CROYDON BOARD OF GUARDIANS AND THE NEW VACCINATION ACT.

To the Editor of THE LANCET.

SIR,—I beg to forward to you a letter which appeared in the *Croydon Journal* of last Saturday. We made a stand against the board of guardians upon the vaccination question, but were defeated by the appointment of a stranger, who in six weeks sent in his resignation. We then thought ourselves secure; but no! an ally of the guardians appeared in our camp, who now seeing a favourable opportunity for regaining a standing amongst those who had formerly treated him with ignominy and insult, thrusts forward his assistant, and gets him elected as vaccinator. It then became the province of the board to reward their ally. The guardians therefore raked up cases of neglect against one of their medical officers, turned him off, and appointed the vaccinator in his stead. It next became requisite to appoint a cholera staff. Now, in 1849 all the surgeons in Croydon attended any cases they were called to at 10s. 6d. each case. They agreed this year to do the same; but the board rejected their terms, offering 3s. 6d. and 7s. 6d. for diarrhoea and cholera respectively. We rejected this sum as inadequate, and offered our services to the poor gratuitously. The only exception to our compact was the former ally of the board, who offered his services again to them. He was again rewarded by being appointed medical superintendent at five guineas a week. Upon this all the surgeons in Croydon (except, of course, the union medical officers) informed the board that they declined to have any communication with their so-called medical superintendent.

Thus, Mr. Editor, stands the contest: we accuse one of our ranks of helping those who continually insult us by their language as well as by their pecuniary offers. It is quite evident, from the vindictiveness shown by boards of guardians generally, that their officials are not the persons to stir up opposition. It remains, therefore, a duty of those who do not fear such tribunals to make a stand against tyranny and insult. We intend to petition the Legislature against boards of guardians, having the power of election of Poor-law medical officers, and to propose that they be elected for life, and removable only for neglect by the Poor-law Board alone.

Those who will co-operate with us will help to raise the profession, removing the cause of many unseemly squabbles, the poor will get better attendance, and medical men will be better paid for their services.

I shall be happy to act as secretary to any who will forward their petitions or communications to me, and will affix to our memorial the names of any who will give me authority to do so, the substance of which shall be published shortly. We are determined not to let the matter rest until we have brought it to some successful issue.—I am, Sir, your obedient servant,  
Croydon, October, 1854. ALFRED CARPENTER.

## THE LATE EPIDEMIC.

To the Editor of THE LANCET.

SIR,—Since the commencement of epidemic cholera in May last, the total number of diarrhoea and premonitory cholera cases treated at the Eastern Dispensary, up to October 31st, have been 1692, many of these being decided premonitory cases, several of which I sent to the cholera hospital established by the Whitechapel Board of Guardians. I have all along observed, in those districts where the drainage was defective, that then the diarrhoea was of the most obstinate character.

In obstinate diarrhoea occurring in the adult, and which did not yield to the treatment described in my first communication to THE LANCET on the subject, I found the following mixture to answer very well—viz., Tincture of catechu, six drachms; tincture of opium, one drachm; prepared chalk, aromatic confection, of each two drachms; cinnamon water, six ounces: mix. A fourth part every four hours.

For children the following answered best—viz., Tincture of catechu, tincture of kino, tincture of rhubarb, of each half an ounce; water, to four ounces: then dose according to age. In the premonitory cholera symptoms, my treatment has been the same as that described in my first communication, with the exception, that when I saw the cases were running into cholera, I always sent them to the hospital, where I knew they would get that constant care and watching which they could not obtain at home. I hope the Board of Health will at all times see that the local authorities do their duty, whether cholera be raging or not.

I am, Sir, your obedient servant,

JOHN C. BARRY,  
Resident Medical Officer.

Great Alle-street, Nov. 1854.

# THE LANCET.

LONDON: SATURDAY, NOVEMBER 11, 1854.

WE think it our duty to call the attention of the profession, and more especially of that very large portion whose practice it is to supply their patients with medicines, to a case which places their relations to dispensing druggists in a most unexpected light. The leading facts are briefly as follows:—Mr. SWEETNAM, of Clerkenwell, had the misfortune to number amongst his patients a Mr. J. C. READ, living at Islington, a man of a speculative turn of mind. This READ brought an action against Mr. SWEETNAM, “to recover damages for an act of gross negligence, whereby the death of ‘the plaintiff’s child was occasioned.’” This is the alleged ground of action. Let us see how far it is supported by facts. Mr. SWEETNAM had been consulted by the plaintiff’s wife for a sore on the back of an infant three weeks old, and the plaintiff himself consulted him at the same time for some rheumatic affection. The visit was made after ten o’clock at night; and in order to avoid the loss of time that would have occurred by sending the medicines from his own house, Mr. SWEETNAM asked Mrs. READ if she knew of a chemist’s shop close at hand? He was directed by Mrs. READ to “a nice chemist’s shop,” kept by a Mr. ATTRILL. Mr. SWEETNAM went to that shop, as directed, and asked for pen, ink, and paper. He wrote a very legible prescription, and in order to be sure that it was understood, asked ATTRILL to read it over in his presence, which was done. The prescription carefully distinguished the medicines intended for the father and for the child. It began “Mr. READ,” for whom a mixture and powder were ordered. Under this a line was drawn, and a new head, “Infant,” was written above the prescription for a lotion. Having thus accomplished his duty with all the scrupulosity in his power, and with more minuteness than would be necessary in the case of a chemist supposed to be competent in his business, Mr. SWEETNAM left the care of dispensing and forwarding the medicines, according to the instructions of the prescription, to ATTRILL. The next morning, on visiting the READS, he was astounded at finding the infant in a moribund state. The mother and the grandmother between them had administered the powder ordered for the father, containing ten grains of Dover’s powder. The poor child died in the course of the day from the effects of the opium in the powder. Who was responsible for the fatal error? Upon this point, no man, woman, or child endowed with common sense, provided it be not altogether distorted by legal subtleties, can go wrong. It appears that ATTRILL, the chemist, with the prescription in his hand, specifying precisely which medicines were meant for the father, and which for the child, having read over the prescription in the presence of Mr. SWEETNAM, and knowing, or grossly ignorant of his business if he did not know, that a grain of opium would, in all probability, destroy an infant, had sent the powder and the lotion in one packet together, and the mixture in another packet, *with no name on either packet* to secure the administration of the right medicine to the right party; and to exhibit his utter recklessness in its full light, *the powder ordered for the father was put up in the same packet with the child’s lotion.* The fatal

inference drawn by the parents was, that the powder was meant for the child. It was given to the child, which died, poisoned. And whom do our readers suppose is made to bear the blame and the legal penalty of its death? ATTRILL, the chemist: No! Such would indeed be the decision of common sense and justice. But the law was invoked: the law had to decide: and the law, through a jury, has decided that the responsibility lies with Mr. SWEETNAM! There is a pleasant maxim current amongst lawyers, to the effect, that “for every wrong there is ‘a remedy.’” The correct interpretation of this maxim is, that “for every wrong, real or fictitious, you may have an action at ‘law,’” and this may or may not bring a remedy. Now Mr. READ had sustained a wrong: he had, through the flagrant negligence of his chemist, and the mistake of his wife and mother, lost his child. Where was the remedy to heal his paternal grief? In an action at law. He is introduced to a “furraging” attorney, who finds in the resources of the law abundance of remedies. He sees that not one only, but two actions may be laid. He first attempts to persuade Mr. SWEETNAM to bring an action against ATTRILL: this would have been an acknowledgment on the part of Mr. SWEETNAM that ATTRILL’s fault was against himself. This point gained, the astute lawyer, having pocketed costs for one action, would immediately have been in a position to commence another in the name of READ against Mr. SWEETNAM. Mr. SWEETNAM declined this “remedy.” With admirable assurance, the attorney then proposed to Mr. SWEETNAM that he should allow an action to be brought against himself, and suffer judgment to go by default—the solicitor still making comfortable provision for two actions; for, in this instance, the second action would be SWEETNAM *v.* ATTRILL. This “remedy” Mr. SWEETNAM also declined. Mr. SWEETNAM not being found consenting to his own condemnation, in order that READ might find a remedy, and the attorney double costs, it was resolved to make him the victim. The remedy, therefore, now assumed the shape of READ *v.* SWEETNAM; the damages claimed by the distressed father being £3 14s. for the burial, £1 10s. for medical attendance, £4 for his loss of time, and £8 for mourning. But on what pretence, or what possible quibble, could READ claim all this from Mr. SWEETNAM? ATTRILL is Mr. SWEETNAM’s agent! It is asserted, that the chemist being employed by the apothecary, is, for the occasion, his servant! And is not the master responsible for his servant? That both READ’s healing remedy and the attorney’s action were well conceived is proved by their success. The jury sanctioned the monstrous proposition that a chemist, keeping a shop of his own, becomes the servant of a medical man whom he has never seen before, by the act of making up a prescription, his business consisting in such acts! Nicely adjusting the balance between grief and coin, they awarded £14 14s. damages as compensation to the father; who, no doubt, having himself estimated his loss at about that figure, allowing for funeral expenses, interruption to his ordinary business, and mourning apparel, was amply contented. It is, however, some satisfaction to have to record that the “remedy” was diminished in value, and the action rendered less profitable to the attorney, by the excellent conduct of Mr. Justice CROMPTON. His lordship declared that, “as against Mr. SWEETNAM personally he did not see anything ‘but very great care on his part; they could not blame him, ‘when he went into a respectable chemist’s shop, that he did ‘not stop and see the medicines made up; but that would not ‘not interfere with his legal liability, if the jury considered



"ATRILL as his agent." . . . "He did not think the plaintiff "could recover for the mourning, and he therefore entered the "verdict for £6 14s." We have also learned that the attorney met with some disappointment in the matter of costs.

Such is the summary of this memorable trial. It behoves the medical profession by its light to study carefully their relations with patients and chemists. We will say nothing here upon the moral bearings of the case. There is often a wide difference between morality and law. We are governed by law. To the law we must either conform, or shape our course so as to avoid its "penalties." We pass over all comment upon the conduct of the plaintiff; we will not waste time in discussing the measure of that affliction which had so subverted his understanding as to induce him to bring an action against his medical adviser, whom he knew to be utterly blameless, for the loss of his child; nor will we stop to consider the difference between his conduct and that of those wretched beings who are said to enter their children in burial-clubs with a premeditated view of realising a profit out of their death. Our concern is with the relations of medical men to the public. Assuming the law, as laid down in this case, to be correct *as law*, what are medical practitioners to do? The physician may be eliminated: he leaves the patient to take his prescription where he pleases; the patient pays the chemist, and we presume that not even legal astuteness can in such a case make the physician liable for the blunder of the chemist. But it is the custom with many general practitioners, either habitually or in cases of emergency, to have their medicines made up at a chemist's, themselves charging the patient. Medical practitioners so acting must bear in mind that they thus make themselves liable for all the blunders and criminality of the chemist. They will therefore consider whether they are willing to encounter this responsibility; whether they will put themselves and their professional honour unreservedly into the hands of men who *may be* both ignorant and dishonest. They will decide whether it be not better, in cases like the one which forms our text, to write a prescription and leave it with the patient to get made up at his own cost and risk. There are few practitioners to whom it does not often occur to visit, give advice, prescribe, and pay for the medicines *gratuitously, out of simple humanity*. Let such beware how they tread. If they carry their charity so far as the last act of *paying for the medicine*, they may find themselves responsible for the ignorance or negligence of the chemist, the object of an action at law, the victim of a grateful patient seeking a remedy, and of an attorney "furraging" for costs! It really appears to us that the medical profession can expect neither justice from the law, nor common fairness from the public.

THE Quarterly Return of the Registrar-General, ending September 30th, continues to supply the most conclusive evidence as to the failure of the Vaccination Act. It is stated that, "the Registrars complain generally of the working of the "Vaccination Act as it affects the medical profession, the "Registrars themselves, and the public." Some of the Registrars are specific in their complaints; and we think it useful to cite observations which flow directly from practical experience. The Registrar of St. Peter's, Brighton, says: "Vaccination seems very little cared for or attended to, although "notices are delivered by me to every parent. The Act is

"imperfect, and is negligently carried out by the parent and "some medical practitioners." The Registrar of Henley: "Vaccination is not sufficiently attended to by parents of "children born since the passing of the Compulsory Vaccination Act; some are negligent, and others are prejudiced "against vaccination, and some of the medical practitioners "are irregular in giving certificates of successful vaccination." The Registrar of St. Margaret's, Ipswich: "The Act for "Compulsory Vaccination has not at present the desired "effect; amongst the labouring classes it is very unpopular, "owing to the mistaken notion, that other diseases are produced by vaccination. Some are very violent when served "with the notice requiring them to have their children vaccinated." The Registrar of East Dereham, Mitford: "I am "sorry to state, that the new Vaccination Act appears to be a "total failure in my district; for, although I have registered "224 births within the last thirteen months, only eighty-one "children appear to have been vaccinated." At Glastonbury, Wells: "The Vaccination Act works very badly, few successful cases being returned in proportion to the number of "children registered, *say one in five*. The lower orders are "prejudiced against it in many instances, and the profession "careless in their certificates." From Basford and Barnsley, the reports are somewhat more favourable; in those places it is said vaccination is better attended to. The Registrar of Wrexham says: "Respecting the Vaccination Act, the people "in general approve of it much. I have given to parents, "since October, 1853, 550 notice papers, and have only "received from the public vaccinators and other medical men "115 certificates of successful vaccination. Though the people "speak well of the Act, it appears there is a lack in the "working of it." In addition to this summary expression of the general experience of some of the Registrars, as to the working of the Act, the continued prevalence of small-pox throughout the country shows, in a still more precise and more incontrovertible manner, the neglect of prophylactic means, and consequently the inutility of Lord LYTTLETON'S measure. Some of these notes we think it desirable to extract. In Portsea Island, "29 cases of death from small-pox have been "registered." "Small-pox prevails in Thuley to a considerable "extent." In Ipswich, "9 deaths." At St. Thomas's, Heavitree, "small-pox is very prevalent and fatal." At Plymouth, "small-pox has been prevalent, 18 deaths being registered." In London, the deaths from small-pox, registered in the quarter ending September 30th, 1853, were 42; in the same quarter of the present year there were registered 142. Evidence of this kind would have been far more striking, had not attention been directed almost exclusively to the spread of cholera.

But the evidence adduced is of a nature that cannot be disputed. It tells too plainly that vaccination makes no progress in this country; and if vaccination is not extended, it follows that the Compulsory Vaccination Act has failed in its purpose. One feature in the Registrars' Reports we ought not to pass over without comment. Some of these gentlemen state that the duty of forwarding certificates of successful vaccination is neglected by the medical practitioners. It might be inferred that the profession is hostile to the Act, and is partially responsible for its failure. That the profession has done what could reasonably be expected from it, might be easily shown. It is not reasonable to expect that they should evince any extraordinary zeal, or incur any great amount of personal labour, in promoting the success of a measure the executive provisions

of which have been framed in open contempt of their judgment; which connect the duty of preserving the entire population, rate-paying and pauper, from small-pox, with the administration of the Poor-law; and which, arbitrarily imposing upon it the onerous duty of giving effect to the Act, altogether neglect the obvious propriety of securing due remuneration for professional labour. It is, indeed, one of the greatest blunders in the Act, that the good-will of the medical profession was not secured.

Another passage in these Reports claims a remark. The Registrar for Ipswich says: "The Act is very unpopular amongst the labouring classes, owing to the mistaken notion *'that other diseases are produced by vaccination.'*" If this opinion be a prejudice, we can vouch for the fact that it is not confined to the labouring classes. Parents in the wealthier classes are quite as anxious with respect to the health of the child from which vaccine lymph is taken; and so widely extended is the dread, that along with the prophylactic remedy something else may be inoculated, lest the germ of future diseases may be planted, that few medical practitioners would care to vaccinate their own children from a source of the purity of which they were not well assured. It is in consequence of the universal prevalence of this feeling that the compulsory clauses of the Act are doubly and justly obnoxious. Were it not for the implicit confidence reposed by the heads of families in the honour and judgment of their medical advisers, it is more than probable that even amongst the easier classes vaccination would meet with many opponents. But these classes have the privilege of selecting their own medical attendants. Confidence is the natural offspring of long intimacy in their mutual relations. Now, it is one of the peculiar and objectionable features of this Act to respect the prejudices of the rich, and to disregard those of the poor. The poor are compelled to take their children to the Union surgeon, or other vaccinator appointed by the Poor-law Guardians, whom they may never have seen before, in whom it is impossible they can feel that confidence which they repose in their own medical attendants, and whose selection of lymph they cannot question or control.

Thus the Act, invested with every attribute of unpopularity, by studied disregard of the judgment and interests of the medical practitioners,—that is, of those through whose agency alone it is possible to give it effect; by unnatural association with the Boards of Guardians, which can have no pretence to take charge of a sanitary measure affecting the entire population; and by an arbitrary and harsh contempt for the feelings of the poor, sure to be still further alienated by the appearance of compulsion,—could have no other fate than utter failure.

It has already been admitted, even by the framer of the Act, that its amendment is necessary. It is generally felt that in the next session of Parliament the subject must again come under consideration. We earnestly trust that the opportunity will not be lost of averting all sources of discontent with, and opposition to, a most necessary measure, by entrusting the charge of superintending and directing vaccination to the General Board of Health, whose special function it is to provide for the prevention of epidemic diseases, to which class none more especially belongs than does that disease against which the discovery of JENNER is the most effectual preservative.

WHEN a man takes away his life, in ninety-nine cases out of a hundred he is incapable of acting otherwise; when a soldier falls in the ranks, fighting against the enemies of his country, he dies in the performance of his duty; when a patient sinks in the hands of the surgeon, his death is the result of an earnest effort to prolong life. Such events are inevitable; there is no individual responsibility, and there is no blame. This cannot be said when life is destroyed by carelessness, or by a want of prudence in appreciating and avoiding danger. Weeks after week deaths by chloroform are recorded, until at length these events have become so common that they scarcely attract attention. This cannot and must not be. Had a tenth part of the catastrophes thus caused in the surgeon's hands resulted from the use of aconite or opium, these valuable drugs would have been excluded from the pharmacopœia. What, then, is to be done with chloroform? Is its use to be altogether prohibited, or can it be persevered in under the precautions which direct the administration of other powerful agents? We are accustomed to administer in medicinal doses the most deadly poisons, and to see them produce the most beneficial effects. Aconite, arsenic, and prussic acid, become, with many other equally destructive agents, most valuable remedies, never, with ordinary precautions, proving dangerous. Is it not possible to use chloroform in the like manner? There seems no reason why it should not be so.

In the first place, the indiscriminate administration of this agent must be given up. There is no doubt that the novelty of the practice, the remarkable effects produced, and the freedom from risk, too unhesitatingly asserted, have led to very grave abuses. Had it been otherwise, had chloroform never been inhaled, save when its use was necessary, lives would not have been sacrificed to the removal of a tooth, a toe-nail, or a little finger, in tapping a hydrocele, or touching a sore with caustic. In the first instance, then, chloroform must not be administered almost *ad libitum*, as has hitherto been done. Its use must be reserved for those cases in which the intensity or duration of the pain in an operation constitute serious complications, or where insensibility is essential for the success of the surgeon's proceedings. To this the practice must come at last. The sooner it does so, the less will be the expenditure of life.

In the second place, due care must be used in the mode of administering the drug. An atmosphere of chloroform will asphyxiate, by excluding respirable air, as effectually as would carbonic acid or a ligature round the throat. No one should attempt to take upon himself the delicate operation of thus manipulating, if we may so speak, the vital air breathed by a human being, without acquiring, under proper tuition, that skill which would render him fully competent for this duty.

Lastly, there are cases in which chloroform should not be given, even under pressing necessity, or by the most judicious hands. There are cases in which it is impossible to say how small a dose will destroy life. How fearful has been, in several instances, the position of the surgeon, who, using every apparently necessary precaution whilst performing some comparatively safe operation, confident in the hope of witnessing the success of his proceedings, and rejoicing too that his good work was being done without pain to his patient, when he suddenly receives the overwhelming announcement that the pulse is quivering, that it has ceased, that life is extinct! We have witnessed such cases—we never wish to see them more. But to return. We have said that a dose of chloroform, fatal

in one case, will be borne with impunity in others. What constitutes the difference? It would seem that those diseases of the lungs and heart which interfere with respiration are those which render the subjects of them more particularly prone to the dangers of chloroform. In some of these diseases—for example, emphysema, bronchitis, valvular diseases of the heart seriously interfering with the circulation, no one would for a moment think of incurring the risk of producing insensibility by chloroform. These are palpable conditions not difficult to discover. The danger has been prominent in such cases; hence death has not often followed the use of chloroform in any of these diseases. There is, however, one less manifest disease of the heart, from which death has far more frequently occurred in subjects under the influence of chloroform than from any other. This is fatty degeneration of the muscular walls of the organ. Here death seems to be caused by a directly paralyzing influence of the drug on the already feeble and flagging fibre. In the vast majority of "fatal chloroform cases," this condition, unexpected or unsought for during life, has been, after death, discovered. It has then, too late, solved the mysterious event, and afforded a *quasi* relief to the conscience of the operator. Questions of truly vital importance hence arise. Can we distinguish in the living subject this state of heart? or, failing to do so, are we liable, in administering chloroform when necessary, and under all reasonable precautions, to meet with unexpected and fatal accidents? The whole subject of fatty degeneration is a new one. Our knowledge of its nature dates back not more than four or five years, our acquaintance with its effects therefore must be limited; the greater opportunity, however, exists for close and complete investigation. For we cannot, under all circumstances, help believing that if the ruddy, vigorous, muscular walls of that all-important organ, the centre of the circulation, are converted into a pallid, flabby, fatty tissue, its functions will be found seriously interfered with. There cannot but be evidence in such cases of a faltering circulation. The latest and best researches on the subject show that it is so.\* We cannot here enter fully on these conditions; they may be traced in the flabby composition, and the feeble, flagging energies of the individual, in the shortened breathing, and the general want of power in the circulating system. We may expect to find such features in those whose vigour has yielded beneath the influence of want or chronic disease, in the aged, or the young grown prematurely old by over-application or constitutional decay, and in the dissipated, whose physical constitution is as degraded as their moral attributes. In all such cases, the paralyzing influence of this agent on a fatty, feeble heart may be feared, and its use should be avoided. With the precautions we have insisted on, the administration of chloroform will prove a blessing; without them, its abuse threatens to be a curse.

In whatever direction we turn when examining the defensive measures adopted to prevent or to contend against the epidemic, we are sure to discover, in the unreasonable powers and capricious conduct of the Boards of Guardians, an obstacle that effectually neutralizes the zeal of the medical profession, and baffles the best-directed counsels of the General Board of Health. The town of Croydon has been visited with cholera. Like every other town in the kingdom, it possesses a body of

medical practitioners zealous in the public service, ready for any personal exertion and sacrifice which a moment of general calamity may demand; but, we are also happy to say, not altogether unmindful of what is due to themselves and to the profession to which they belong. It will be manifest to any one who may reflect upon the extensive area embraced in such an union as Croydon, and upon the suddenness of attack and rapid march of Cholera, that the services of every medical practitioner in the district should, in justice to the poor, and in the interest of the community, be engaged in an emergency like the present. Unfortunately, the health of the entire community of Croydon is in the hands of a Board of Guardians of scarcely the average liberality of sentiment. Croydon contains a population of 21,000 inhabitants, and embraces an area of 10,000 acres. For the sanitary care of this population, the ordinary Board has not thought it necessary to make any addition to the medical staff of the Union. Two medical officers, one of whom is also Public Vaccinator, are stated by the Board to be amply sufficient for the emergency. The absurdity of this assertion is sufficiently obvious. Its dishonesty is revealed by the conduct of the Guardians themselves. In 1849, all the medical practitioners in the town were engaged to attend cases of Cholera. The not over-liberal and not ruinously-extravagant fee of half a guinea a case was allowed. On the present occasion, the medical practitioners in the town offered their services on the same terms. But the Board of Guardians, improving in penny-wise economy, tendered three shillings and sixpence a case for diarrhoea, and seven shillings and sixpence for cholera. With becoming indignation this ridiculous proffer was refused—and now the Board was reduced to depend solely upon its permanent officers. It had admitted, by the act of seeking the assistance of other medical men, that extraordinary aid was necessary. But not finding men willing to consent to their own degradation, the Board has the assurance to declare that the ordinary staff of two surgeons is sufficient for the protection of a population of 21,000 inhabitants! Such is the provision made to meet the pestilence by those in authority. But for the public spirit of the medical practitioners, it is impossible not to see that the mass of the poor might, in a time of imminent need, be hopelessly abandoned. But we are happy to have it to record that the surgeons of Croydon, while repudiating all subjection to the Board, have evinced the true spirit of their profession, and have publicly announced their readiness to give that aid in the name of humanity, which the Guardians estimate at the value of seven shillings and sixpence.

In thus recording our sense of the spirited conduct of the medical practitioners of Croydon, we cannot but express our regret that they should have suffered any feeling of discord to arise amongst themselves. We observe, with pain, that the perfect harmony and unity of purpose which it is so essential for the profession to maintain in all matters bearing upon its relations to Boards of Guardians has been interrupted. We entreat our brethren to beware how they suffer the policy conveyed in the maxim, *Divide et impera*, to be exerted by Boards of Guardians to their disadvantage.

WITH the view of affording a supply of competent surgeons for the army and navy, the following notice has been issued by the Royal College of Surgeons:—

"SURGEONS FOR THE PUBLIC SERVICE.—The Court of Examiners having taken into their consideration certain appli-

\* We refer more especially to Dr. Quain's Memoir in the *Medico-Chirurgical Transactions*, and to the recently published work of Dr. Stokes.

cations from students in various recognised hospitals, requesting examination before the completion of their third session of hospital and anatomical study, in April, 1855, on the ground of being offered commissions as assistant-surgeons in the public service, provided they can obtain the qualification ordained by the warrant of her Majesty of the 6th October, 1854, will admit to examination for the diploma of the College all such students of a proper age, at the end of the month of December next, on their presenting a certificate or letter from the head of the public department proposing to employ them, signifying such intention when they have been proved competent.

"November 3rd, 1854."

"EDMUND BELFOUR, Secretary."

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

MR. HEADLAND, PRESIDENT.

SATURDAY, NOVEMBER 4TH, 1854.

#### SYPHILITIC DISEASE OF THE PLACENTA.

DR. MACKENZIE exhibited a placenta which had undergone very marked morbid changes in connexion with syphilis. He observed that his object in bringing it before the Society was not merely to exhibit an instance of extensive and peculiar disease of the organ, but to show also that disease of the placenta had in some cases a direct dependence upon syphilis. It was below the average size, felt firmer and denser than natural, and had generally a dingy red or coppery tint. Immediately below the membranes, its surface was extensively covered with a thick deposit of a white, fatty-looking substance, which upon careful examination was found to consist almost entirely of fibrin. The villi were not affected with fatty degeneration; but the membranes had a somewhat opaque, fatty appearance in places, which was found to be dependent upon an accumulation of loose epithelial scales of the squamous kind, closely resembling those of the epidermis, and derived from one of the membranes, most probably the chorion. This was considered by Dr. Hassall, who had kindly examined and reported upon the specimen, to be extremely curious, and such as he had never previously met with. The umbilical cord, it should be added, had a mottled appearance, and the darker portions had a copperish hue. The dependence of this morbid condition of the placenta upon syphilis was proved by the fact that the infant was born with unmistakable signs of that disease. Its skin had a copperish tint, the integuments of the neck were scurfy, several small pustules were seated upon the scalp, a muco-purulent discharge issued from the vagina, and its body generally was attenuated and shrivelled. It moreover appeared that the mother had three times contracted syphilis in the last eleven years, and during that period had frequently aborted and given birth to syphilitic children. It was, however, remarkable that during the six weeks she had been under observation before labour she had no appearance of having syphilis, but, on the other hand, looked clear, healthy, and strong; and, with the exception of having had a sore throat three years previously, had never had any eruptive appearance, or other sign or symptom of constitutional syphilis. The facts connected with this case appeared to Dr. Mackenzie to warrant the following conclusions:—1. That extensive fibroid deposition or disease of the placenta is proved to be not always the result of a normal degeneration of portions of the organ whose functional activity has ceased to be required, but, in some cases at least, specifically depends upon an abnormal action or force. 2. That these morbid conditions of the placenta have sometimes their origin in certain constitutional taints or causes, of which syphilis was undoubtedly one. 3. Looking to the coppery tint of portions of the placenta and cord, we may almost assume that this peculiar characteristic of syphilitic eruptions depends less upon any specific inflammatory action of vessels of the skin, than upon an altered condition of the colouring constituents of the blood. 4. That the uterine organs do separately and specifically suffer from the constitutional actions of syphilis upon the female economy—a doctrine which he (Dr. Mackenzie) had endeavoured to establish in a paper presented to the Royal Medical and Chirurgical Society during the last session; and he was convinced that the further prosecution of this subject would conclusively show that a numerous class of uterine ailments had their origin in this cause—one which, although often latent, was yet very widely spread in its operation.

Dr. GIBB related the following case of

#### EPILEPSY AND DELIRIUM TREMENS.

On the 5th of September he was requested to see a young man, aged twenty, who appeared to be suffering from an attack of ephemeral fever. He had had a very long and severe epileptic fit the day before, for the first time in his life, and subsequently it recurred almost daily. Whilst under treatment for the epilepsy, on the morning of Sunday, the 10th, symptoms of mild delirium set in; these increased the next day, and had all the characters of delirium tremens. They proceeded with great violence and severity, and terminated fatally on Wednesday, the 13th, being the fourth day of their appearance, and the tenth day from the commencement of his illness. He had a fit on the Sunday when suffering from the mild delirium, and altogether had had about seven fits, two occurring on one day, and none the three last days of his illness. The history in regard to the delirium is the point of interest in the case. It appeared that he was employed in the cellar of a publican, and was constantly exposed to the various odours of spirituous liquors. He was not addicted to drinking, but occasionally took a glass of porter, and to the influence of these constant inhalations may be attributed the attack of the delirium tremens. His father is epileptic, and that disease is therefore hereditary; but most probably the first fit was induced here from the state of system, which acted as an exciting cause in developing what otherwise might have remained latent for some time longer. He (Dr. Gibb) had never witnessed but one other well-marked case of these two affections combined, a brief notice of which he brought before this Society at its last session, together with a piece of the skull showing an exostotic growth. In the case just detailed no post-mortem was obtained, and he is disposed to believe that the combination of the two diseases may not be so rare as is imagined.

#### EXTRACTION OF A TOBACCO-PIPE FROM BEHIND THE EAR.

MR. HENRY SMITH showed a portion of tobacco-pipe, nearly two inches in length, which he had extracted from behind the ear of a boy who, between two and three years previously, had fallen down whilst holding a long clay pipe between his teeth. When the child was brought to him, there was a swelling over the mastoid process, and a small aperture on it, by which some foreign body was detected, which at first was thought to be dead bone, as no history of the accident with the pipe had been obtained. When, however, the foreign body was extracted, the mother of the child first mentioned it. She stated that after the accident the boy had been seized with a severe illness, accompanied with great pain in the head. These symptoms, together with an inability to open the mouth, continued for some months, at the end of which they subsided, when the swelling first appeared behind the ear, and continued there for two years; it had been thought to be merely an abscess, and treated accordingly. On examining the interior of the mouth, which could only be opened about half-way, Mr. Smith could see an opening in the mucous membrane, just at the base and inner side of the ascending ramus of the lower jaw, through which the piece of pipe had penetrated. It must have passed along the inner and posterior border of the jaw, amongst the important vessels and nerves, and gradually made its way towards the surface, where it had remained for two years.

Mr. HANCOCK read a paper

#### ON TUMOURS OF THE UPPER JAW.

He observed, that it is a prevalent opinion that tumours of the upper jaw originate within the antrum of Highmore, either as the result of diseased teeth, or of irritation of the lining membrane of that cavity. Messrs. Stanley, Bordenhalve, Dupuytren, Liston, and Fergusson, were of this opinion, whilst Mr. O'Shaughnessy states that in no instance could he trace the affection to these causes. He (Mr. Hancock) differed from those who advocated these opinions. From what he had observed, he did not believe that tumours of the upper jaw at all depended upon the causes assigned. Time did not permit him to enter systematically into the diseases of the upper jaw, he would therefore confine himself to tumours of that part. According to Mr. Ormerod, these consisted of cystic, cartilaginous, osseous, fibrous, and medullary; in addition to which Mr. Stanley enumerates fatty and erectile tumours; whilst Mr. Paget adds myeloid tumours; but the true characters of these latter, whether malignant or otherwise, are not as yet decided. He (Mr. Hancock) had never met with any examples of the three last-named diseases. He related a case, and exhibited a specimen, of fibrous tumour which he showed had arisen from the pterygoid process of the sphenoid bone, whence he had

removed it. With regard to bony tumours, he considered, in opposition to the opinion that they originated within the antrum, that they obtained from hypertrophy and general thickening of the bone; whilst, in medullary sarcoma, he was convinced, from what he had seen, that this commonly commenced in the cancellated structure of the bones at the base of the cranium, and could therefore never be eradicated by operation, which he thought should not be attempted, as he had performed and witnessed several operations for this form of disease, and in no single instance did the mischief fail to reappear. He (Mr. Hancock) concluded his paper with some remarks upon the means of diagnosis between these several forms of tumour.

Mr. DE MERIC, whilst complimenting Mr. Hancock on the value of the paper, and the skill with which he had performed the operations in the several cases before the Society, remarked, that the most important point connected with tumours of the upper jaw was their diagnosis. The skill of the surgeon might often be more beneficially displayed in withholding the knife in certain cases than in its use. How were we then to diagnose the nature of these tumours? He agreed in most that had been said upon this point by Mr. Hancock, and had been gratified to find that he had omitted the microscope from the means which he had employed to test their malignant or non-malignant character. In the cases in which he had seen the microscope used as a means of diagnosis, the opinions arrived at had been usually erroneous; and this might result from the almost impossibility of getting a fair specimen of the tumour for examination. With respect to the views advanced by Mr. Hancock in opposition to Mr. Stanley, he must say that the opinion of the former, that the growth originated in the pterygoid process, in opposition to the latter, that its primary seat was in the antrum, did not appear to him (Mr. de Meric) sufficiently proved by Mr. Hancock's solitary case in support of his opinion, which case too was not satisfactory. Passing on to the operative part of the paper, Mr. de Meric remarked that the hæmorrhage in these cases was by no means so formidable as might be expected, and the deformity in some instances scarcely perceptible. He urged the importance of not operating in any case in which malignancy was suspected, as the disease would surely return in some other form, and destroy the patient.

Mr. JABEZ HOGG joined issue with the last speaker respecting the value of the microscope as a means of diagnosis in these cases. The failure arose not from the instrument, but from the ignorance of those who employed it. Mr. Paget had proved its value in these cases.

Mr. BISHOP remarked that Mr. Hancock had not alluded in his paper to enchondromatous tumours of the jaw, nor to the myeloid tumours described by Mr. Paget, which had a character altogether independent of the common fibrous tumour.

Mr. HANCOCK regarded one of the specimens before the Society as consolidated enchondroma.

Mr. H. SMITH had never met with an enchondromatous tumour in the upper jaw. He agreed with Mr. de Meric in respect to non-interference in cases of malignant disease, and referred to one form of tumour of the upper jaw which had not been mentioned by Mr. Hancock, and which consisted of a fluid contained in the antrum, consisting, amongst other matters, of cholesterine, and having a bony wall towards the surface. With respect to the little deformity resulting from operations on the jaw, he mentioned a plan lately proposed by Mr. Fergusson, in which this would even be less than by the present mode. This operation consisted of an incision simply through the mesial line of the upper lip into the nostril, and reflecting back the soft parts. This proceeding could not have been resorted to in Mr. Hancock's cases, however, from the great prominence of the tumours.

Mr. CANTON had never seen enchondroma of the upper jaw. The microscope, though not infallible, might, at all events, be used to assist us in our diagnosis. The deformity in cases of removal was little, even when parts as far back as the pterygoid process were involved in the disease. He alluded to a form of tumour of the upper jaw, which had not been mentioned, and which consisted simply of hypertrophy of the dentine.

Mr. BISHOP could see no reason why the upper jaw should be exempt from enchondromatous disease.

Mr. WEEDON COOKE mentioned a case of malignant disease of the jaw, which had lately come under his notice at St. Mary's Hospital, in which the microscope, applied as a means of diagnosis, failed to detect any cancer cells. With respect to the views advanced by Mr. Stanley and Mr. Hancock, respecting the original seat of tumours of the upper jaw, he suggested that both might be right, as in some cases it might be in the antrum, in others in the pterygoid process.

Mr. HANCOCK had not founded his observations on one case, though Mr. Stanley had based his views on a single specimen of the disease, and this by no means a satisfactory one. He had omitted to include the myeloid tumour in his paper, because Mr. Paget himself had not yet decided on its true nature; for in one case in which he had operated the tumour was found analogous to the common fibrous growth, whilst in another instance it was similar to fungus hæmatodes, and had returned after operation. He (Mr. Hancock) had not seen a case of true enchondroma of the upper jaw, but regarded it as an early stage of the osseous disease which was exhibited in one of his cases. He had not entered into the question of the operation at all, nor all the diseases of the upper jaw, as the limits of his paper would not admit of these.

## THE LATE DR. GOLDING BIRD.

THE grave has now closed over the remains of this able and scientific physician. On Saturday last they were privately committed to their last resting-place in Tunbridge Wells cemetery, attended by the only member of his family in this country, Dr. Frederick Bird.

Born in Norfolk, he was at an early age placed with a clergyman at Wallingford, in Berkshire, as a pupil, subsequently completing a hurried education in his fourteenth year at a private school in London. In this latter position the tendencies which ever after influenced his future life became apparent. Gaining credit with his schoolfellows for an acquaintance with subjects out of the common routine of education, he was requested by the more industrious of them to become their instructor. He gave lectures before school hours on botany, the scanty illustrations for which were furnished by a few poppy-heads and leaves gathered from the school-ground. The boy-lecturer soon extended his instruction into that science which in after years he so well applied to pathology, and which, contributing in his hands largely to the advancement of medical science, was to him a rich source of intellectual pleasure. He quitted school, and in accordance with his own wishes, was declared a candidate for the medical profession by being apprenticed to a very respectable practitioner, who still lives to regret the loss of a pupil of whom he had long been proud.

It was during his apprenticeship that he was once despatched to seek the aid of the late Dr. James Johnson for one of his master's patients. That amiable and sound physician saw in the young apprentice evidences of developing talent. He asked his views; was told that the path of general practice had been selected for him. "Do not stop there; become a physician, and you will succeed," was the reply. It was never forgotten, but formed the early stimulus to the exertions of after years.

Before the term of his apprenticeship had expired, he entered as a student at Guy's. How he entered, and how his early talent was appreciated and supported, his own words, addressed to Dr. Addison, will best tell: "It is now thirteen years since I found myself within the walls of Guy's Hospital, a stranger and unknown. In a short time my admiration and respect were excited for your profound knowledge and experience as a physician, and for your zeal as a teacher. But I soon experienced another feeling—that of gratitude for numerous acts of the most disinterested friendship, and for which I must ever remain your debtor."\*

The days of his pupilage were marked by the same untiring industry for which he was afterwards remarkable. Gaining all the principal rewards in the medical school for which he contended, he acquired the still greater one of the lasting esteem and respect of his teachers, a most gratifying instance of which was that of having been requested by the late Sir Astley Cooper to assist him in the important work "On Diseases of the Breast," on which that great surgeon was then engaged.

As soon as his age permitted, he presented himself for his licence at the Apothecaries' Hall; but his reputation as a student had preceded him, and, after passing through the mere form of examination, he received the honours of the court, accompanied by a kindly expressed allusion to his having previously carried off one of the botanical medals awarded by them. So strongly were the court impressed with the merits of their young licentiate, that they addressed a communication highly commendatory of him to the authorities of Guy's. He was very soon after appointed to the lectureship of natural philosophy in that school, and subsequently to that of medical

\* Dedication of Work on Urinary Deposits.



botany, both of which he subsequently resigned on being appointed, conjointly with his former teacher and early friend, Dr. Addison, to that of *materia medica*. He also gave a short course of lectures on chemical pathology, which, appearing in the *Medical Gazette*, were soon afterwards translated into German by Dr. Behrend, at Leipzig, and also published in another form at Vienna. In 1840 he passed the Royal College of Physicians, and, as soon as the necessary time had elapsed, was raised to the fellowship. In 1843 he was appointed assistant-physician to Guy's Hospital, thus attaining a position which through many years he had looked forward to with hope, and in seeking to be worthy of which he had robbed himself of health. He thus acquired a position of importance in the public capacities of teacher and physician; but his success in private had been far greater.

Although at the commencement of his career he had not assumed the position of a consulting practitioner, yet he can scarcely be said to have been in general practice: the few months spent in that capacity brought him no patients, and it was not until he had taken the *status* of the physician that he began to acquire the confidence of the public. That confidence quickly came. Having graduated at St. Andrew's College, and afterwards received from the Senate the degree of M.A., he took up his residence in the inexpensive neighbourhood of Myddelton-square, having been invited to that locality by his election as physician to the Finsbury Dispensary. A field thus opened to his indomitable energy, he left nothing unheeded—no hour unemployed. Each day had its appointed work: the early morning saw him attending to the sick poor who thronged to his house; his private professional engagements and literary labours engaged him till evening; and many hours of the night—often, too often, the entire night—has passed in unbroken study. Soon his reputation extended; success never stayed, but only stimulated, labour; he worked on, and the effect of so much mental toil soon became apparent. The youthful aspect which had for some brief time barred his advance into practice, was quickly replaced by the first indications of that failing health which in a few short years was to carry him to an early tomb. It was at this time that he was, on walking home from Guy's one night, attacked with slight hæmoptysis, and although he never afterwards presented any symptoms of pulmonary disease, yet from that time he always looked upon his health as too feeble to promise length of years. This conviction never depressed him, but probably caused him to devote every hour of his life to the still harder pursuit of medical knowledge. He never went into society, scarcely ever allowed himself a week's repose; but when the signs of an exhausted brain became too evident to be overlooked, his only relaxation was a temporary attention to the lighter studies of botany, natural history, or electricity. But such resources were insufficient; they relieved his mind by change of thought, but they did not bring it repose. His already weakened constitution became yet more enfeebled, and in this powerless state he was, after slight exposure to cold, attacked with acute rheumatism, complicated with endocarditis. His convalescence was slow, and long interrupted by frequent attacks of palpitation. As soon as he could do so, he again adopted his old course of work. His practice daily increased, until, in 1850, he was obliged to leave Myddelton-square, his reception-rooms being too small to contain the patients who flocked to him for assistance. He removed to Russell-square, and his engagements continued to increase until, in the present summer, when compelled by illness to retire from practice, his income was little less than £6000 a year.

A few words descriptive of the amount of mental labour through which he passed in the short space of fifteen years, form the best commentary upon his talent, industry, and zeal. In addition to acquiring the large practice we have alluded to, he filled the public medical appointments of a professor in a large metropolitan school, and of a hospital and dispensary physician. He had passed through the necessary examinations for his degree, and for his licence from the London College. He yet had found time to cultivate the collateral sciences sufficiently to secure his election as a fellow of the Royal, Linnean, and Geological Societies; time, also, to prepare three courses of lectures delivered at the Royal College of Physicians; and still leisure to write three editions of his book "*On Natural Philosophy*," to compose his work "*On Urinary Deposits*," and to almost rewrite it in the four editions through which it has passed; and all this before he had attained his thirty-ninth year.

Robust health could scarcely have been adequate to labour such as this, and his feeble powers gave frequent and certain indications of rapid exhaustion. Often during the last three years had he been compelled to seek repose by visits to the

country, but no sooner did he find himself free from positive suffering than he at once returned to London and to labour. On each occasion it became evident that the restorative action of country air and quiet had been less and less, until, on his return from Barchin, a few months ago, he was so conscious of his unfitness for exertion, that he for the first time listened to the often-repeated solicitations to retire from practice. To him the relinquishment of his duties was a great trial; he had already resigned his appointment at Guy's, from inability to afford time for their fulfilment, and in doing so had sacrificed the strong attachment he had always felt for his alma mater; his remaining step was a painful one, "I do really think" (he writes in a letter to his brother, Dr. F. Bird,) "that no one, save those who have had to struggle with the difficulties of our profession, can have any idea of our peculiar position and anxiety when it pleases God in His mercy to call us from our work by illness." No sooner, however, was he convinced that his retirement was in the path of duty than he adopted it, and in June last he finally left London for Hastings, afterwards going to reside on a small estate he had purchased at Tunbridge Wells.

He had now taken the only course which held out the slightest hope of preserving his valuable life, and this he had delayed to the last, and until he was physically incapable of continuing his profession. He carried with him expressions of hope from all who knew him that he might yet be spared, but the more observant could not fail to see in his attenuated features, and shrunken, bending form, sad presages of the future. For a time, a very brief time, his health seemed to improve; he gained a little in strength, and was able to occupy himself partly in microscopic anatomy and physics, partly in those religious pursuits which, claiming his attention through life, had now become still dearer to him. The action of his heart, for some time rendered distressing by regurgitant disease of the aortic valves, became less violent, unless under exertion, the slightest attempt at which never failed to renew palpitation; but this alleviation of one symptom was replaced by a new one; hæmaturia occurred, not to any great extent, but persistent; he did not regard it himself, or draw the attention of others to it. Then it was that the disease which was soon to carry him to his grave began—the occurrence of constant sickness for many days, at once pointed to the cause of suffering, and finally depressed the little strength previous disease had left him. Renal calculus impacted, congestion, pyelitis, and fatal exhaustion, were the next links in the chain of disease; the last came soon—death. On the evening of the 27th of October he sank, without pain or suffering of any kind, in perfect possession of intellect and in happiness.

Dr. Bird, in the early part of his career, was an almost constant visitor to the Medical Society of London and the Westminster Medical Society, of which, after passing through the various offices, he became president. That important position he filled with great dignity and urbanity. His oration, delivered before the Medical Society, expounding his views with regard to the state of the profession, he published in *THE LANCET* at the time, and is a most eloquent and able production.

It was as a speaker at the societies that Dr. Bird, however, was singularly conspicuous. His delivery was easy and graceful, without the recall of a word, and he always brought to bear upon the point of discussion a copious fund of knowledge. He had the happy talent in a speaker of being able to bring all he knew upon any subject with apparent ease, and as though he had made that subject alone his study, consequently he always produced a most favourable impression upon his audience. And this was not an acquired talent, for well do we remember his first appearance at the Westminster Medical Society in the session 1837-38, in the celebrated discussion on Dr. Schmidt's views on magnetism. The youthful combatant (and even more youthful in appearance than in reality) entered the field against the veteran Ritchie and the shrewd author of the paper, and fought with a skillfulness and ability truly remarkable. Some regarded him as presumptuous at the time, but his after career showed that he was not even then an unworthy antagonist of the men we have mentioned.

It has been attempted to be shown, by interested parties, that he was inimical to this journal; but this was not only untrue, but the very opposite of the truth. Dr. Bird always expressed himself towards *THE LANCET* with the kindest feelings, and has often, both orally and in writing, made acknowledgments of being indebted to that journal for bringing his views at the societies before the professional public, and by this means assisting him in his early career. Indeed, when a testimonial was proposed to be given to a gentleman connected with *THE LANCET*, Dr. Bird's name was second on the list of subscribers, and he expressed his regret that the

subscription was limited to two guineas, and declared he would cheerfully have "given ten times that sum."

To speak of Dr. Golding Bird as an author is unnecessary, the verdict of the profession has already stamped his works with a value which time will not lessen. Almost all that he has written has been for the purpose of applying the aid of collateral sciences to the advancement of that of medicine—to quote his own words in his address to the College of Physicians—"To show the importance of the physician frequently making excursions into the domain of the physical sciences, and culling from it whatever blossoms he thinks likely to bear fruit in his own peculiar department. That he may often find his cherished sucklings abortive is probable; but that he will as often thus graft a vigorous shoot on the venerable trunk of medicine is certain."

As a lecturer, he was clear, accurate, and impressive, and a great favourite with his pupils. He had a singularly happy mode of imparting knowledge, and was always open to inquiries from those he instructed.

As a physician, he was laboriously careful, and seldom arrived at an opinion upon a case without a severe scrutiny; when that opinion was formed, he stated it briefly to the gentlemen in consultation with him, and gave unreservedly his views respecting the pathology and treatment of the disease. His diagnosis was usually correct: his treatment simple, but energetic.

In appearance, Dr. Bird was about the middle height, and singularly delicate in conformation. Before illness had weighed heavy upon him, his countenance was animated and cheerful; and if in later years it was

"Sicklied o'er with the pale cast of thought,"

it was always expressive of kindness and urbanity. His manner was frank and cordial, and he had a remarkably happy talent of "making friends."

Lastly must we speak of him as one not only eminent in science but eminent in piety. Religion to him was not a holiday garment, merely to be exhibited on great occasions, to be publicly displayed, or degraded by subserving professional advancement. It influenced him through life, and as his health yielded beneath the pressure of bodily suffering, it so sustained and comforted him that no word of complaint, no murmur, either in sickness, or on his bed of death, ever escaped him. Words of thankfulness, of hope, and of reliance on divine mercy, proved the contentment of a mind which remained undisturbed and happy to the last moment of life.

## Correspondence.

"Audi alteram partem."

### THE EASTERN WAR.

#### ATTACKS UPON OUR ARMY AND NAVY MEDICAL BOARDS.

To the Editor of THE LANCET.

SIR,—As there has been so much public opinion expressed in the papers—or rather, I should say, that opinion represented by a few unprincipled persons, who cannot be aware what has been done by those responsible boards—must it not hurt the feelings of those who are at the head of the above departments to have such false accusations brought against them, especially seeing them so frequently expressed in our periodicals? They have provided everything that any living person could suggest for the use of our noble soldiers and sailors in the field of action; and have appointed additional qualified men to attend to them, the number of which has been already laid before the public; and, in the Army Medical Department, has been nearly three times as many as on any previous occasion. Certainly the Admiralty might have used a little more energy. There is an attack on our Army and Ordnance Medical Board, by a person signing himself "A Patriot," in your last number. I should strongly advise that person to try and pass the examination of that board, and see if it consists of unprofessional men, or not, and then he can give his opinion; for I feel assured he has not done so, nor is aware of what kind of an examination is required of candidates for their reception by the so-called unprofessional board. With respect to the numerous indirect attacks on the Director-General of the Army and Ordnance Medical Department which have been made, they are most unjust and undesired; for no living man can have used greater exertions, or have been more anxious in procuring every assistance for the relief of our brave expeditionary army at present in the East,

than Dr. A. Smith has done, and for which he ought to have received his country's thanks and praise, instead of the unjust abuse to which he has been subjected. If the public are not satisfied they have their remedy. Let them call a meeting amongst themselves, and form a deputation of professional men, who stand A 1 in the profession, and make inquiries into the matter, and then report to the proper quarter if things are not as they ought to be. But, Mr. Editor, I am sure you will think with me—as you are always ready to hear both sides of the question—that from the beginning of these attacks up to the present time, they have not been a legitimate or mainly way of proceeding, in trying, by letters, to prejudice the public mind against a gentleman who holds one of the most responsible offices—that of a medical director-general over the whole of our noble army—by such false and exaggerated statements, instead of rendering that credit and praise which he deserves from his professional brethren, for the great ability he has displayed in so laborious an office.

I remain, Sir, yours most obediently,  
St. George's Hospital, November, 1854. W. I. CLAFF.

### THE MEDICAL ARRANGEMENTS IN THE CRIMEA.

To the Editor of THE LANCET.

SIR,—The medical arrangements for the sick and wounded in the Crimea have had the severest censure passed on them it is possible to conceive. In fact, so bad are they, seemingly, that the commander-in-chief has thought it necessary to issue a general order. That any one in the situation of Dr. Dumbreck should lay himself open to such an order, discloses a state of things reflecting anything but credit on the medical department. With Dr. Dumbreck I have the pleasure of a personal acquaintance.

That in a moment like that a verbal instead of a written order should have been given, must in all charity be ascribed to the hurry and agitation consequent on the novel position in which he was placed. Therefore, I think the profession should withhold its opinion in the matter for a while yet. A more humane man, and one more alive to the responsibility of his post, than Dr. Dumbreck, is not in the service. I do not write in his justification at present. I write to call your attention to a subject that is at present the sole topic of newspaper paragraphs and private conversation—namely, Miss Nightingale and her staff of nurses. No one will doubt the spirit with which Miss Nightingale, sacrificing everything in the shape of comfort, and the society of those moving in the sphere of life to which she has been accustomed, nobly and disinterestedly goes forth to alleviate the suffering, and comfort the dying. All honour to her!

But if the staff of nurses are to meet the same fate that hitherto seems to have attended everything medical, in what better position will the wounded be? It is a fact pretty generally known, that the last in an army (excepting the surgeon) cared for, are the women. Now, where is Miss Nightingale and her staff to be?—at a distance or near? If at a distance from the army, in what manner is it purposed to render her services useful? If near, where are the hospitals?—tents or solid structures? Any information on this subject will be thankfully received by

Your obedient servant,  
ONE INTERESTED.

London, November, 1854.

### UNQUALIFIED PRACTICE.

To the Editor of THE LANCET.

SIR,—I quite agree with your correspondent, "Medicus," of last week, and think if the enormous amount of unqualified practitioners were collected, it would have some good effect in the event of a medical bill ever being discussed in the House of Commons. The borough in which I reside contains about thirty who do not possess a qualification of any sort. Now, taking these at £200 per annum each, makes £6000 taken from the legitimate practitioner. I beg to say, I shall be ready to furnish the names and addresses if the movement is carried out.

November, 1854.

I am, Sir, yours,  
FERRELL.

CONSUMPTION HOSPITAL.—This excellent institution has just been enriched with the munificent legacy of £5000 from the late Mrs. Wilson, of Eaton-square.

## THE WAR.

**WANT OF NAVAL ASSISTANT-SURGEONS.**—The following paragraph is extracted from a letter of *The Times'* correspondent off the Katcha :—"I cannot conclude my letter without alluding to another just cause of complaint, the effects of which are most terribly felt at the present moment—I mean the want of assistant-surgeons. You remember, of course, their representations to the Admiralty, that they ought to be treated as officers, and mess in the ward-room; for circumstances have changed, and the assistant-surgeons, who were formerly chosen from apothecaries' boys, are now men who have passed in medical colleges, and received the education of gentlemen. The Admiralty was shocked at their request; the consequence is, that there are not half-a-dozen assistant-surgeons in the fleet of the Black Sea. After the action the other day, they were borrowed from one ship by the other, and, of course, the wounded had to wait for hours and hours without having their wounds dressed. The next day, by order of the Admiral, all wounded and sick were transported on board the *Vulcan*, in order to go to Therapia. They remained there for more than another day without anybody taking care of them; so that several of the men actually got no food for more than twenty-four hours; and all this on account of the prejudice of a few old gentlemen."

**NAVAL MEDICAL STORES.**—In confirmation of the statement made by *The Times*, of the neglect of the medical wants of our sailors, and as frequently contradicted by interested parties, we may state, on good authority, that only last week the necessary medical stores were sent out from the Apothecaries' Hall to those sailors who nobly volunteered to serve ashore; the officers of that establishment working almost night and day to complete the hurried order. From *The Times* we find that the stores for hospital use sent from England are very scarce, and badly arranged. There is not one of the much-made-of ambulance waggons in the Crimea; a jolting araba is the only English conveyance for men dying of cholera. After the battle of the Alma, the wounded were carried down in hammocks, slung between two oars, and carried by sailors in the gentlest manner. The second day, the French put their excellent ambulance corps at our disposal. The surgeons are worked to death, and have to endure the misery of seeing men imploring relief and being unable, from the bad arrangements of the home staff, to give it them.

**THE SIEGE OF SEBASTOPOL.**—On the first day of the siege, Mr. O'Leary, assistant-surgeon of the 68th, was amongst the killed. Assistant-Surgeon J. Gibbons, of the 44th regiment, was wounded in the trenches, whilst performing surgical duties in the field. During the bombardment, the surgeon of the *Albion* was likewise wounded.

**SANITARY STATE OF SEBASTOPOL.**—The condition of Sebastopol is still said to be horrible, with heaps of dead bodies lying in the streets, and no one caring or having leisure to bury them. It is feared that when our troops enter and occupy the place, it will be fatal to their health.

**APPOINTMENTS.**—Surgeons: James Salmon, (1840,) from the *Neptune*, 120, at Portsmouth, to the *Excellent* gunnery-ship, at that port; Lenox T. Cunningham, M.D., (1840,) from the *St. Vincent* to the *Neptune*, vice Salmon.

## THE CHOLERA.

WE are happy to be able to state that the cholera exhibits a continued decrease. The deaths from it, which in four weeks of October were 411, 249, 163, and 66, in the last were only 31. In the same five weeks, diarrhoea was fatal in 98, 102, 78, 46, and 33 cases. The 31 deaths from cholera occurred in sub-districts as follows :—In Paddington, St. John, 1; in Chelsea South, 1; in Belgrave, 1; in Westminster, St. John, 1; in Gray's-inn-lane, 1; in Camden-town, 1; in Islington West, 1; in St. Clement Danes, 1; in Whitecross-street, 1; in Cripple-gate, 1; in City of London South, 1; in Bethnal-green, 1; in Bethnal-green Town, 1; in Whitechapel Church, 1; in Bow and Bromley, 1; in St. Saviour, 1; in St. Olave, St. John, 1; in London-road, 2; in Waterloo (second part), 1; in Lambeth Church (second part), 1; in Kennington (first part), 1; in Kennington (second part), 1; in Clapham, 1; in Peckham, 1; in Rotherhithe, 1; in St. Paul's Deptford, 1; in Greenwich East, 2; and in Woolwich Dockyard, 2. Of these, 9 were below 15 years of age; 16 were between 15 and 60; 6 were above 60 years old. 33 persons are said to have died from diarrhoea.

From the Report of the Registrar-General it appears that 10,530 persons died in London, being 45 to every 10,000 people. 2018 persons died of the epidemic in the west districts, comprising, Kensington; Chelsea; St. George, Hanover square; Westminster; St. Martin-in-the-Fields; and St. James's, Westminster. The mortality by cholera was here at the rate of 54 in 10,000 inhabitants. The mortality in the five north districts, Marylebone, Hampstead, St. Pancras, Islington, and Hackney, was 15 in 10,000 inhabitants. The average annual value of the houses in the west districts, ranged from £29 to £128; in the north district, from £35 to £71. The mean density of the population is nearly the same. In the west districts it is 35, in the north districts, 36 persons to an acre. The west districts are supplied chiefly by the Chelsea, the West Middlesex, and the Grand Junction Companies, with water taken from the Thames at Battersea, Hammersmith, and Kew. The north districts are supplied by the New River Company, the West Middlesex, the East London, and the Hampstead Companies. The mean elevation of the west districts is 30 feet, of the north districts 86 feet above the Trinity high-water mark. In the Hanover-square sub-district, 9 in 10,000 people died of cholera; in the Golden-square sub-district, 189 in 10,000. In the northern districts, the mortality ranged from 6 in the Cavendish-square sub-district, Marylebone; to 52 in All Souls; but a large number of the deaths in the latter sub-district occurred in the Middlesex Hospital, and came chiefly from the district of St. James's, Westminster.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 3rd inst. :—

BUZZARD, THOMAS, St. John's-wood.  
CARDELL, JOHN MAGOR, St. Columb, Cornwall.  
GAMGER, JOSEPH SAMPSON, Stanhope-street, Camden-town.  
GREGORY, CHARLES FOSTER, Tunbridge.  
HICHENS, JOHN LEY, St. Ives, Cornwall.  
KITCHING, JOHN, Lower Sackville-street, Dublin.  
NICHOLSON, GEORGE, Castletown, Berehaven, co. Cork.  
ROWCLIFFE, EDWARD HANCOCK, Tarporley, Cheshire.  
SHERLOCK, HENRY, Army.  
SUTCLIFFE, JOSEPH HARVEY, Camberwell-grove.  
WEBB, RANDOLPH, Trowbridge, Wilts.

**LICENTIATES IN MIDWIFERY.**—The following Members of the Royal College of Surgeons, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at the meeting of the Board, on the 7th inst. :—

HARRIS, SAMUEL, Quorn, Leicestershire, Diploma of Membership dated July 14th, 1854.  
HORSFALL, JAS. SMITH, Halifax, Yorkshire, July 14th, 1854.  
FOY, CHRISTOPHER, Calcutta, October 13th, 1854.  
FOY, JAMES AUGUSTUS, Calcutta, October 13th, 1854.  
NOWELL, JAMES, Bradford, Yorkshire, August 6th, 1854.

The death of Dr. James Reid causes a vacancy in this Board.

**THE FELLOWSHIP.**—From a notice in our advertising columns it will be seen that the next professional examination for this distinction will take place on the 28th and 30th inst.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, November 2nd, 1854.

ARRAS, WILLIAM, Warwick-bridge, Carlisle.  
EGERTON, JOSEPH SAVORY, Wedover, Bucks.  
NEWFIELD, STEPHEN, Whitby, Yorkshire.  
ROBERTS, JOHN, Cricketh, Carnarvonshire.

**HUNTERIAN SOCIETY.**—Dr. Peacock will read a communication on a Case of Plastic Bronchitis.

**HARVEIAN SOCIETY.**—Mr. Anderson will read a paper at the Harveian Society, on Thursday, 16th Nov., upon the Operation of Turning in Midwifery.

**FEARFUL HAVOC BY DISEASE ON BOARD EMIGRANT SHIPS.**—The mortality on board emigrant ships arriving at New York is frightful. On the 12th ult. the packet-ship *Harvest Queen* arrived from Liverpool, and her report gave seventy-four deaths on the passage. On board a French vessel, called the *Piscatore*, also arrived on the 12th ult. from Havre, fifty deaths from cholera occurred on the voyage.

**THE LATE DR. THOMSON, OF THE 44TH REGIMENT.**—We understand that this gentleman, to whom was assigned the hazardous but honourable duty of tending the wounded Russians on the plains of Alma, and whose melancholy death from cholera occurred on the 5th ult., after his rejoining the camp, as recorded in *THE LANCET*, was a native of Cromarty, in the north of Scotland. Dr. Thomson entered the army in the month of February, 1848, and at the period of his death was in the thirtieth year of his age.

**TESTIMONIAL TO WILLIAM MEE, ESQ., SURGEON, OF EAST RETFORD.**—Some months ago it was determined, by several gentlemen in the town, to present Mr. Mee with some substantial token of esteem, on his retirement from public life. It was agreed upon that the same should be a full-length portrait of himself; the artist to be chosen by the subscribers. Mr. Beetham was the gentleman chosen to paint it; who having completed the portrait, Thursday last (26th ult.) was the day fixed upon for its presentation; this took place at Mr. Mee's own residence. Mr. Allison, who had been partner with Mr. Mee so long in the medical profession, formally presented the gift, and said—"In the names of the subscribers for a testimonial, and on their behalf, the gratifying duty of presenting to you this painting of yourself, devolves upon me, as the chairman of a committee appointed by the contributors for applying their fund to this purpose. It is presented to you on your retirement from public to comparatively private life (for you are still a magistrate) by a body of your townsmen and neighbours, amongst whom you have resided upwards of forty-two years; about forty years of which time you practiced the medical profession, and during the latter part of which period you have three times, within the space of four years, filled the office of mayor of this borough; and consequently, you have rendered yourself amenable to public opinion, which you can neither stifle nor evade; and I have been deputed by a great number of gentlemen to make known to you the result of their observations, which conclusion, so far as they can judge, is in accordance with the sentiments of an immense majority of that part of the public amongst whom you have passed the greater portion of your lifetime."—Mr. Mee made a suitable acknowledgment. A sumptuous luncheon was provided for the occasion by Mr. Mee, and both his health and that of Mr. Allison were given and drunk in the warmest manner.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, NOVEMBER 4TH.**—The returns for London for the week that ended last Saturday give 1252 as the number of deaths registered from all causes. In the corresponding weeks of the ten years 1844-53 the average number was 983, and if this is raised in proportion to increase of population the result obtained is 1081. Hence it appears that 171 deaths occurred above what the calculated rate of mortality would produce.

### Obituary.

On Sunday, Nov. 5th, at his residence in Brook-street, Grosvenor-square, JAMES REID, M.D., Physician to the Infirmary of St. Giles and St. George, Bloomsbury, and Examiner in Midwifery of the Royal College of Surgeons. Dr. Reid's last contribution to medicine appeared in *THE LANCET* in the early part of the present year, "On the Duration of Pregnancy in the Human Female."

Suddenly, at Birkenhead, W. R. CROUCH, Esq., Surgeon to the Birkenhead Hospital. The deceased was attending patients the evening preceding his death, which took place at four o'clock in the morning, when there was nothing in his manner to lead to a supposition that he was so near his end. He had complained of indisposition for a few days, but no alarm or uneasiness was felt by his friends for his welfare. His death was attributed to quinsy, although it is alleged that the immediate cause was an overdose of morphia. The deceased's mortal remains were conveyed last Saturday to their final resting-place, in St. Mary's Churchyard, the funeral cortege consisting of the whole of the medical practitioners in Birkenhead, and the committee of the institution which he had the honour to represent.

At Hilhead, near Fones, Dr. WILLIAM SMITH, late of the 17th Regiment.

At Jersey, G. TURNBULL, Esq., late surgeon in the Hon. East India Company's Service.

At Wye, Kent, JAMES LOVELL, Esq., surgeon, aged thirty-one. In the Crimea, of cholera, Assistant-surgeon BECKWITH, of the 49th Regiment.

### TO CORRESPONDENTS.

**A Late Guardian of the Strand Union.**—The Board of Guardians of this Union are not open to all the animadversions of their former colleague. During the late epidemic they promptly and effectively joined the Board of Health in carrying out measures for the arrest of the cholera. Those measures were productive of the greatest possible benefit. It is to be regretted that the Board has refused its sanction to the appointment of an officer of health for St. Anne's parish, the state of that locality urgently requiring the duties of such an officer. Probably fresh powers will be granted to the Board of Health on many subjects connected with sanitary reform, one of the most desirable of which would be the appointment of permanent local inspectors, armed with authority to carry out measures for the preservation and protection of the public health.

**A Country Clergyman.**—A review of the work named appears in the present number of *THE LANCET*. Nothing can be more unjustifiable and dangerous than the resort to powerful medicines by an unprofessional person. Even in the hands of duly-qualified practitioners the "remedy" has been proved to be anything but safe. The law takes no cognizance of a person practising in such a manner, provided it be not for gain.

**A. B. C.**—At that time the Westminster Hospital was situated in York-street, and had attached to it as surgeons four members of the Board of Examiners of the College of Surgeons—namely, Sir Anthony Carlisle, Mr. Lynn, Mr. Anthony White, and Mr. Guthrie.

**A Student.**—In the volumes of *THE LANCET* for 1837-38.

**Juvenis.**—Books of the kind are merely circulated for the purpose of producing alarm in the mind of the reader, and to induce him to place himself under the care of their unprincipled authors. Such works are a compound of ignorance and obscenity, and should be treated with the utmost scorn and contempt. No doubt, in the present instance, the titles assumed by the writer of the book are fictitious. The only mode in which "Juvenis" might obtain redress would be by proceeding against the delinquent for obtaining money under false pretences. There is a precedent for such a course of action, and we believe, in the present case, a similar course of proceeding would be successful.

**M.D.**—No cases have come to our knowledge in which the "Japanese Remedy" has been productive of benefit.

**A Candidate.**—The first examination under the new rules will take place in January next.

**B. (Bath).**—Nothing is more difficult than to lay down any strict laws upon such a subject. Much must be left to the honour and discretion of the gentleman in attendance. There are no stated charges for such operations. Those that have been made in the present instance we think are fair and reasonable.

**Mr. Craigie, (Hamilton, Canada West.)**—The letter to Dr. Ayre, relative to the treatment of cholera by calomel, shall be published.

**Discipulus.**—The papers of Mr. Gream appeared in *THE LANCET* for 1849. Apply to the publisher, at the office.

**Dr. Aitken (Glasgow)** is thanked for his communication.

**Mr. George Sprogden.**—Application should be made to Dr. Andrew Smith, Medical Superintendent of the Army. The qualification necessary is membership of one of the Royal Colleges of Surgeons.

**Chirurgus in Bure.**—The articles in the *Daily News* and *Morning Advertiser* relative to the treatment of the medical officers of the army and navy, are highly creditable to the editors of those journals. It is extremely satisfactory to observe that the just claims of the army and navy surgeons to the gratitude of the country are supported by the public voice, however much they have been ignored by those in power.

A CORRESPONDENT who has addressed us on the state of medical officers engaged in the present war, will perceive that we have cursorily alluded to the subject of his communication. Probably it will be treated more fully at an early period.

**A Visitor.**—The effect is produced by a reflector.

**J. P.**—The Cork Schools have a good reputation.

**An Irish Militia Surgeon.**—Next week the question shall be answered.

Owing to the great pressure upon our columns in the present number, we are obliged to postpone many valuable papers already in type, including the Reports of the Harveian, Western Medical, and Epidemiological Societies; also numerous advertisements.

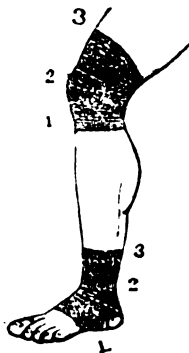
COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Coulson; Mr. Hancock; Mr. George Bodington; Mr. William Craigie, (Hamilton, Canada West); The Secretary of the Epidemiological Society; Discipulus; Mr. Thompson; Mr. Barry; Mr. Allison, (East Retford); Ferret; Dr. J. Tatam Banks, (Hougham, Devonshire); Dr. Marshall Hall; Medicus; The Hon. Secretary of the Harveian Society; Mr. L. F. Crumney, (Middlesbrough); Dr. Knox; Mr. Davey; Mr. Dalrymple; Mr. M'William; Dr. Piddock; Dr. Ramskill; Mr. Clapp; Mr. Bishop; Mr. R. Wilkinson, (Manchester, with enclosure); Mr. T. Barron, (Holbeach); Mr. B. Hobrom (Leeds, with enclosure); Mr. C. R. Saffield, (Droitwich, with enclosure); Dr. Bagnell, (Cahir, with enclosure); Dr. Somerville; Mr. Hamilton (Milton); Dr. Gilbert King; Mr. Tucker; An Irish Militia Surgeon; Mr. Sprogden, (Macclesfield, Notts); Chirurgus in Bure; A Late Guardian of the Strand Union; A Country Surgeon; A. B. C.; A Student; Juvenis; Mr. William Luxton, (Sutton Benger, Wilts); Dr. Ar. N. Holmes, (Leeds); M.D.; A Candidate; B.; (Bath); Dr. Aitken, (Glasgow); A Correspondent; A Visitor; J. P.; An Irish Surgeon; &c. &c.

## GOLD CHAINS AND JEWELLERY.—PRIZE MEDAL.

**W**atherston and Brogden's Gold Chains, by troy weight, at realizable value, and the workmanship at wholesale manufacturer's prices.—The Great Exhibition having established the advantage of purchasing from the wholesale manufacturer wherever it can be accomplished, and thereby dispensing with an intermediate profit, WATHERSTON and BROGDEN beg to announce that, in obedience to the numerous calls made upon them, they have thrown open their Manufactory to the public at the same prices they have been in the habit (for the last half century) of charging to the trade in London, India, and the Colonies. The system of weighing chains against sovereigns being one of the greatest frauds ever practised on the public, WATHERSTON and BROGDEN guarantee the gold in their chains, and will repurchase it at the price charged,—the workmanship, according to the intricacy or simplicity of the pattern. Example:—Intrinsic value of a chain of 15 carat gold, weighing 1½ ounce, £3 19s. 7d.; supposing the workmanship to be £2—total, £5 19s. 7d. By this arrangement the purchaser will see at a glance the proportion charged for labour compared with the bullion in a gold chain, and being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of jewellery all made at their Manufactory, 16, HENRIETTA-STREET, COVENT-GARDEN.—Established A.D. 1798.

## CAUTION.

KNEE CAP AND ANKLE PIECE.



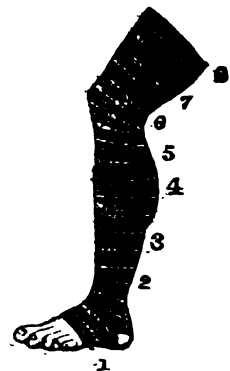
ABDOMINAL SUPPORTER.



SPINAL SUPPORTER.



STOCKING AND THIGH PIECE.



**Mr. Bourjeaud**, in submitting the above four Engravings as illustrating the nature and special design of his Apparatuses, most earnestly begs to call the attention of Professional Gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the Public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaud wishes, therefore, to caution Medical Gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spiral Supporter, except the articles come from his own Establishment, No. 11, Davies-street, Berkeley-square, (opposite Mivart's Hotel,) London; and No. 17, Rue des Beaux Arts, Paris.

**Mr. Edwin Osborne**, of 24, Savile-row, LONDON, the Sole Licensee and Maker of PALMER'S PATENT LEG, adapts this beautiful substitute to every form of amputation; and having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given, (if required.)

**Mr. Bourjeaud's Registered Elastic** APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

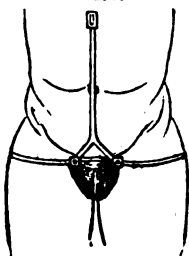
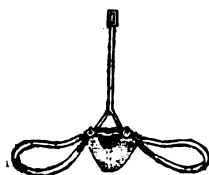


FIG. 2.



**FIG. 1.**—MR. BOURJEAUD'S NEW SUSPENSORY BANDAGE, as applied to a patient.—Mr. Bourjeaud begs to state that the bag supporting the scrotum is made of a delicate webbing of silk and india-rubber; the bands running round the thighs consist of the most yielding elastic tissue, and will stretch to twice their length; a third band is adapted to the upper part of the bag, the former being intended to be fastened to the flannel waistcoat of the patient. The scrotum is thus kept raised and fixed *in situ*, without distressing the organ in the least, the suspensor allowing of the most varied movements of the body.

**FIG. 2.**—The same Suspensory Bandage taken off.

**Anatomical and Dental Repository**, 46, Museum-street, Bloomsbury, London.—JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

**M. Pillischer's Newly-Constructed** STUDENT'S MICROSCOPE, which, for solidity, portability, and reasonable price, surpasses any Microscope hitherto made by any English or Continental maker. The Student's Microscope, with coarse and fine adjustments, single mirror, one eye-piece, a one-inch and one-quarter-inch French achromatic object-glasses of best quality, the whole packed in mahogany case, 7in. by 6in., £5 10s.; or with M. Pillischer's own-made, 1in. of 16 degs. angular aperture, and ¼in. of 60 degs., £7. The above stand with lever stage, extra eye-piece, double mirrors, animalcule cage, &c., £8; or with Pillischer's glasses, £9 10s. A list of prices will be sent free on application to M. Pillischer, 83, New Bond-street.



## Huxley's Fulcrum

**ABDOMINAL BELT** will be found, from its mechanical arrangement, (acting diagonally,) and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4oz. Price 18s.

Measures required.—Circumference at A, B, and C; depth from A. to C.

A discount of 20 per cent. to the profession.

HUXLEY and CO., 8, Old Cavendish-street, late of 5, Vane-street, Oxford-street.



**Mr. T. H. Wakley's Stricture Instruments.**  
MENTS. Complete Sets of these Instruments may now be had of  
WHISS & SON, 62, Strand, London.

**Henry Bigg, 9, St. Thomas's-street,**  
Borough, Surgical Instrument-maker to Guy's and St. Thomas's Hospitals, begs to call the attention of the Medical Profession to the following valuable Instruments, made from designs and suggestions kindly given by the Gentlemen whose names are attached—viz., Mr. Le Gros Clark's Talipes Instrument; Mr. Bransby Cooper's Ovarian Trocar; Mr. Cock's Recto-Vesical Trocar; Mr. Cooper Foster's Ear Speculum; Mr. Hilton's Speculum Ani; Dr. Lever's Midwifery Instruments; Mr. Solly's Elastic Catheter, with Catgut Director. These Instruments being constructed on the premises secure their excellence and perfect finish.  
9, St. Thomas's-street, Borough, London.

**Dr. Lever's Improved Elastic Utero-ABDOMINAL BELT** being constructed by Mr. H. Bigg, 29, Leicester-square, under the immediate suggestion of Dr. Lever, will be found to combine every advantage possible to obtain. It upholds the parietes of the abdomen, secures support to the uterus, and admits of the elastic force immediately above the pabes being increased by the patient after the Belt is applied.  
To be had only of Mr. H. BIGG, 29, Leicester-square.

**Spinal Curvature.—Mr. H. Bigg, 29,**  
Leicester-square, particularly invites the attention of the Faculty to two new and distinct forms of SPINAL APPARATUS he has recently invented. The principle on which they are constructed, thoroughly supplants the "brute force" of the screw, yielding instead an elastic power analogous to muscular motion; it also encourages respiration, admits of the spine being moved in any direction, and possesses a weight so trifling as hardly to be felt by the wearer.—PATENTED.  
To be had only of the Patentee, 29, Leicester-square.

**Treatment of Club Feet, Spinal CURVATURE, &c., WITHOUT THE EMPLOYMENT OF THE SCREW.—MR. HEATHER BIGG, 29, Leicester-square,** begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the feet and spine.  
"The living structures do not with impunity tolerate the brute force of the screw." "In any case in which the force of the screw is employed, unless for a very brief period, excoriation, sloughing, intolerable pain in the parts compressed will inevitably result." "Dr. LITTLE, on 'Deformities,' PP. 34, 36.  
Mr. H. Bigg has recently invented four distinct forms of Orthopedic Instruments for Talipes Varus, T. Valgus, T. Equinus, Lateral Curvature, &c., in all of which the principle of muscular elasticity is simulated and the "brute force" of the screw ignored.—PATENTED.  
29, LEICESTER-SQUARE.

**New Spinal Support.—Fr. G. Ernst,**  
Lamb's Conduit-street, Foundling Hospital, begs to draw the attention of the Faculty to his recently-invented SPINAL APPARATUS, which, after some months of trial, has proved superior to any of the various kinds hitherto used, and produced the most satisfactory results. This appliance, being self-adjusting, free bodily motion is permitted; thus, while equal and necessary support is given to the wearer, all injurious or painful pressure is avoided, and a great amount of comfort and benefit consequently yielded. It can be modified so as to suit any FORM OF SPINAL DEFLECTION; its weight is comparatively trifling, and from its capacities for nice adaptation elicits no observation when on the body.  
To be had only of the Inventor, 48, Lamb's Conduit-street.  
TO THE MEDICAL PROFESSION.

**Fr. G. Ernst, Anatomical Machinist**  
and MANUFACTURER OF SURGICAL INSTRUMENTS, 48, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam Ernst (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

**The Eye Douche, for applying Lotion**  
to or bathing the Eye, is self-acting, simple, and portable. The immediate relief obtained from its use particularly recommends it to the notice of all who are much engaged in reading, writing, or designing; it has been employed with the most favourable results by patients under the care of Haynes Walton, Esq., Surgeon to the Central London Ophthalmic Hospital. Price 20s.; carriage paid to any railway station.  
Manufactured by WILLIAM T. COOPER, 26, Oxford-street, London.

**COOPER'S LAVEMENT APPARATUS** is the most perfect ever invented; the possibility of air entering the bowels is prevented, and the labour of pumping is avoided; being constructed entirely of metal, without valves, it cannot become out of order, which renders it particularly suitable for use in the country or in foreign climates. Price 35s. Enema Apparatus from 10s.; Superior Reservoir Apparatus from 25s.—Each instrument in mahogany box with lock and key.  
Manufactured by WILLIAM T. COOPER, 26, Oxford-street, London.

**THE CORK RESPIRATOR** is the lightest, cheapest, and most efficacious ever produced; allows free respiration, and from being easily applied and removed, is specially adapted for the use of Invalids, or Ladies attending evening meetings or places of amusement. Price 8s., free by post.  
Wholesale only of WILLIAM T. COOPER, 26, Oxford-street, London.  
Illustrated Catalogues free by post.

**Water Filter for the Pocket, with**  
DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 6d.  
J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-square.

**Teeth.—Mr. Alfred Jones, of Grosvenor-street,** has recently completed a new and important improvement in the construction of ARTIFICIAL TEETH. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the first medical men, the nobility, and gentry, from whom he has received the most flattering acknowledgments of success. Supplied only by Mr. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.

**Purification of Linen—Prevention of DISEASE.—J. BOILESSVE, 55, King William-street, City, London,** solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.  
69, Marylebone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one basket per day.  
I am, Sir, yours truly,  
SAMUEL HUBERT,  
To J. Boilessve, Esq. Firm of JOHN WOOLLANS and Co., Paper-stainers.

**Warming and Ventilating by Hot AIR, CHURCHES, HOSPITALS, TOWN-HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London,** respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment.  
4, Leadenhall-street, London, May 6, 1854.

DEAR SIR,—I have great pleasure in testifying to the value of your Calorifere, or Heating Apparatus, on the score of economy and utility; it combines warmth and purity of atmosphere, and is a vast improvement on our present absurd system of putting a current of cold air over our bodies, to be warmed in our fire-places, and then to be wasted up our chimneys.  
No doubt your Calorifere will soon be used for our conservatories and green-houses, and most likely for warming our cattle, and drying our corn. I find no difficulty in warming our upper rooms by your Calorifere.  
I am, dear Sir, your obedient servant,  
J. MURCH.  
To J. Boilessve, Esq., 55, King William-street, City, London.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.  
**Important Saving, by Pre-payment,**  
in the PURCHASE of  
NEW WHITE MOULDED VIALS.  
APSPLEY PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—  

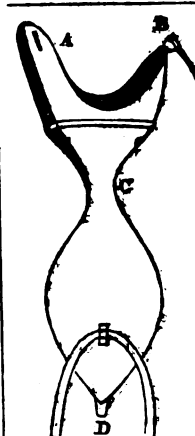
1 oz.	1 oz.	1 1/2 oz.	per Gross, 6s.
2 oz.	"	2 oz.	7s.
3 oz.	"	3 oz.	8s.
4 oz.	"	4 oz.	10s.
6 oz.	"	6 oz.	12s.
8 oz.	"	8 oz.	15s.

4 1/2 oz.	graduated in 3 doses	12s. 6d.
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In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.  
The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,  
APSPLEY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.

**Walters' India-rubber URINALS.**  
F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.  
Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.  
Manufacturer also of the PATENT HYDRO-STATIC TRUSS. One of the advantages of this Truss is, that the pad, being filled with water, adapts itself with perfect accuracy to the form of the body, thereby keeping up a firm but easy pressure on the internal ring.  
F. WALTERS,  
16, MOONGATE-STREET, LONDON.



**Aërated Waters of sufficient and uniform strength.** BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, having given great attention to the manufacture of Mineral Waters, and feeling it important that medical men should be assured of the quantity of Alkali contained in each kind, beg to submit the following list of their preparations:—  
Potash Water, 18 grains of the Bicarbonate in each bottle; Citrate of Potash, (a new and valuable auxiliary in Gout and Rheumatic affections,) 30 grains; Soda, 16 grains; Magnesia, 12 grains, and Ammonia, 10 grains.  
B. S. & B. would especially recommend their Seltzer and Vichy Waters; the latter now bottled in half-pints as well as pints.  
BLAKE, SANDFORD, and BLAKE, 47, Piccadilly.

## HYGIENIC BATHS.

JENSON'S TONIC

### DAPHNE MARINA SALT FOR BATHS

When dissolved in a Cold, Tepid, or Warm Bath, imparts so eminently strengthening and beneficial properties to the same, that, when once tried, a Bath will scarcely ever be taken without it. In the buoyancy and freshness it produces in the system, it is far superior to any known Sea Bath.

Sold at 6d. and 1s. per packet, by the Proprietor, C. MARIE, 103, Leadenhall-street, and 213A, Piccadilly, (near Regent-circus,) and by all Chemists, and Bathing Establishments.

**W. Twinberrow begs to draw the attention of the Medical Profession to his EXTRACT of INDIAN HEMP,** prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible; also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, &c.) also to his Liq. Taraxiel, Liq. Galli Aparinis (a valuable alternative), Liq. Parietarie (diuretic), and Liq. Bece (prepared from the Egle Marmelos, or Indian Bael), for Dysentery and Diarrhoea.

W. T. has a large supply of INDIAN BARK on hand.  
2, Edward's-street, Portman-square.

## Mathey Caylus' Gluten Capsules

contain the purest Copaliba, either simple or combined with Citrate of Iron, Ratanhy, Cubeba, &c.; acknowledged by the London and Paris Hospitals; also by the Lock Hospital; M. Lesueur, chef de Travaux Chimiques à l'Académie de Médecine; Dr. Ricord, Cullerier, &c., who have granted written attestations, to be the best prepared Medicine for the cure of certain diseases.

*Extract of a Letter from Dr. Cullerier:—*

"I cannot induce you too much to extend the use of your preparations; by so doing you will render a valuable service to the therapeutic of blenorraghie affections."  
"I am, &c.,"  
"CULLERIER,"  
"Chirurgien de l'Hôpital de Lourcine."

Sold in Bottles, at 2s. 6d. and 4s. 6d., sealed and stamped with the Government stamp, bearing the name of the Patente. To be had wholesale and retail of Robert King, French and English Pharmaceutical Chemist, 21, Princes-street, Hanover-square; and all respectable Chemists in the United Kingdom.—Country agents required.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lytta P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten square feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing ten square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1852.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c."

"To Mr. Brown."

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction.

"60, Grosvenor-street, London."

"Army Medical Department, Jan. 16, 1847.

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital,—has been found effective as a Vesicatory, when carefully applied, and has not been productive of any degree of Strangury.

"ANDREW SMITH, M.D., Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared by Thomas B. Brown, Pharmaceutical Chemist, 43, Admiralty-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

## Purify Sick Rooms, and give comfort

to Patients and perfect Safety to Attendants.—The most offensive atmosphere is instantaneously purified, and the air impregnated with refreshing fragrance, by SAUNDERS' ANTI-MEPHITIC FLUID, prepared by J. T. Saunders, Perfumer, 315A, Oxford-street, Regent-circus. Sold by all Druggists and Perfumers. Price 1s.

## Drug Price Currents forwarded free

of Postage, on application, by Messrs. HEWLETT and GODDARD, Wholesale Druggists, 6, Arthur-street West, Upper Thames-street, near London Bridge, removed from Hatton-garden; containing the ready Cash Prices for Drugs and Pharmaceutical Preparations of the purest quality. Messrs. H. and G. solicit the attention of the Medical Profession resident in the Provinces, Infirmary Committees, Dispensaries, &c. &c., to the advantages attendant upon the above Price Current.

## The Pulvis Jacobi Verus, prepared

by WILLIAM HOOPER, 24, Russell-street, Covent-garden, from its identity with the more costly preparations, and its acknowledged efficacy as an Antimonial, merits the patronage of those gentlemen who have not hitherto included Pulvis Jacobi in their daily Materia Medica. An extensive continuous demand for Public Institutions has satisfactorily verified the ancient character of this medicine. It is sold in 1 oz. and 4 oz. bottles, at 2s. 9d. and 10s. 6d.; and in packets for transmission by post.

## Cotyledon Umbilicus.—Epilepsy

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 25th, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Insipiated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

Taraxacum (Davenport's) Liquor, or Fluid Extract, prepared by Spontaneous Insipiation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 83, Great Russell-street, Bloomsbury.

## The Arctic Expeditions.—The whole

of the Ships of the various expeditions which have wintered in the Ice, including those of Sir John Franklin and Captain Collinson, have been warmed by SYLVESTER'S HOT AIR APPARATUS.—For prospectus and prices, apply to SYLVESTER and CO., Engineers and Manufacturers of Heating Apparatus, 86, Great Russell-street, Bloomsbury, London.

## Cholera Prevented! Rettie's Patents.

SELF-ACTING SEWER AND SINK TRAPS, for Streets and Kitchen Sinks, to prevent all effluvia from Drains, Cesspools, and Urinals. Damp Houses cured at Fourpence per day, giving a dry, warm temperature, for sick or invalids.

PORTABLE CHAMBER CLOSETS, free from all effluvia.

Orders to E. M. and M. Rettie, 7, Brompton-road. (Enclose Stamp.)

N.B.—Beware of imitations on the above Patents.

## Gas-heating Apparatus.—H. Mather

begs to call attention to his GAS-COOKING STOVES, which will cook dinner for Twenty Persons at a cost of Fourpence.—Gas Gridirons, Broiling and Boiling in Five minutes.—Small Stoves to Boil and Fry, which can be put anywhere, Eight Shillings each.—Gas Stoves for Operative Chemists, Jewellers, and all purposes where heat is required.—Manufactured on the premises at 76, GRAY'S-INN-LANE, LONDON.

N.B.—Gas-fitting done in all its branches.

## Ten Thousand Stoves.—The Tenth

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DRAY, and CO., 46, King William-street, London-bridge, and may be obtained of most ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.

## Patent Perambulators.

C. BURTON, Inventor, Patentee, and Sole Manufacturer to Her Majesty by appointment.



The distinguished patronage, the flattering encomiums, and the increasing demand, are sufficient proofs of the utility and excellence of these fashionable, safe, and elegant Carriages for adults, children, and invalids, propelled from behind by the slightest effort. Country and Shipping orders. Illustrated Circulars.

OFFICE, 487, NEW OXFORD-STREET.

Also, C. BURTON'S PATENT PERAMBULATOR FOR THE MILLION. Price Two Guineas.

CAUTION.—To avoid unprincipled and dangerous imitations, look for Burton's Label on each Carriage.

**Recherché Wines.—Sherry: A very**  
fine Sherry, (Amontillado and Montilla.) Brown and Pale, for Cash, at 42s. per dozen; £21 per quarter-cask; £42 per hogshead; £84 per butt.  
Port.—Very fine old dry Wine (Vintage 1827, 1830, 1832, 1834), lately imported: from the Wood at 48s., 54s., 63s., and 68s. per dozen.  
First Class Champagne, (Ay, Avize, Piercy, Verzenay, and Sillery.) Sparkling and Still Moselle, Sparkling, Still, and Red Hocks, and Bordeaux Wines, at very moderate prices.  
These Wines are patronized and recommended by several eminent Physicians, and are especially recommended to Connoisseurs. Samples and List of Prices forwarded on application.  
H. H. HAMMICK, Importer, 11, Pall-mall, London, opposite the "Travellers' Club."

**Allsopp's Pale Ale in Bottle, as**  
supplied to the CRYSTAL PALACE; also in casks of 18 gallons Recommended by BARON LIEBIG.  
Address, HARRINGTON PARKER and CO., 54, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**  
per dozen quarts; 3s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.  
WOOD & WATSON, 18, Clement's-lane, City.

**Soyer's Aromatic Mustard.—"M."**  
Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration.—THE LANCET.  
Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

**To Invalids and those desirous of**  
PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMEOPATHIC COCOA.  
Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

**Cocoa of the finest quality, prepared**  
in the best possible manner.—Our PURE GRANULATED COCOA was pronounced by the Analytical Chemists employed by THE LANCET, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s., for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.  
HANDFORD & DAVIES, 61, High Holborn.

**DOMESTIC ECONOMY**  
**H. Sparrow and Co. beg to announce**  
that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer  
Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.  
Fine Souchong, 3s. 4d., 3s. 8d., and 4s.  
Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.  
Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.  
Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.  
With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, paid rail, at any station in the kingdom.  
Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

**Pure as well as Fine Tea.—**  
Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in THE LANCET, and also in THE TIMES, (October 6th, 1852.) The fact, therefore, is now familiar to most, that artificial colour is used to give the Spring crop and the spent Autumn gathering the SAME appearance. If this practice were discontinued, a twofold benefit would arise; first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by HORNIMAN and CO., London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the Spring product from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE Tea, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are REDUCED:—  
Finest Congou, 3s. 8d. Finest Lapsang Souchong, 4s. and 4s. 8d.  
Fine and Pure Green, 3s. 8d., 4s., and 4s. 8d.  
HORNIMAN and CO., Wormwood-street, London, Importers of the most approved Teas in general use, but free from the objectionable artificial colour on the surface.  
Agents in London, PURCELL, 80, Cornhill; and ELPHINSTONE, 227, Regent-street, and 396, Oxford-street.  
Sold by authorized Firms in all Towns, in 1 lb., ½ lb., and ¼ lb. packages only.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.  
**Robinson's Patent Barley, for making**  
superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.  
ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and alternately with the Patent Barley, is an excellent food for Infants and Children.  
Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.  
The proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest Tin-foil, over which is the usual and well-known paper wrapper.  
Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets at 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

**Pure Country Bread, supplied every**  
Day by Train by G. BILLINGS, of Sawbridgeworth, Herts.  
Sawbridgeworth, Herts, 1852.  
George Billings begs respectfully to call the attention of the Public to the subjoined Testimonial (vide THE LANCET, March 26th, 1852) as to the pure and unadulterated nature of Bread made by him.  
Having been earnestly solicited by numerous parties in London to introduce it to the public, he has appointed as his agents—MR. DAVID BILLINGS, 7, Ivy-place, Hoxton; MR. HOLLOWAY, 18, Liverpool-street, Bishopsgate.  
N.B.—All Bread supplied to the London public is stamped,—G. BILLINGS, Sawbridgeworth."

London Hospital, March 17th, 1852.  
I have made a careful analysis of the Bread manufactured by Mr. George Billings, Sawbridgeworth, Herts, and I find that it is perfectly free from everything of a deleterious nature: besides which it is of good colour and light texture, is pleasant to the taste, entirely free from acidity, easy of digestion, and apparently well suited to the wants of the dyspeptic.  
HENRY LETHBRIDGE, M.B.,  
Professor of Chemistry, &c., in the London Hospital,  
18, Upper Seymour-street, Portman-square,  
November 4th, 1853.  
Having submitted to careful analysis a loaf of bread, manufactured by Mr. George Billings, of Sawbridgeworth, Herts, and placed in my hands for that purpose by Mr. D. Billings, of Ivy-place, Hoxton, I find the bread to be well made, free from acidity and all deleterious matter, and accordingly well adapted for the sustenance both of invalids and of persons in health.  
ANDREW URE, M.D., F.R.S., Analytical Chemist.  
\*.\* Orders by post punctually attended to.

**The 16s. Trousers reduced to 14s.—**  
Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.  
**R. T. Pigram, Practical Tailor, and**  
Inventor of the Indicator of the Human Figure, whereby a perfect fit is secured, respectfully invites the attention of the public to his mode of art, since none can doubt the importance of an easy and exact adjustment of wearing apparel. Superior Trousers at 17s. 6d. per pair.  
B. T. PIGRAM, 61, Lamb's Conduit-street, Foundling Hospital.

TO THE NOBILITY, CLERGY, AND GENTRY.  
**Walker Babb's Two-Guinea Coats,**  
One-Guinea Trousers, and Half-Guinea Vests, made from Welsh, Scotch, and Irish Wools, in their pure state. Will stand any wear, and can be worn in any climate. For Fishing and Shooting nothing can equal them. The Black Tweed is well adapted for Clergymen's Riding Trousers. Waterproof Pocket Coats and Capes, Box Coats, Liveries, &c. &c.  
D'OYLEY'S SCOTCH WOOLLEN WAREHOUSE, 348, Strand, opposite Waterloo-bridge.

**Assistant-Surgeons.—Gentlemen**  
receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at  
L. PHILLIPS', 28, WEST STRAND, LONDON,  
the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, and every necessary information, may be obtained on application.

**The Mechian Dressing-Case.—The**  
most portable ever invented, being only the size of a pocket-book, containing one pair of Mech's Ivory-handled Peculiar Steel Razors, his Magic Strop, Comb, Badger-hair Shaving Brush, and Nail and Tooth Brushes, price 25s.; the same with Hair Brush and Soap-dish, 35s. To military men, and as a steam-boat or travelling companion, this invention is an invaluable acquisition. An immense variety of other Dressing-cases for ladies and gentlemen, either in fancy woods or leather, at all prices, to suit either the economical or luxurious. An extensive stock of Writing Desks, Writing Cases, Workboxes, Bagatelle Tables, Razor Strope, Table Cutlery, superb Papier Maché Articles, &c.  
Manufactory, 4, LEADENHALL-STREET, four doors from Cornhill.

**Royal College of Surgeons of England.**—Notice is hereby given, that the next Professional Examination for the Fellowship of the College will take place on Tuesday and Thursday, the 29th and 30th inst. Further information relating to this Examination may be obtained on application at the College.  
Nov. 8th, 1884. EDWARD BELFOUR, Sec.

**THE APOTHECARIES' HALL OF IRELAND.—TO THE APOTHECARY PROFESSION**

The Council of the Apothecaries' Hall of Dublin hereby Give Notice, that  
**The Subject of the Annual Prize of FIVE GUINEAS, for the year 1885, is the following:**  
"FOOD AND ITS ADULTERATIONS,"

including Solids and Fluids, with the Chemical and Microscopical Analyses of same.

The Examination will be held at the Hall, upon the first Monday and Tuesday in May next, and all Apothecaries' Apprentices are admissible.

The Prize will be awarded for superior merit, and in case of any candidate having obtained the Council's Prize upon a former occasion, and deserving the same again, he will receive a special *Certificate of First Honour*, and the next candidate in order of merit will obtain the Annual Prize.

By Order of the Council,

CHARLES HENRY LEEZ, M.D., Secretary.

Apothecaries' Hall, Nov. 1st, 1884.

TO PROFESSORS OF ANATOMY, STUDENTS, &c.

**Dr. Kahn continues to execute every description of ANATOMICAL and PATHOLOGICAL WAX MODELS.** For a List of Prices apply at 232, Piccadilly.  
DR. KAHN'S ANATOMICAL MUSEUM is open Daily, from Eleven till Five, and from Seven till Ten. Admission, One Shilling. Lectures, as usual, by Dr. SEXTON, F.R.C.S., and F.E.S.

**Matrimonial Institution.—Founded**

1946.—Offices: 12, John-street, Adelphi, London; and 18, Nassau-street, New York.—This Institution has been established many years, (with great success,) as a medium for the introduction of parties unknown to each other, who are desirous of forming Matrimonial Alliances, but who, from some cause or other, cannot find Partners in their own circle of acquaintance, suitable in position, &c. The strictest honour and secrecy is maintained in every case.

Prospectuses, Application Forms, Bales, and every information sent free to any name, initials, or address, on receipt of 12 postage stamps, by order of the Director, LAURENCE CUTHBERT, 12, John-street, Adelphi, London.

AT THE CRYSTAL PALACE.

**"The Duobus," a cheap close Carriage**

for a "Country Practice," having all the comfort and convenience of a Brougham, with the weight of an ordinary Gig. Price £42. This Carriage can be seen at the new Crystal Palace, and sketch and particulars obtained on application to T. R. Storey, Coachmaker, Nottingham.

**Metcalf and Co.'s New Pattern**

TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perforumery for the toilet.—At METCALFE, RINGLEY, and CO.'s only establishment, 130 and 131, Oxford-street, second and third doors west from Holles-street. Metcalf's Alkaline Tooth Powder, 2s. per box.

**Dr. Scott Alison's Prepared Corium,**

FOR WATER-DRESSINGS, &c.

PATENTED IN FRANCE AND ENGLAND.

"Admiralty, October 17th, 1884.

"By a Report from the Medical Officers of Haslar Hospital, who have made a trial for some time, and with great care, it appears that Dr. Alison's Prepared Lamb-skins are very useful in cases where Water Dressings are applicable.

(Signed)

"WILLIAM BURNETT, Director-General.

"To Mr. Hamilton, 27, North Audley-street."

Prices.—Impermeable, 5s.; Perforated, for Cooling Lotions, 2s. 6d.; Plain, to be used under oiled skin, 2s. 6d. per skin. Oiled and gelatinized skins at a moderate price.

**Hooper's Waterproof Sheeting, for**

protecting Bedding from Sloughing Sores, Incontinence of Urine, Hemorrhage, &c.

Mr. HOOPER has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft, and inodorous; it is not affected by Urine, Heat, nor Cold, Acids, nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with Valves, for sitting, lying, or travelling, in any position.

FOR EPILEPSY.

**COTYLEDON UMBILICUS.**—The introduction of this valuable agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. Salter, &c. Mr. Hooper has instructions to state that Mr. Salter has never used any but that obtained from him. A copy of Mr. Salter's reports in the "Medical Gazette" sent free by post.

**GALUUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, &c.**—Dr. Winn, of Finsbury-square, having published in "The Medical Gazette," October 4th, 1881, an account of the peculiar properties of the Galuam Aparine in Cutaneous Diseases, Lepra, Psoriasis, &c., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the impregnated julee the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

HOOPER, Operative Chemist, Pall Mall East, and Grosvenor-street.

**Memorial of the late Dr. Roupell.—**

It is proposed that a portrait of the much-lamented Dr. ROUPPELL, now in the possession of Mr. Pickersgill, R.A., should be purchased, and placed in the Hall of the Medical College of St. Bartholomew's Hospital, as a testimonial of respect for Dr. Roupell's memory. Dr. Burrows, Mr. Stanley, Dr. Baly, and Mr. Paget, have formed themselves into a Committee for carrying this object into effect, and will receive subscriptions in furtherance of it. The subscription is limited to One Guinea.

St. Bartholomew's Hospital, October, 1884.

**Mr. G. Hind, F.R.C.S., resumed his**

DEMONSTRATIONS on the morning of the 15th of September, at the usual hour.

Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

**Royal Free Hospital, Gray's Inn-**

ROAD.—In consequence of the great number of Applicants for relief at this Hospital, the Weekly Board have resolved to recommend the Election of three additional Medical Officers—namely, a Physician, Surgeon, and an Assistant-Surgeon. The Physician must be a Fellow or Licentiate of the College of Physicians, London; and the Surgeons, Members of the College of Surgeons, London.

Candidates are requested to send Testimonials on or before Monday, 27th Nov. instant. The Election will take place by the Committee, on Wednesday, 6th December next.

Board Room, Nov. 8th, 1884.

**Salford & Pendleton Royal Hospital**

and DISPENSARY, LANCASHIRE.—Wanted, an ASSISTANT-APOTHECARY, who must be a Licentiate of the Society of Apothecaries. He will have to dispense the Medicines, attend to the Patients in the absence of the House-Surgeon, and visit the Home Patients when required. Salary, £80 pounds a year.—Applications and Testimonials to be sent in to the Secretary, on or before the 30th November inst.

W. HENRY HORN, House-Surgeon and Secretary.

**Bucks General Infirmary.—House-**

SURGEON.—A Vacancy having occurred in the office of House-Surgeon, Gentlemen intending to become Candidates for the Appointment are requested to forward their Testimonials of character and qualification to me on or before Monday, the 27th inst. Salary, with board and residence, £55 per annum, with an annual increase of £5, to £70. It is required that Candidates be Members of the Royal College of Surgeons of London, Dublin, or Edinburgh, and Licentiates of the Apothecaries' Company, London. A Gentleman who has been a Dressing-Pupil will be preferred. The Election will take place on the 6th day of December next.

Aylesbury, November 6th, 1884.

HENRY HAYWARD, Secretary.

**Birkenhead Hospital and Dispensary.**

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## LECTURE II.

THE PATHOLOGY AND MODES OF DEATH IN DISEASES  
OF THE SPINAL SYSTEM.

GENTLEMEN,—As I stated at the close of my former lecture, I now proceed to bring before you the Pathology—the *living* Pathology,—the Physiology,—of the Diseases of the Spinal System.

Already I have said that the spinal system is the source and seat of the *Class of Convulsive Diseases*. Amongst these, *Infantile Convulsion*, *Puerperal Convulsion*, but especially *Epilepsy*, take the chief rank.

Epilepsy has received a variety of designations, such as *morbus sacer*, *morbus Hercules*, expressive of its formidable character. It has long been regarded as the *opprobrium medicorum*. Even Esquirol, in his excellent work, "*Les Maladies Mentales*," expresses himself in regard to it in the following terms:—

"Les symptômes de l'épilepsie sont tellement extraordinaires, tellement au-dessus de toute explication physiologique; les causes de cette maladie sont tellement inconnues, que," &c.

I am almost afraid, after making these statements, to say what are my own views of this formidable malady, the result of my own labours. And yet I may not withhold the truth. I will therefore frankly tell you that I regard this *opprobrium medicorum* as removed for ever. I think no disease is better understood, in its physiology or pathology, since the detection and application of THE SPINAL SYSTEM, than — EPILEPSY! It consists, in fact, of Direct, or Reflex Action, and dire Effects!

I am not blind to the many obscure points in the pathology of this and the other formidable diseases of this class. But in what department of medicine is there not much still left for the physician to discover? It is in their comparison with other diseases that I regard the inexplicable epilepsy as no longer inexplicable.

I must commence my explanation by drawing your attention to three most important physiological facts:—

If we puncture or lacerate, or otherwise injure the cerebrum or cerebellum, or the cerebral nerves of special sense, in every possible manner, we observe *no results*, *no phenomena*, no expression of pain, no excited movements.

The cerebral system in all its parts is, in this respect, *inexcitable*.

But if we touch any part of the spinal system, and especially the spinal centre, with the point of a needle, ever so slightly, there are immediately excited muscular movements, spasm, convulsion.

The spinal system is, in all its parts—*excitor*, *excito-motor*. These important facts constitute the foundation of all our knowledge of the diseases of the nervous system, and are the very source of all *diagnosis* in regard to them.

For the same facts, as is proved by clinical observation, hold in regard to the human subject.

By experiment and by observation, then, we are led to these conclusions:

No lesion of the cerebral system, limited to the cerebrum, can be attended by spasm or convulsion.

No structural lesion of the spinal system, short of destruction, can occur *without* exciting spasm or convulsion.

If, in affections of the cerebral system, we observe spasm or convulsion, it is because it is *not* limited, in itself or in its effects, to the cerebral system. Thus, congestion of the centre of the cerebral system may, as in hanging, become extended to that of the spinal system, and then spasm or convulsion supervenes.

Or affections of the spinal centre may consist in gently applied *pressure*, not in lesion of tissue, and then paralysis, and not spasm or convulsion, will be observed. Or it may consist in sudden or violent *shock*, or utter destruction, and then, I need scarcely say, that paralysis, and not spasm or convulsion,

No. 1629.

will occur. All this we have seen demonstrated by experiment; all this you will see hereafter in your observation in the clinical, and especially the surgical, ward.

What a means of *diagnosis*, then, have we obtained by these simple physiological facts! How has physiology become our guide in practice!

I have thus explained to you, gentlemen, how disease of the cerebral centre may, by pressure downwards, affect the spinal centre. But another question arises: How does a disease of the spinal system, as a pure convulsive malady, affect the cerebral?—for such is the frequent event, as we observe in epilepsy.

Observe what occurs in the most *marked* cases of this dire malady. The head becomes fixed, or there is torticollis, by the action of the *muscles of the Neck*,—*trachelismus*; the jugular and other veins of the neck are compressed; the capillary system of the neck, the face, the intra-cranial structures congested; the veins start, the arteries throb; the *cerebral* centre becomes implicated. *All is intelligible! All is explained!*

Affection of the centre of the cerebral system is extended to that of the spinal system—the medulla oblongata—by downward pressure: affections of the spinal system are extended to the cerebrum, by *trachelismus*!

That all this is so, is demonstrable. That it is *always* so, is, perhaps, what I ought not, however disposed to do so, to assert. And, gentlemen, does it not constitute a beautiful specimen of the *physiology of disease*? But such is the whole of our recent views of epilepsy and of the *Class* of convulsive diseases, as observed in the clinical ward, to which I must now recur.

And first, pray observe with me an experiment or two.

I have removed the cerebral centre in this frog. Its spinal system is still most lively and energetic. I take and rub the toe between my thumb and finger; you observe the almost convulsive movements produced: I now touch the upper part of the spinal centre with this needle: the animal is thrown into the most violent convulsions!

Gentlemen, these experiments are *types* of disease; they are the types of epilepsy and other convulsive diseases.

The *first* is the type of *ex-centric* epilepsy;

The *second* is the type of *centric* epilepsy.

For the first was induced by an excitant applied to a part of the spinal system at a distance from its centre; the second to that centre itself.

So it is in epilepsy; so it is in convulsive diseases generally, in the human subject! Do not these simple and illustrative facts interest you? They are of the deepest interest.

Do you not now perceive *how* dentition, and gastric and enteric and uterine irritation, may excite spasm or convulsion, even epilepsy? And do you not now perceive that *ex-centric* epilepsy is no more an *opprobrium medicorum* than infantile or puerperal convulsion; for that it is equally intelligible?

You see again the violent convulsion which I excite by again touching the spinal centre in this frog by this needle.

Such is the dire state of things in centric epilepsy, whether this be of organic origin, or have become organic in its course; whether it be congenital, on one hand, or inveterate on the other.

The cases of epilepsy which occur in private practice are, for the most part, of the former or *ex-centric* kind, and *curable*, however, for many reasons, difficult of cure. The cases which we see in the lunatic asylum, and especially in the workhouse, are generally centric, and—must I not add?—too generally incurable.

Allow me to draw your attention to this *Table*. It has cost me much labour; but it contains in a page, a volume. You will find it in THE LANCET, July 20, 1850, vol. ii. p. 77. Procure it, or copy it, and study it well. For, allow me to say, I know of no such specimen of this most interesting pathology. The *chain* of events in epilepsy and other convulsive diseases, is pursued in it, *link by link*. The *causes* are arranged in this first column, the principles and modes of treatment in this last; the *rationale*, the various stages, forms, and complications in the intermediate ones. It would occupy us too long were I to enter into its details. I have only time for a rapid sketch.

The *ex-centric* causes act on *eisodic* nerves, thence on the spinal centre, and thence along *exodic* nerves, on the various muscles. Of these, few, many, or all may be affected, and the malady may be the very slightest or the very direst. Amongst the rest—I was about to say, chief amongst the rest—are the muscles of the *Neck* and of the *Larynx*.

By the contraction of the muscles of the neck the veins of the neck are compressed, as I have already noticed; and the extra-cranial and intra-cranial tissues and organs become

affected with venous congestion and all its consequences. Nay, I am disposed to say that, in every case in which there is such venous congestion of the neck, face, eyes, brain, it arises from this trachelismus, latent or evident. I do not wish you, however, to adopt this opinion without examination; but rather to subject it to a most careful investigation for yourselves.

By the contraction of the muscles of the larynx in laryngismus, this vital inlet to the respiration, combined, as it usually is, with *breath-struggles*, I believe the direst form of epilepsy, with its direst effects, as coma, mania, dementia, &c., to be produced.

I do not say that these effects may *not* arise in cases in which there is only trachelismus and no laryngismus; but I am convinced that they are *chiefly* the effects of laryngismus; and hence they have subsided in cases in which the laryngismus has been disarmed by tracheotomy, as I shall have to state at length in my next lecture.

And now, gentlemen, you perceive in what sense epilepsy may be regarded as a cerebral disease. Cerebral in its very *origin* it can never be. It may be intra-cranial in its origin, because within the cranium there are many tissues, as the membranes, from which eisdic nerves arise, many eisdic nerves, the fifth especially, pursuing there a part of their course; and the medulla oblongata,—all which may be excited by the presence of an exostosis, a tumour, a variety of diseases. But I repeat that no disease of the cerebral centre, limited to that centre in itself and its effects, does or can produce epilepsy. Yet every day we read in medical writings of affections of the cerebrum inducing epilepsy. Shall I give you an example of this? For once I will relinquish the gravity of my subject, and present you with a specimen of modern pathology, so called:—“*I hold* (!) that the peculiar features of an epileptic seizure are owing to the gradual accumulation of morbid material in the blood until it reaches such an amount that it operates on the *brain* (!) in, as it were, an *explosive* (!) manner. In other words, the influence of this morbid matter, when in sufficient quantity, excites a highly-polarized (!) state of the brain,” &c. &c. &c.

If such feebleness existed alone, I would not add another word. But I am constrained to add that this feebleness is associated in the author whom I have quoted with at least an equal degree of malignity, and in him assuredly the *odium medicum* is not extinct.

Exciting causes: the Spinal system; the Neck; the encephalon; such are the links of this chain of pathology. There remains another to which I must now draw your especial attention: it is—the medulla oblongata, with its *pneumogastric nerve*.

I have already adverted to laryngismus as giving to epilepsy, and convulsions generally, its most formidable character. This form of laryngismus is *spasmodic* or *convulsive*, excited through the spinal system.

But there is another form of laryngismus. After a severe epileptic convulsion, the patient is left in a state of *coma*, or, as it may be termed, of *simple apoplexy*. This condition may prove fatal. The respiration becomes stertorous—that is, there is laryngismus. But this laryngismus is very different from that formerly described: it is less complete, but more persistent; it is, indeed, permanent; some one said, in rather familiar phrase, “The patient snores his life away.” This laryngismus is *not*, like the former, spasmodic, but paralytic. It is owing to compression or congestion—an apoplectic state—of the medulla oblongata, and *paralysis* of the pneumogastric nerve, in which every branch, as well as the recurrent laryngeal, is implicated.

Apoplexy of the medulla oblongata; paralysis of the pneumogastric nerve! Gentlemen, did you ever hear of these expressions before? If, then, I *demonstrate* these things to you, you will not have assembled here and have listened to me in vain.

Legallois—the illustrious Legallois—divided the pneumogastric above the origin of the recurrent. The larynx became partially closed. The breathing was stertorous. In a word, every phenomenon was obscured which I am about to describe to you as occurring in the coma or simple apoplexy observed after a severe epileptic seizure.

And what do we observe? We observe paralytic laryngismus, impeded respiration, augmented apoplexy; we also observe—or, rather, I have observed—a *diffused bronchial rattle*, the effect of *paralysis* of the bronchial and pulmonary branches of the pneumogastric!

Here a most interesting phenomenon presents itself. The cerebrum is not essential to life. How then does apoplexy, simple, cerebral apoplexy, destroy life? It does not do so. Apoplexy only destroys life when, by its congestion by downward

pressure, it implicates the medulla oblongata and its pneumogastric nerve. It is by the apoplexy of this medulla and the paralysis of this nerve, that life is, in effect, destroyed!

Generally the patient dies of paralytic laryngismus, or of laryngeal asphyxia. From this danger he is rescued by early tracheotomy.

But if tracheotomy be performed, but performed too tardily, the patient, however saved from laryngeal asphyxia, dies of bronchial asphyxia!

But I am anticipating the subject of the lecture of to-morrow.

There are other branches of the pneumogastric nerve—the cardiac and the gastric. The heart and the stomach participate in the paralysis of the general pneumogastric.

The observant physician will observe palpitation as a symptom in some cases of epilepsy. This is explained by excitement of the cardiac branches of the pneumogastric.

In other cases, there are hiccup, eructation, acidity of the stomach; the effects of excitement of the gastric branches of this composite nerve.

As in these cases there is morbid action in the heart and stomach, so in deep epileptic coma there is failure of the powers of these organs.

The pneumogastric nerve is not more involved in epilepsy than in other convulsive diseases. All the phenomena just described as observed in the former, are again met with in the latter, only, of course, modified by the exciting causes, and the conditions of age and sex.

In infants there is the same or similar action of the muscles of the neck, and of the larynx and respiration. In puerperal convulsions the symptoms are identically those of epilepsy.

There is a form of epilepsy which I have not yet noticed. It is the *epilepsia syncopalis*. The patient, instead of turning purple, turns pale and ghastly. Sometimes this syncope is fatal!

So it is in the laryngismus stridulus of infants. The little patient not unfrequently dies suddenly—too suddenly to be the effect of asphyxia. The case is cardiac, syncopal.

Both these cases are affections [*shock?*] produced through the medium of the pneumogastric nerve.

But, gentlemen, you remember that I spoke, in my lecture of yesterday, of a lower medulla oblongata, and of a lower analogue of the pneumogastric. These, too, are influenced by the convulsive seizure.

The laryngismus stridulus is frequently excited by enteric irritation. This is also frequently attended by fret of the bladder.

Epilepsy is frequently induced by enteric and uterine irritation, and is sometimes attended by involuntary evacuations of the bladder, rectum, &c.

The urine is frequently morbid in both cases.

There is something in all this *analogous* to the modes of action of the medulla oblongata and the pneumogastric nerve.

It is obvious that both these portions of the nervous system form one. Both are liable to be affected in one and the same convulsive seizure.

Perhaps the lower portion of this system is most clearly isolated in what relates to *Obstetrics*. To excite the cervix uteri is frequently to excite abortion. To excite the cervix uteri during parturition is to excite the uterine efforts. But to excite the cervix uteri during parturition is, also, frequently to excite a puerperal convulsion! These are facts familiar to every experienced practitioner. They are *proofs* that “a meddling midwifery is bad.”

Other facts of the same kind are constantly elicited in practice: to excite the rectum, by the pressure of the fingers backwards, excites uterine action; and it is well known that the excitement of the internal surface of the uterus by the hand, introduced in certain forms of hæmorrhage from inertia, excites the uterus to energetic contraction.

All this is accomplished through the lower medulla and its analogue of the pneumogastric.

I think that a subject very inscrutable hitherto will receive elucidation from these studies—that of sterility, inertia of the uterus, &c. &c.

The influence of the nerves and passions, with their course of action, their seat and their destination, their physiological and their pathological relations, forms also a most interesting subject for inquiry—a subject, however, to which I can only slightly allude on this occasion.

One point I wish to notice, in conclusion. I have, I trust, in unravelling the mystery of epilepsy, removed one of the *opprobria medicorum*. I hope, in my lecture to-morrow, to rescue this malady from the domain of *empiricism*, whether within or without the ranks of our profession.

## OBSERVATIONS

ON THE

GANGLIA AND NERVES OF THE  
UTERUS.

By ROBERT LEE, M.D., F.R.S.,

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(Continued from p. 352.)

On the 5th of June, 1841, Mr. Lawrence, then a member of the Council and Committee of Physiology of the Royal Society, carefully examined all my dissections of the ganglia and nerves of the unimpregnated and gravid uterus. He thought the series of preparations most interesting and important, and recommended me to send a paper, "On the Nervous Ganglia of the Uterus," to the Royal Society. One preparation, Mr. Lawrence said, might have left him in doubt respecting the structures which I had discovered, but the series had produced the most complete conviction on his mind, that they were ganglia and nerves of the uterus, and could be nothing else. The microscope, he observed, is not required to discover them, they are better seen with the naked eye than with any magnifier.

Dr. Roget, then secretary of the Royal Society, after examining my dissections, and comparing them with Professor Tiedemann's plates, urged me in the strongest terms to comply with the request of Mr. Lawrence. I did so, and the paper, "On the Nervous Ganglia of the Uterus," with two engravings, was published in the "Philosophical Transactions."

The following is the description which I gave in this paper of the ganglia and nerves of the uterus, vagina, bladder, and rectum:—

"In a communication to this Society, which was read on the 12th of December, 1839, I described four great plexuses under the peritonæum of the gravid uterus, which had an extensive connexion with the hypogastric and spermatic nerves. From their form, colour, and general distribution, and their resemblance to ganglionic plexuses of nerves, and from their branches actually coalescing with those of the hypogastric and spermatic nerves, I was induced to believe, on first discovering them, that they were nervous ganglionic plexuses, and constituted the special nervous system of the uterus.

"Subsequent dissections of the unimpregnated uterus, and of the gravid uterus in the third, fourth, sixth, seventh, and ninth months of pregnancy, have enabled me not only to confirm the accuracy of my former observations, but to discover the important fact, that there are many large ganglia on the uterine nerves, and on those of the vagina and bladder, which enlarge with the coats, bloodvessels, nerves, and absorbents of the uterus during pregnancy, and which return after parturition to their original condition before conception takes place.

"The uterus and its appendages are wholly supplied with nerves from the great sympathetic and sacral nerves. At the bifurcation of the aorta, the right and left cords of the great sympathetic nerve unite upon the anterior part of the aorta, and form the aortic plexus. This plexus divides into the right and left hypogastric nerves, which soon subdivide into a number of branches to form the right and left hypogastric plexuses. Each of these plexuses, having the trunk of the hypogastric nerve continued through its centre, after giving off branches to the ureter, peritonæum, rectum, and trunks of the uterine bloodvessels, descends to the side of the cervix, and there terminates in a great ganglion, which, from its situation and relations, may be called the hypogastric ganglion, or utero-cervical ganglion.

"This ganglion is situated by the side of the neck of the uterus, behind the ureter, where it is passing to the bladder. In the unimpregnated state, it is usually of an irregular, triangular, or oblong shape, with several lobes or processes projecting from it, where the nerves enter, or are given off from it. In the long diameter, it usually measures from half an inch to three quarters of an inch, varying in dimensions with the size of the nerves with which it is connected. The hypogastric ganglion always consists of cineritious and white matter like other ganglia, and grey and white nerves issue from it, which proceed to the rectum, bladder, uterus, and vagina. It is covered with the trunks of the vaginal and vesical arteries and veins, and the ganglion has an artery of considerable size, which enters it near the centre, and divides into branches, which accompany the nerves given off from its inner surface, and from its anterior and inferior borders. The

hypogastric nerve, after separating into a plexus, enters its upper edge, and branches from the third and other sacral nerves, its posterior border, and the whole of its outer surface. None of the branches of the sacral nerves pass over the ganglion to the bladder, though some of them enter its anterior edge where the vesical nerves are given off.

"From the inner and posterior surface of each hypogastric ganglion, numerous large nerves are given off, which go backward to anastomose with the hæmorrhoidal nerves, which accompany the arteries to the rectum, and pass with them between the muscular fasciculi of the organ. An extensive connexion is thus established between the two hypogastric ganglia and the nerves of the rectum, and many large, broad nerves pass off from the posterior and inferior part of these ganglia, to ramify on the sides of the vagina, and between the vagina and rectum.

"From the inferior border of each hypogastric ganglion several fasciculi of small nerves are sent off, which pass down on the sides of the vagina, and enter several large flat ganglia about midway between the os uteri and ostium vaginae. From these vaginal ganglia, innumerable filaments of nerves, on which small ganglia are formed, extend downwards to the sphincter, where they are lost in a white dense membranous expansion, from which they cannot be separated without laceration. From this great web of ganglia and nerves on the sides of the vagina, by which it is completely covered, numerous branches are sent to the sides of the bladder, which enter it around the ureter. All these nerves of the vagina are accompanied with arteries, and they often form complete rings of nerve around the trunks of the great veins.

"From the anterior margin of each hypogastric ganglion, large white and grey nerves are sent off, some of which pass on the outside, and others on the inside of the ureter, and these branches meet in front of the ureter in a ganglion, which may be termed the *middle* vesical ganglion. There are other two ganglia formed on these nerves one between the uterus and ureter, and the other between the ureter and vagina. These may be called the internal and external vesical ganglia. The ureter is thus enclosed within a great ring of nerve, which resembles the oesophageal ganglion in some of the invertebrata. The trunks of the uterine artery and vein are likewise encircled by a great collar of nervous matter, between which and the hypogastric ganglion several large and some small branches pass.

"The internal vesical ganglion, which usually has a flattened or long bulbous shape, is formed entirely upon the nerves which pass from the hypogastric plexus and ganglion, and run between the uterus and the ureter. It has an artery which passes through its centre. It first gives off a large branch to the ring of nerve or ganglion which surrounds the uterine bloodvessels; it then sends branches to the anterior part of the cervix uteri, and afterwards a great number of small filaments to the muscular coat of the bladder behind, where it is in contact with the uterus. The internal vesical ganglion then sends forward a large branch which terminates in the middle vesical ganglion.

"This ganglion sends off a great number of large nerves to the bladder. Some of these accompany the arteries, and can be seen ramifying with them upon the whole of the superior part of the organ, even to the fundus. Filaments of these nerves, scarcely visible to the naked eye, are seen ramifying upon the bundles of muscular fibres, occasionally forming loops, and enclosing them, or passing down between them to the strata of fibres below. Some of the smaller branches of the middle vesical ganglion do not accompany the arteries, but are distributed at once to the parts of the bladder around the ureter.

"The external vesical ganglion is formed entirely upon the nerves which proceed from the hypogastric ganglion, and pass on the outside of the ureter. This is a small thin ganglion, the branches of which are sent immediately into the muscular coat of the bladder. It usually sends down a long branch to anastomose with the nerves and ganglia situated on the side of the vagina.

"From the inner surface of each hypogastric ganglion, numerous small, white, soft nerves pass to the uterus, some of which ramify upon the muscular coat about the cervix, and others spread out under the peritonæum, to coalesce with the great ganglia and plexuses situated on the posterior and anterior surfaces of the organ. Large branches also go off from the inner surface of the hypogastric ganglion to the nerves surrounding the bloodvessels of the uterus, which they accompany in all their ramifications throughout its muscular coat. Other branches of nerves pass down from the ganglion between the vagina and bladder. Soon after conception, the bloodvessels of the nervous ganglia and plexuses now described enlarge, and the ganglia and plexuses themselves expand with

the uterus. The long diameter of the hypogastric ganglion at the end of the ninth month measures about an inch and a half.

"I have published a full description, with illustrations, of the great ganglionic nerves surrounding and accompanying the bloodvessels, and of the ganglia and plexuses, situated on the body of the uterus.\* The appearances presented in the fourth month of pregnancy by the hypogastric ganglia, and the ganglia and nerves of the rectum, bladder, vagina, and uterus, and also the great plexuses of nerves situated on the anterior surface of the uterus, are seen in the plates which accompany this paper."

On the 16th of June, 1842, at the request of Mr. Lawrence, I presented another communication to the Royal Society, entitled "Appendix to a Paper on the Nervous Ganglia of the Uterus, with a farther Account of the Nervous Structures of that Organ," which was likewise published, with an engraving, in the "Philosophical Transactions." Mr. Lawrence was the referee on both these papers, and on his recommendation to the council they were published in the "Transactions" of the Royal Society.

The following is the descriptive part of this paper. Fig. 5, (which will appear in our next number,) represents the appearances described:—

"I continued the investigation of this subject during the whole of 1840 and 1841, and discovered the great nervous ganglia at the neck of the uterus, a description of which is contained in the last volume of the "Philosophical Transactions." But these ganglia, which exceed in size the semilunar ganglia of the great sympathetic, constitute only a small portion of the nervous system of the human uterus. I propose now briefly to describe other nervous structures, of far greater size, as displayed in the dissection of a gravid uterus at the end of the ninth month of pregnancy.

"In this preparation the great sympathetic nerve sends numerous branches from both its cords to the trunk of the inferior mesenteric artery, which forms a great plexus around it. These nerves accompany all the ramifications of the artery, but the greater number proceed with the hæmorrhoidal artery to the rectum. The two cords of the great sympathetic, after giving off these branches to the inferior mesenteric artery, pass down before the aorta, nearly two inches below its bifurcation, where they are united by several fine nervous filaments. But the cords continue distinct, and soon separating, each passes down behind the hypogastric bloodvessels to the side of the neck of the uterus, and there terminates in the corresponding hypogastric or utero-cervical ganglion. The left cord of the great sympathetic, or, as it is usually called, the hypogastric nerve, enlarges greatly as it approaches the hypogastric ganglion. This ganglion is nearly two inches in breadth, and covers a great part of the cervix uteri. It appears to consist of six or seven smaller ganglia, which are united together by nervous cords. Each of these ganglia is a thick, solid, nervous mass, of an orange-white colour, inclined to brown. Arteries which have been injected pass through these smaller ganglia, and accompany the various nervous filaments which proceed from them. Into the whole outer surface of the left hypogastric ganglion, numerous branches from the third sacral nerve enter; and behind there is a great connexion formed between the ganglion and the branches of the left hæmorrhoidal nerve. The vaginal nerves arise from the inferior margin of the ganglion, and the vesical form its anterior border. Some of these nerves pass on the outside of the ureter to enter the middle vesical ganglion, and others pass on the inner surface of the ureter to the anterior part of the neck of the uterus.

"From the superior and anterior parts of the left hypogastric ganglion, a plexus of nerves, accompanied by an injected tortuous artery, proceeds upward along the whole body of the uterus, near the left side, to the trunk of the left spermatic vein, and there terminates in a dense, reddish-brown coloured mass, consisting of fibres firmly interlaced together, and which has all the characters of a true nervous ganglion. From its vicinity to the principal spermatic artery and vein, which it partly surrounds, and the ligament of the ovary, it may be called the *left spermatic ganglion*. Between this ganglion and the left hypogastric ganglion an artery extends, which is closely embraced by a plexus of nerves, and a direct nervous communication is thus established between these remote ganglia. The nerves adhered so firmly to the artery through its whole course, that before they were separated they presented the appearance of two white lines on its sides, with filaments crossing over the vessel. From these nerves, extending between the left hypogastric and spermatic ganglion, branches with arteries are given off in their whole course to the *sub-peritoneal ganglia and plexuses* on the posterior surface

of the uterus, and also branches to the plexuses on the anterior surface. On approaching the spermatic ganglion, these nerves with their artery pass under or between the branches of the *left sub-peritoneal plexuses*, and frequently communicate with them by fine nervous filaments. The artery can be readily traced through the substance of the spermatic ganglion, but the nerves which accompany it from the hypogastric ganglion immediately disappear on entering the mass. Numerous large branches of nerves from the left sub-peritoneal plexus likewise terminate in the left spermatic ganglion, but some of them pass under it, and proceed to the round ligament; and others are continued upwards, gradually diminishing in size as they approach the renal plexus along the spermatic bloodvessels. From the upper border of this ganglion, large flat nerves proceed to ramify on the fundus uteri, and pass with the vessels into the muscular coat. The trunk of the spermatic vein and artery is almost completely surrounded with this ganglion, as the trunks of the uterine and vaginal arteries and veins are enclosed within rings of nerve connected with the hypogastric ganglion.

"In this dissection there are nervous structures displayed on the anterior and posterior surfaces of the uterus of still greater magnitude. These, from their situation, may be called the *sub-peritoneal ganglia and plexuses* of the uterus.

"Over the middle of the lower part of the body of the uterus behind, immediately beneath the peritoneum, is situated the posterior sub-peritoneal ganglion, which is considerably larger than the left hypogastric ganglion. It presents the appearance of a layer of dense structure, composed of fibres strongly interlaced together, having a yellowish-brown colour. It adheres firmly to the peritoneum, but between its lower surface and the muscular coat of the uterus there is interposed a thick, soft layer of cellular substance, through which filaments of nerves and branches of considerable size pass to the muscular coat of the uterus. The middle part of the ganglion is more than two lines in thickness, but it becomes everywhere thinner towards the circumference, and particularly at the inferior border, where it sends off many nerves to the back part of the vagina. From its left lower and lateral part, it sends off two layers of broad nerves, one of which adheres to the peritoneum, and the other closely invests the muscular coat and bloodvessels of the uterus. Between these layers there is placed a very thick mass of soft cellular membrane, through which innumerable branches of nerves pass between these layers, the hypogastric ganglion, and the plexus of nerves with the injected artery extending between the hypogastric and spermatic ganglion. Many of the superficial nerves pass down under the peritoneum, and terminate in the upper border of the left hypogastric ganglion, and upon these superficial nerves there is formed another ganglion of considerable size, between which and the hypogastric nerve numerous branches of soft nerves extend. This ganglion, formed on the nerves under the peritoneum, near the edge of the uterus, is thick and solid, and consists of a yellowish-brown substance, with white nervous filaments interlaced, and arteries of considerable size passing through it. From its lower border large nerves extend to the upper edge of the hypogastric ganglion, and innumerable soft nerves enter the whole inner surface of the hypogastric ganglion, which take their origin from the lower part of the great sub-peritoneal ganglion. The upper part of this ganglion becomes firmly adherent both to the peritoneum and muscular coat of the uterus, which it covers as high as the fundus. Large, broad nervous plexuses, superficial and deep, extend from the upper portion of the sub-peritoneal ganglion across the body of the uterus to the spermatic ganglion, and bloodvessels, and the round ligament, around which they form a sheath of nerves.

"In an elaborate drawing by Mr. Joseph Perry, all the ganglia and plexuses on the left side of the uterus now described, have been represented with the greatest fidelity."

"As the arteries and veins on the right side of the uterus are only partially injected, the nerves extending between the hypogastric and spermatic ganglia have not been so minutely traced. But that there is a similar nervous chain connecting these great ganglia of the fundus and cervix, and the sub-peritoneal ganglia and plexuses, does not admit of doubt, and has been clearly demonstrated by other dissections at an earlier period of pregnancy.

"Over the middle of the anterior and lower part of the body of the uterus there is situated a nervous and muscular mass, of great extent, and similar in structure to the sub-peritoneal ganglia described on the posterior surface. It adheres to the peritoneum firmly, but on being divided longitudinally, it is also observed to be separated from the muscular coat of the uterus by a soft stratum of cellular membrane. From the

\* The Anatomy of the Nerves of the Uterus. London, 1844. Fol.

lower part of this *anterior sub-peritoneal ganglion*, nerves are bent down to the cervix uteri and vagina, and numerous branches pass off on both sides to the hypogastric ganglia. Superficial and deep plexuses of nerves are likewise sent off from its superior lateral borders, which proceed across the uterus, sending branches into the muscular coat, and uniting with all the ganglionic plexuses on the posterior surface. The appearances presented by the *anterior sub-peritoneal ganglia* and plexuses in the fourth month of pregnancy, have been displayed in the second engraving which illustrated the paper 'On the Nervous Ganglia of the Uterus.' At that period, the ganglion seemed nothing but a thin nervous and vascular membrane, imbedded in soft cellular substance, through which the delicate nervous filaments, accompanied with arteries, proceeded to the superior angles of the uterus. On comparing this dissection with that now described, it is impossible to avoid being struck with the enormous development of these nervous structures during the four latter months of pregnancy, or to resist the conclusion that these are formed for the purpose of supplying the uterus with that nervous power which it requires during labour.

"These dissections prove that the human uterus possesses a great system of nerves, which enlarges with the coats, blood-vessels, and absorbents during pregnancy, and which returns after parturition to its condition before conception takes place. It is chiefly by the influence of these nerves that the uterus performs the varied functions of menstruation, conception, and parturition, and it is solely by their means that the whole fabric of the nervous system sympathizes with the different morbid affections of the uterus. If these nerves of the uterus could not be demonstrated, its physiology and pathology would be completely inexplicable.

(To be continued.)

## ON AUSTRALIAN OPHTHALMIA.

By GARRETT BUTLER, Esq., M.R.C.S.L.

I DESIRE to lay before the notice of the junior members of the profession who intend practising in our Australian colonies the following observations on the above disease. While residing in the colony of Victoria, I had frequent opportunities of observing the affection, as well as the treatment usually adopted for its cure. The disease differs materially from anything to be met with in practice in this country, and practitioners generally follow the treatment usually recommended for acute conjunctivitis occurring at home. Australian ophthalmia is, in my opinion, essentially a disease resulting from debility. Amongst the young and delicate, the toil-worn, and those least injured to the climate, the affection appears in its worst and most painful character.

The immediate cause of the disease is relaxation and debility of the vessels of the conjunctiva. The remote causes will be found in the sand carried from the interior by the furious hot winds, in a disordered state of the primæ viæ, excessive fatigue, and bad living. The symptoms at first closely resemble those of ordinary conjunctivitis, with the exception of the inflammatory fever which usually accompanies the latter disease. The patient at first complains of "weakness in the eye;" there is intolerance of light, and great vascularity of the conjunctiva, with a gritty, sandy sensation in the eye. After a few hours, sometimes a day or two, the discharge so characteristic of the disease makes its appearance. At first it is a thin, muco-purulent secretion, becoming rapidly thicker, and ultimately of surprising hardness. In some cases I have removed pieces from the eye of almost cartilaginous consistency. Its formation is wonderfully rapid and profuse, and is the cause, by its pressure acting like a foreign body in the eye, of all the sufferings the patient undergoes. There is also considerable supra-orbital pain, especially at night, when all the symptoms are aggravated. The patient passes sleepless nights, and the general health usually suffers in consequence. In the treatment, the state of the bowels must not be overlooked; their functions I have found best restored by a mild mercurial purge. The topical treatment which I have found most beneficial is diametrically opposite to that of conjunctivitis. Instead of the local abstraction of blood, (sometimes constitutional,) low diet, purgatives, &c., which some adopt in the colony as means of cure, I always begin by using a solution of from four to six grains of nitrate of silver to the ounce. This checks the discharge at once, and with it all the symptoms rapidly subside. After the application of the collyrium, it is advisable to cover the eyes with a light, cold bread poultice, and to smear the eyelids at bed-time with cerat cetacei. The

patient should be confined to a cool, shady (not dark) room, and be allowed a nutritious diet. Under this treatment the most aggravated cases will often be cured in two or three days. Occasionally some debility and relaxation of the vessels will continue for a time, when it will be necessary to use the sulphate of zinc with vinum opii.

Australian ophthalmia is seldom followed by bad results. In neglected or badly-treated cases, I have seen opacities of the cornea, nebulae, and pterygium follow. I never knew it to occasion ulcers or sloughing of the cornea, and the deeper textures of the eye are, I believe, never engaged.

I trust that the above remarks from one who has devoted much time and pains to the study and treatment of the disease will be of some use to our medical brethren who intend to practise in the Australian colonies, and through them be the means of alleviating the sufferings of our friends and countrymen in the far-off land.

London, October, 1854.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### CASES OF EXTERNAL INCISION FOR STRICTURE OF THE URETHRA.

KING'S COLLEGE HOSPITAL ..... MR. FERGUSSON.  
ST. MARY'S ..... MR. HENRY LEE.  
" ..... MR. COULSON.

In what state are the therapeutics of stricture at the present day? Have the able men who have devoted their energies to elucidate the pathology of the disease, and endeavoured to find remedial means, succeeded in placing the treatment upon a firm and satisfactory basis? Have patients now a better chance than a century ago, to be relieved from the inconvenience, suffering, and perils of aggravated stricture? Have the rewards which have been bestowed upon successful competitors by learned bodies or benevolent individuals, both in this country and abroad, led to commensurate improvements in the branch of surgery under consideration?

It would be doing injustice to the present generation of surgeons to answer these questions in the negative; and when the observer looks round in our vast nosocomial establishments, he may convince himself that successful applications are being made of the methods which have, in modern times, been devised. Nor is it improbable, on the other hand, that much good is done in private practice, where cases seldom assume the aggravated characters which are frequently seen in the wards of our hospitals.

It is especially against the severe forms that the greatest therapeutical ingenuity has been displayed, and it would appear that surgeons are agreed that the only means of overcoming permanent and unyielding obstacles to the flow of urine, or to the introduction of instruments, is to destroy the substance forming the impediment. But here we find opinions diverging in various directions, from this central point of consentaneous action. Some destroy, by means of different caustics; others use the cutting instrument, and divide the coarctation either within the canal, or through the skin of the perineum. Is there to be but one rule, or do all the methods deserve application, in appropriate cases? Can we safely exclude any of these means of destruction? Or do any of them present risks of a more serious nature than the complaint itself?

These questions are not easily answered, for the supporters of the different methods bring both cases and good arguments in support of their views. But some approach might be made to the solution of the problem by coming to an understanding



as to the nature of the cases which *really* and *truly* do require the extreme measures which we have just named; for if a rule could be laid down as to the circumstances which render the destruction of the offending substance necessary, it would only remain for the surgeon to choose the operation which, with a fair prospect of success, offers the least amount of danger. This rule, however, does not exist; for you hear, on one side, that the knife should be rigidly withheld when the smallest instrument can pass; and, on the other, that in certain cases gradual dilatation is perfectly useless, as the tissues are so retractile that the advantage gained is very soon lost again.

Now, it must be granted that there are inequalities of the urethral canal of an extremely resilient nature, the fibrous element, of which these rugosities are composed, having assumed some of the elasticity of the yellow fibrous tissue. But pressure has nevertheless the power of making the prominences recede, not simply by mechanical compression, but also by causing a certain amount of absorption. If instruments could be borne in the urethra for a long time, there would hardly be any stricture which could resist the treatment by pressure; but we must not leave catheters for a protracted period in the canal, for, by this measure, we make the patient run serious risks. In the place of prolonged pressure, advantages might perhaps be expected from considerable and somewhat sudden dilatation, by means of catheters of gradually higher numbers, gliding upon a guiding staff, as is done with Mr. Wakley's instruments; or by a separation of branches, as practised with Mr. Holt's catheter.

Nor should the practitioner lose sight of the good results which may sometimes be obtained by using bougies of fractional ascending sizes. These are hardly ever seen in this country, but are very common in France, where there are thirty-six numbers between our 1 and 12. But with some surgeons dilatation is an insufficient measure; and where there is a tendency to relapse, where the stricture seems to return again and again, they see no other means, though an instrument can still be passed, than to lay the urethra open from the perineum, and allow the canal to re-form upon an instrument left in it for a more or less prolonged period.

In the face of a number of successful cases which have been published, it would hardly be possible to deny the occasional good results of this practice; still, we must be allowed to state that we have known of three or four cases where death has followed the operation; and as dilatation, though less promptly efficacious, cannot endanger life, we may perhaps be excused for still pausing between the bougie and the knife.

But we will suppose, for a moment, that the urine is discharged *guttatim*, and that no instrument whatever can be passed. What is to be done in such a case when there is no actual retention at hand? Cut from without, and run the risk of not finding the urethra? or cut from within with one of the numerous kinds of instruments so well described in Mr. Thompson's late prize essay "On Stricture," or else use the nitrate of silver or the potassa fusa?

The latter method is open to objections on theoretical grounds, as well observed in a clinical lecture by Mr. Henry Lee, to which we shall have to draw attention; for, burning, as we all know, is mostly followed by retraction of the parts, on cicatrization taking place: thus, we have before us, in using caustics, the dread of making matters worse.

Cutting through the perineum without a guide is very hazardous, (though we shall see by Mr. Lee's operation, described below, that the difficulty may be overcome,) and no resource is therefore left but to divide from within. If we continue to suppose that no instrument can be passed, we have to make a choice amongst the cutting catheters which have been proposed, from Mr. Stafford's, down to the one, for which M. Reybard, a French surgeon, has lately obtained the Argenteuil prize of £480. Every one knows Stafford's instrument, we may perhaps subjoin a description of Reybard's, which has not as yet been popularized in this country. We should premise, however, that in the case we have supposed, M. Reybard would first *scarify* to obtain a route for his urethrotome.

In order to appreciate the value of the therapeutical means advocated by M. Reybard, it is indispensable to look at the author's notions as to the *cause* of some kinds of strictures. He considers, with most writers, that *gonorrhœa* is the most common cause of stricture, and thinks that the narrowing of the canal is due to an *abnormal* or *transformed* tissue, and not to the simple thickening or induration of the parietes of the urethra. This abnormal tissue presents properties analogous to the texture of cicatrices, and may, in very chronic cases, assume fibrous and fibro-cartilaginous characters. This tissue, according to the author, occupies, almost exclusively, the internal or connected aspect of the mucous membrane of the

urethra; the membrane is *not* thereby thickened, and may even be rendered thinner. The stricture is thus, not formed by the projection of the tissue of new formation into the *cavity* of the canal, but by the retraction and shortening suffered by a circular portion of the parietes on the affected point.

The author therefore regards coarctations as presenting an *invariable* structure; and thinks that the different kinds of narrowing are merely varieties of the same affection. It follows, from this theory, that it is impossible to restore to the tissues forming the stricture the normal and primary properties of the urethral parietes, as these tissues, being new and abnormal, have never been possessed of such properties. Hence strictures, always according to M. Reybard, are cured by the different means which *tend* to re-establish the integrity of the membrane.

By clinical studies and experiments, the author has found this new tissue endowed with two principal peculiarities: viz., *retractility* and *elasticity*. Thus, by retractility, the tissue always tends, though slowly, to an incessant shrinking; hence strictures return, as bad as ever, after dilatation; which latter is rendered possible by the elasticity of the tissue. Upon these data M. Reybard has founded his therapeutics; and he tried, in his earlier attempts, what he calls *scarification*, or what might more properly be styled *coarctotomy*. This consisted, as published by the author in 1833, in numerous incisions, combined with dilatation.

This method proved, however, ineffectual, and, after fifteen years' pathological investigations, he gave the preference to *urethrotomy*. Scarification is now employed by the author only as a palliative measure, but without dilatation, and with *fibrous* and *non-dilatable* strictures of old or feeble subjects, with whom urethrotomy might be dangerous.

This latter operation consists in making, from the cavity of the urethra, an incision, which includes, besides the narrowed portion, the *whole thickness* of the parietes of that canal. The bleeding surfaces which result from this incision must be kept apart from each other, so that they may cicatrize independently. The new surface which then forms becoming combined with the remains of the circumference of the urethral parietes, widens the diameter of the canal, or at least produces, in the point operated upon, a new canal, the calibre of which remains *permanent*.

The idea of this method occurred to the author by examining the mode of cicatrization of the experimentally-made longitudinal wounds of the urethra of animals. He found that when these wounds are prevented from uniting, the result is a smooth, thin, non-retractile cicatrix, which, by becoming *added* to the parietes of the urethra, *increases* their extent.

Before performing urethrotomy, it is important to prepare the patient, and dilate the stricture, so that the latter may allow the urethrotome to pass. When the dilatation is too slow, or too painful, it should be preceded by *scarification*, as we stated above.

The urethrotome consists of a sheath, split along its whole extent; and this sheath contains a blade, which the operator exposes with ease by a simple and ingenious mechanism under the control of a central rod. The urethra is thus divided from *behind forwards*.

Whatever be the shape of the stricture, the incision should always be made laterally, because the parietes have in that region less thickness, and since the bulbous arteries, situated inferiorly, are thus avoided. The incision should penetrate the whole thickness of the membrane, to the depth of about two lines, and extend about two inches in length. The longer the incision, the easier it will be to keep the margins of the wound apart.

M. Reybard, after the incision, introduces a two-branched dilator into the urethra, or one filled with mercury, to keep the lips of the wound apart; but, as the instrument might cause irritation, it is not *left* in the urethra, and should only remain for a few minutes every day, this operation being repeated daily for about twenty-five or thirty days, the lapse of time necessary for the cicatrization of the wound.

A cicatrix is thus formed, not only along the margins of the wound, but on the fundus of the latter; that is to say, on the intervals resulting from the separation of the edges. As to hemorrhage, (there is always a flow of blood for four or five days after the operation, which becomes afterwards serous and sero-purulent;) that is to say, an alarming loss of blood, it has been noted ten times in thirty-two cases (rather a large proportion.) But in nine cases, the hemorrhage ceased spontaneously, and in one by means of compression.

The symptomatic fever is not in general high; infiltration of urine has not happened; but one death (the patient was epileptic) has been noted out of thirty-two cases. Right

persons operated upon by M. Reybard were seen several years after the urethrotomy, and had remained well.

M. Robert, from whose able report we have extracted the preceding particulars, considers that this operation has *solved the problem of the radical cure of stricture*; and he states, in praise of the method, that men like Mr. Syme, Mr. Coulson, and others, have obtained the same results by a somewhat different mode of proceeding.

Thus, if we mistake not, there exists some analogy between Reybard's and Syme's operations; both divide the parietes of the urethra, and dilate the wound subsequently, the Edinburgh professor superradding, however, the division of several layers of soft parts. At all events, it does not appear that either M. Reybard or Mr. Syme consider that their respective operations should be limited to any portion of the urethra, and they would probably have recourse to it even were the narrowing situated at a short distance from the glans.

We are strongly reminded of this circumstance, a few days ago, while following Mr. Stanley in his wards at St. Bartholomew's Hospital. One of his patients, a young man about twenty-six years of age, has been troubled with stricture for several years, and now passes his urine in drops. Several attempts have been made since his admission a few weeks ago, to pass an instrument, but to no purpose; the obstruction is situated about three inches from the meatus, and is to all appearance insurmountable. We would just state, *en passant*, that this patient had gonorrhœa for seven months, about three years ago, and that he used no injections whatever. Thus it is apparent from this case, as from many others, that it is the inflammation of the canal, as stated by Ricord, and not the infections, which cause stricture.

What is to be done in such a case? What would Mr. Syme or M. Reybard do? they both require a patent urethra; how do they manage when no instrument can be passed? As to Mr. Syme, we are all aware that he does not admit such a thing as an impassable stricture; but actual facts will convince many surgeons, to their great regret, that coarctations will present themselves which resist all attempts at the passing of an instrument.

We admit, however, that, with the assistance of the two auxiliary measures to which we are going to allude, no stricture is impassable. The first of these auxiliaries consists of *time, opiates, antiphlogistic means, and gentle pressure with the end of the instrument* against the obstacle. The second is *violence*—viz., forcing the catheter through the soft parts offering resistance in the urethral canal.

As to the first of these helps, we are strongly reminded of a case, some time ago under the care of Mr. Lloyd, at St. Bartholomew's Hospital. The patient called at the hospital with almost complete retention, at the hour of Mr. Lloyd's visit. The latter had the man laid on a wooden table in the surgeon's consulting-room, and tried to pass a catheter of moderate size. The instrument was arrested about the membranous portion of the urethra; and, by the courtesy of Mr. Lloyd, we were able to convince ourselves of the powerful resistance offered to the instrument, which resistance was certainly more than what is called spasmodic. For full half an hour were the gentle efforts continued, whilst the patient's attention was frequently diverted. We confess that the time seemed to creep very slowly; but at last, without opium, bleeding, the warm bath, or any other means but gentle pressure against the strictured portion of the urethra, the instrument passed into the bladder, to the great satisfaction of all present.

As to the second way of rendering the stricture patent, we beg to quote a few words which we heard Mr. Fergusson speak in the theatre of King's College Hospital, now several years ago.

"The question about impermeable stricture is an idle one; for there is certainly no impassable stricture for the surgeon who is determined to force through it. It is unfortunate that eminent teachers should claim more dexterity than they really possess; for by their full acquaintance with the anatomy of the part they, in some degree, by a sleight of hand, appear to pass the instrument easily into the bladder, whilst they are really forcing their way through a canal the relative anatomy of which is very familiar to them. He (Mr. Fergusson) had long had the idea that the seeming dexterity was nothing but actual violence. In the present instance [a case of external perineal incision of the urethra] he had thought it right to force the passage, and introduce the director, and he might, if so disposed, have told the pupils that he had succeeded in his endeavours by dint of perseverance and dexterity."

"So much for violence. Now, to return to M. Reybard: it would appear that in a case like Mr. Stanley's he would begin, as we stated above, by scarifying, and thus pave the way to the

use of his urethrotome. This is exactly what Mr. Stanley intends to do; but he fully expects that Stafford's instrument and subsequent dilatation, without any further use of the knife, will conquer the difficulties in the way of normal micturition.

Now, out of this case of Mr. Stanley's, the question arises, whether the wound would lay the foundation of a fistulous opening, if the stricture were divided through the integuments of the penis. This fear would certainly be legitimate, but we cannot speak of our own experience on the subject, and are not even sure whether Mr. Syme divides strictures by the external incision so near the glans, and what may have been the result of this practice, always supposing it has been had recourse to. We must say that we have some apprehension about the matter, founded on a case we saw some years ago at St. Mary's Hospital.

The patient was under the care of Mr. Haynes Walton, and was suffering from two or three tumours along the course of the urethra, as a consequence of gonorrhœa. It is probable that inflammation had taken place in the sub-mucous tissue of the canal, which inflammation had been followed by abscess, well circumscribed by fibrinous effusion. Some matter had been discharged, but the tumours had persisted for years, and were allowing of a slight escape of urine. Mr. Walton excised these tumours, with which a certain amount of urethral tissue was of course involved; but complete cicatrization did not take place, and the patient was discharged with fistulous openings.

Might not the same course of events be repeated, in a case like Mr. Stanley's, if an external incision were tried? We do not mean to answer the question positively, as the analogy is not quite complete.

This leads us, however, to consider whether it is satisfactorily ascertained that wounds made in the perineum, for the external incision of the urethra, do *always*, or at least *generally*, heal up without leaving a fistulous opening. Data are rather wanting on this head, but we may refer our readers to a former "Mirror," (THE LANCET, vol. i. 1853, p. 58,) where they will find a case in which the patient came under the care of Mr. Gay, at the Royal Free Hospital, after having some time previously submitted to external perineal incision for stricture. The state of the man is thus described in the number of this journal just alluded to:—

"Henry A—, aged fifty years, a bulky man, with a pale, pasty face, and anxious countenance, was admitted, May 10th, 1852, under the care of Mr. Gay, with a fistula in perineo, the result of abscess and stricture. The fistula was of long standing, connected with an operation previously performed, and whenever the patient evacuated the bladder, a considerable quantity of urine passed through the abnormal opening. Mr. Gay succeeded in closing the fistula by the twisted suture, and the patient was eventually discharged with a small aperture in the perineum, through which no urine was, however, passing." We added the following remarks on concluding the relation of this case:—

"This patient will probably be seen again in some of our charitable institutions, as his proneness to vesical derangement seems very strongly marked. As we stated above, the case cannot be looked upon as finished, and it must be owned, with reference to perineal section upon a staff passed into the bladder, that the man was decidedly an unfavourable subject for the operation."

Three cases, in which the external incision for stricture has been performed in hospitals, have lately come under our cognizance, and as this operation is by no means frequently performed, we shall lay the facts before our readers.

(To be continued.)

## Medical Societies.

### ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 14TH, 1854.

JAMES COPLAND, M.D., F.R.S., PRESIDENT.

THE first meeting for the session was held this evening. There was a very full attendance of members and visitors. The following gentlemen were elected fellows of the Society:—Archibald Billing, M.D.; Peter Hincks Bird, Esq.; Frederick Collins, M.D.; Booth Eddison, Esq.; Alfred Haviland, Esq.; Edward Smith, M.D.; Benjamin Travers, jun., Esq.

A case was afterwards read by Mr. CRITCHETT, of congenital

cataract successfully treated by operation; and a case by Mr. HENRY THOMPSON, of hernia, complicated by the presence of a non-descended testicle in the canal. A discussion followed on each of these cases. A report will appear in the next LANCET.

## HARVEIAN SOCIETY.

MR. COULSON, PRESIDENT.

THURSDAY, NOVEMBER 2ND, 1854.

THE first meeting of the session was held this evening; there was a very full audience. As is usual on the opening night, the PRESIDENT delivered an inaugural address. He said:—

"Gentlemen,—The laws of our Society prescribe to the President the duty of addressing you, at the commencement of every session, on the objects of the Society, and the best methods of accomplishing them. The institution of this custom, like that of the Society itself, is founded upon a keen insight into the nature and wants of the medical profession. It is very possible that, after the labours consequent upon practice were terminated for the day, we might be tempted to take advantage of our meetings in the evening as a means of relaxation and friendly intercourse, and forget the great objects which have brought us together. I think, therefore, that the object of the law which renders it incumbent upon your President, to the best of his ability, to address you at the commencement of each session, on the proper objects of the Society, is a good one. But I have said that the institution of the Society (and, I might have added, of all societies of this kind) is founded on a similar insight into the nature and wants of our profession. If we stand in need of the agency of such societies to give us strength as men, we are no less in need of them as members of the medical profession. Not only our own individual weakness imposes upon us the necessity of meeting together in friendly union, but the very peculiarities of the profession to which we have devoted ourselves render it equally imperative. No other profession depends so much upon the assistance which it may receive from the operation of societies as ours, and it will be worth while to inquire into the reason of this. We do not hear of active lawyers feeling it incumbent upon them to hold meetings for the purpose of enlarging their acquaintance with the principles and practice of law, or of extending its operation. And the same holds with respect to other professions. The difference seems to me to be this: in no other profession is the connexion between science and art so necessary to be kept in mind as in our own; practice so absorbs the faculties of the medical man that he is ever in danger of drifting away from scientific principles. We find, therefore, that in all countries where medical men have endeavoured to elevate medicine into a science, medical societies have been more numerous and far more flourishing than any other institutions of a similar nature. This may be accounted for in the following manner: The leading men in our profession, in proportion as they become more skillful, incur the danger of losing sight of general laws. Our skill mainly depends upon the opportunities offered to us of practice. *Ceteris paribus*, he will be the best practical physician or surgeon who is most constantly occupied. But in this very occupation there is danger. While we are so constantly engaged upon particulars, we lose sight of the necessity of generalization. We keep so close to the beaten path that we have no idea, too often, of the map of the country. This is the danger that is ever presenting itself to the medical man, a danger, be it remembered, that increases with time. The more phenomena we see, the less, very frequently, are we able to soar to the conception of general laws. The time that we expend in the collection of materials is so great, that we have not any left for philosophizing upon them. The larger our practice, the more, by that very fact, are we deprived of the leisure which is required in order that we should make a proper use of it. We are so much of workmen that we have some difficulties to struggle against when we wish to become philosophers. This is a difficulty, however, which is inherent in the very nature of our profession, and it is one which may be met most appropriately by the institution of societies. We meet here to throw all our experience into one common stock, and to endeavour to trace the hidden laws which underlie the phenomena which our experience has brought before us. While we are at work in the day we observe only; when we bring the results of our observations here in the evening, we are enabled to philosophize. We begin to war from the region of fact to that of principles; and unless we do this we shall

make but small advances in the very science which we profess. But to do this properly we must associate ourselves with others; for no man's experience, however great, can supply him with the whole of what is necessary for a complete induction. The great philosopher who gives his name to our Society observes, in his dedication to his immortal work, "True philosophers, who are only eager for truth and knowledge, never regard themselves as already so thoroughly informed, but that they welcome further information, from whomsoever, and from whencever, it may come; nor are they so narrow-minded as to imagine any of the arts or sciences transmitted to us by the ancients in such a state of forwardness or completeness that nothing is left for the industry and ingenuity of others; very many, on the contrary, maintain that all we know is infinitely less than all that still remains to be known. Nevertheless, philosophers do not pin their faith to other persons' precepts, in such wise that they lose their liberty and cease to give credence to the conclusions of their proper senses."

Harvey, we see, recognised the value of the intercommunication of thought between classes of scientific men, and he gave a proof of his recognition of the value of societies by his magnificent donation to the College of Physicians. He saw clearly enough that the collision of thought produced sparks, from which the lamp of science might be lighted; and our experience must teach us the same lesson. Not only are most men's experience deficient in extent, but suspicious in quality; not only can no single man collect all the facts, but the mirror in which they are seen is coloured and distorted. A fact is not the same thing to one observer as it is to another. The powers of perception vary in different individuals; two persons look at the same fact, perhaps from different points of view, and consequently receive two different impressions. Induction is difficult, then, in medical science, not only on account of the impossibility of the observer collecting a sufficient number of phenomena, but on account of the idiosyncrasies of the observer himself. We always have been, and always shall be, under the influence of the idols or spectres which Bacon has delineated in such a masterly manner. The spectres of the tribe (*idola tribus*) still exercise their baneful influence in distorting our judgment, by causes which arise from the very defects of the human mind: the spectres of the den (*idola speciei*) still operate, by causing us to measure the laws of the universe by our individual standards: the spectres of the market-place (*idola fori*) still disturb our judgment, by the misconceptions which arise from our intercourse with each other: the spectres of the theatre (*idola theatri*) still trouble, by raising philosophical dogmas into general laws, by making us consider the world of imagination as the only true world. A Society like the present is the most efficient check upon the dangers to which we are exposed from this source. We can never flatter ourselves that the bye-path we have chosen is the high road, when we see so many persons travelling towards the goal in so many different directions.

You will agree with me, then, that a Society like this is not only useful to ourselves, but of benefit to the science of which we are students. We assist each other, and, in so far as we do this, we become benefactors to the world. In reference to what I have just said relative to the necessity, not only of a large experience, but of a multiplied experience—not only of a multitude of facts, but of a multitude of observers, to establish the principles of medical science, it may be instructive to consider the state of medical opinion with respect to the pestilence which has been lately raging amongst us, and even now is lingering here, "loath to depart." Many distinguished and laborious members of our profession have devoted a large portion of their time and energies to the investigation of the cause, essential nature, and treatment of cholera. Each of these has had a large number of cases brought before him; each has brought to the consideration of these cases the resources of a mind well stored with the knowledge of medical science in its present state; each has conscientiously exercised the whole powers of his mind upon the consideration of the phenomena before him. Nevertheless, it is but too well known to all of you, how divergent are the theories which attempt to account for cholera—how various are the modes of treatment adopted. This arises, not only from the want of a sufficiently extended experience—not only from the peculiar colouring with which each man, by nature or education, unconsciously covers the objects of his observation—but also from the want of that instinctive prescience which exists in the mind of every great discoverer. It is not merely phenomena that are required, it is a deep certainty that these phenomena are all sprouts from the same tree, and a craving to get at the knowledge of the nature of the tree. Kepler, with all his facts before him, was tormented by the presence, felt, but not seen, of a law which

would explain all these facts, and rested not until he tore away the thread of facts which enveloped the principle, and published to the world his "three laws." Newton, with all Kepler's knowledge imprinted on his mind, with a larger experience, derived from his own observation, was not content until he dived deep down into the ocean of facts, and brought up the great law of gravitation. These examples, and those of our great medical discoveries, must be ever present to our minds, inciting us to look upon experience, however necessary, as the mere guiding-posts to a true philosophy. All these separate observations on cholera may have their use. A philosophical observer will gain something, not only from the truth that is contained in the deductions from them, but from their errors. Let us, however, when we speak of the pestilence, remember, that although medicine has not done much to discover or to remove the cause, it has been of incalculable use in moderating the effects. No one who is acquainted with the results of hospital or private practice in this direction, will deny that increased experience has brought with it the knowledge of various methods of alleviating pain, and of arresting symptoms which formerly were the precursors of death. There can be no doubt, also, that the sanitary measures which have been adopted, and which the profession have recommended for years past, have in many instances prevented the outbreak, or diminished the violence, of the disease. It is to the medical profession mainly that the adoption of sanitary measures by the Government and local authorities is due. The labours of many of you in this direction have been of incalculable use to the public, and you may congratulate yourselves that you have laboured in the right way, even if you have not finished your work. If we ever arrive at the ultimate cause of cholera, each observer who has contributed one fact necessary to the induction may be consoled that he has been useful in the great achievement, although he may bear away but a fractional portion of the glory. I trust that the position of our place of meeting will be found in future to be even of greater advantage to the progress of our Society than it has hitherto been; I mean, in consequence of the neighbourhood of St. Mary's Hospital, and the recent establishment of its school. A large hospital furnishes incalculable opportunities for the due prosecution of our studies, and at St. Mary's the medical staff—if I may allude to a body of which I am myself a member—is composed of men some of whom have an European reputation. There is every probability that the active labours of that staff in the field of operation opened to them will not be without its influence on our meetings. It is, however, gentlemen, mainly dependent upon yourselves to elevate the character of the Harveian Society. Unless we individually work for the good of the institution, all the advantages which centuries of study and research have placed within our reach, will be practically of no benefit to this institution. If each person will make it a matter of duty to bring before the notice of the Society, at its periodical meetings, the results of his observations on the cases before him, and the facts which presented themselves to him, we shall assuredly prosper, and the Society will vindicate to itself the propriety of dignifying itself with the great name of the discoverer of the circulation. It will be a disgrace to us who have associated ourselves with the name of Harvey, if we flag in pursuing our course along the road which led him to immortal honour. In proportion as our resources are greater than those in the possession of the physicians and surgeons of the time of Harvey, our responsibility is increased. Any one who reads his graphic and philosophical account of the manner in which he proceeded to the discovery of the circulation, and the methods he adopted in carrying on his researches into the nature of generation, will be struck with the fact, that had Harvey possessed those common appliances which are now in the possession of most medical men, he would have been saved hours and days of anxious labour. What would Harvey have done had he had the microscope, such as it is with the modern improvements, to assist him in his operations? What might we not have expected from this most acute of observers, had the tremendous world, to which the microscope alone could introduce him, been laid open before him? If he did so much with imperfect tools, what would he have effected with tools of a power of which imagination itself would scarcely have dared to dream the extent? Harvey did the work of a giant with the armour of a dwarf; let us guard ourselves against the imputation of having armour fitted to the limbs of giants, but being no more able than dwarfs to make use of it. With the vast increase of power which modern discoveries have placed in our hands, our responsibility increases. If we have such vast facilities for doing good compared with those which were the property of our ancestors, we shall basely neglect our duty if we do not

know how to use them. I have already alluded to the microscope as having laid open nature in her inmost recesses. It is our business to strive that the knowledge thus given to us shall not have been given in vain. Chloroform is another of those new elements of strength which have added to our power. Making some necessary deductions from the indiscriminate praise which was at first lavished upon its properties as an anæsthetic agent, still there are few of us who have not had experience of its wonderful effects in sparing our patient the action of pain, and smoothing away many difficulties which we ourselves might experience in the course of our operations. There are a few cases where its application might be injudicious, but these form but a small proportion of those in which its agency is of the greatest possible benefit. It is of the utmost importance that the operation of chloroform should be carefully watched, and the members of the Harveian Society should make a point of communicating here the results of investigations on this subject. If I were to go over the long list of the increased forces which medical men possess now compared to those which were in the possession of their predecessors, I should be merely repeating what has been said before, and should be wearisome without being instructive. It may be advisable, however, to glance at one or two of the advances which have been made during the last year. It cannot be said that many startling changes have taken place; and the proper way of estimating our progress would be to take account of that gradual increase in the powers of the united profession which increased knowledge, closer co-operation, and a deeper sense of our responsibilities, have produced. We may have made no very brilliant discoveries, but if we compare the tone of the profession with that which existed thirty years ago, I think it must be admitted that there has been a great advance, and there is a gradual annual progress in this. It must, I think, be confessed that, as a profession, we become annually more earnest in our endeavours to seek for scientific solutions of the problems we have to solve. We are less bigoted and exclusive. We are more willing to share the results of our experience with others. We are less disposed to lock up our knowledge in secret corners, and let no one have access to it. In addition to this, I firmly believe that we are more filled with a solemn feeling of the great duties we owe to Him who gave us our powers, and to His creatures for whose use they were granted. If a profession like ours, numbering its members by thousands, makes a slow but sure progress of this nature, we may be certain that its capabilities for good are wonderfully increased. It will act with augmented force upon the world, and the results will be sensible in a large diminution of suffering and disease. Although, however, we may have to look to the growth of strength in the whole profession, more than to the development of any particular department of its operations, for the proof of our improvements, there have been still several instances of discovery which show that agencies are at work similar to those which produced the grand results in the history of medicine and surgery. There are a few other improvements which may be worth mentioning as having their value in increasing the general stock of professional knowledge. I may allude to the production of local anæsthesia. This we must acknowledge is a point of first-rate importance. To produce insensibility to pain without depriving the patient of consciousness would be the very triumph of medical science. It would be premature to pronounce upon the merits of the invention at present, but we know that, amongst other instances, local anæsthesia has been produced in cases of cancer of the uterus, by an ingenious instrument for projecting chloroform or ether upon the part, and favouring rapid evaporation. I may also mention that, during the last year, the cure of small aneurisms, nevi, and erectile tumours, by means of the concentrated solution of the perchloride of iron, has been repeatedly effected. The same solution is now much used as a styptic to bleeding surfaces, and generally succeeds in arresting hæmorrhage in a very short time. M. Chassaignac, of Paris, has made known to the surgical world a case which shows that, after all, spina bifida is not an incurable malformation, for he succeeded in obtaining the closure of the sac and the recovery of the child, by injections of iodine. I may add that M. Bonnet, of Lyons, continues to use the same injections into the cavity of chronic abscesses, and even into the peritoneal cavity, with a certain amount of success. I need not, however, occupy your time with accounts of scientific discoveries, with which you must be as well acquainted as myself. I allude to them simply to show that we are not standing still. It is enough for us to see, in the intervals between the pulsations of scientific discovery, that science still lives and is active. This gives us the certain hope that science will still animate our profession; that we may look forward to

discoveries as great as those which have made the glory of the illustrious heroes of invention. It is for us singly, gentlemen, if we cannot obtain the high distinction of connecting our names with any grand incident in medical discovery, to work diligently to prepare the road, and the materials for those who can. We can all dig materials out of the quarry, if we cannot construct the edifice ourselves. It behoves all of us, then, to work diligently in our individual paths, and to throw whatever observations we make into a common stock for the benefit of the profession and mankind. The Harveian Society is intended to help you in this latter purpose. Each member who wishes to see the Society prosper should not neglect to keep records of the cases under his charge. The principal symptoms should be noted, the effects of peculiar treatment should be described, and the salient points, both in the manifestations of the disease and the result of treatment, laid before the Society as matters of consideration. If this were to be done conscientiously and religiously by all of us, such a body of facts would be brought forward by different observers as would materially assist the practice of the art, and ultimately, it may be hoped, lead to the establishment of general principles. "There is no way," says Harvey, in a letter to Vlackveld, "more calculated to advance the proper practice of medicine, than to give our minds to the discovery of the usual law of nature by the careful investigation of the rarer forms of disease." This is precisely the object we propose to ourselves in the Harveian Society. The careful investigations of the rarer forms of disease is much more possible when entrusted to a hundred investigators than to one or two. The very error that may have led one clever man astray, and set him wandering far from the road which leads to truth, without any possibility of his ever reaching the goal, may have been detected immediately by another observer. We save labour at the same time that we are able to produce more general results. These are the considerations which I would urge upon the members of the Society. While we work together we cannot fail to work usefully. If we shut ourselves up from all sympathy and co-operation, our selfishness will meet with its due reward.

On the motion of Dr. RAMSBOTHAM, seconded by Dr. JOHN GRAY, a vote of thanks was proposed to the President, and carried by acclamation.

Mr. COULSON briefly acknowledged the compliment, and the meeting adjourned until Thursday, the 16th inst.

## EPIDEMIOLOGICAL SOCIETY.

DR. BAERINGTON, PRESIDENT.

MONDAY, NOVEMBER 6TH, 1854.

DR. BAERINGTON commenced his address by congratulating those members of the Society who were present upon their once more meeting together, notwithstanding the danger to which they had all been more or less exposed, both as medical men and as members of the community, during the prevalence of the late fatal epidemic. At the same time he had to express his great grief at the loss which the Society had sustained by the death of the late Dr. Roupell, who had been carried off by cholera since their last meeting. The President then alluded to the fact that now, instead of as formerly having to hold their general meetings in the rooms belonging to the Medico-Chirurgical Society, and their council meetings at the private residences of individual members, they had been enabled to provide the room in which they then were for their general meetings, and a smaller adjoining room for their council meetings. A repository had also been provided for the books belonging to the Society, a measure which would be productive of great benefit, by promoting the circulation of works relating to Epidemic Disease. Remarking upon the necessity of the careful and accurate collection of all the important facts having relation to epidemic cholera, the President observed that we had no difficulty in tracing as definite a line of effects produced as in the plainest example of poisoning, but that it was the nature of the cause producing these symptoms at which we wish to arrive. A great step would be made in this inquiry could we define any circumstances or sets of circumstances under which cholera could not exist. It had been found in many instances that, on persons being removed from certain localities, cholera was stayed, whilst certain localities appeared to predispose large numbers to be attacked at the same time. Many of these cases had been observed, but there had been no such collection of them as would allow of any important deductions being drawn as to the causes of such variations. But little appeared to have been done by way of testing the power of various prophylactic measures. In

large institutions there would be no great difficulty, during the prevalence of an epidemic, of trying many different means of prevention at the same time, in various divisions of such buildings; and by experiments of this kind it was possible that we might be able to effect much good. Not even with regard to house-to-house visitation and the advantages of the early treatment of diarrhoea to checking cholera, had there been a sufficient amount of evidence collected to warrant a final and definite conclusion upon the point. The President also directed attention to the interesting point of the influence of the causes of cholera upon persons who were not attacked by the disease itself, an influence which was shown to exist, to some extent at least, by the greater susceptibility of most persons at these times to the effects of purgatives, &c. Then with regard to treatment, there was no lack of suggestions, but, excepting in particular instances, there was much difficulty in carrying out particular lines of treatment in such a way as fairly to test their advantages. The President, after alluding to the papers which had been read, and to the labours of the special committee, strongly urged the necessity of the Society publishing the papers read before it, and suggested that it might be easily managed, by each member subscribing for one or more copies of the proposed volume, at the same time expressing his willingness to put his own name down for ten copies. Having made some observations upon the constitution of the late and of the present Board of Health, the President sat down amidst loud cheering.

The SECRETARY having read his report,

Dr. RICHARDSON made some observations in relation to some remarks which had fallen from the President with regard to the practice pursued in olden times, of lighting large bonfires in infected districts. From the researches into the historical part of the subject, which he had made in conjunction with Dr. Moffat, he had ascertained that this measure had in different cases appeared to have produced very opposite results, which he thought might be owing to the causes of the epidemic being within or without the place where the fires were used, as their only action could be in producing a draught of air from surrounding parts to those in which they were lit.

Dr. J. BIRD moved a vote of thanks to the President for the great interest and zeal he had displayed in promoting the objects of the Society. He referred to the testimony of the late Dr. M'Kenzie, with regard to the necessity of checking the premonitory diarrhoea, as well as to the influence of a close confined atmosphere in promoting the spread of the disease.

Mr. ROGERS, seconding the vote of thanks to the President, bore testimony to the efficacy of the house-to-house visitation in the district of the parish of St. Anne's placed under his care.

The vote of thanks having been put, and carried—

Dr. SNOW read some statistics, which tended to prove that Mr. Rogers was mistaken in attributing the sudden decrease of cholera in the parish of St. Anne's to the steps taken by the authorities to ensure the prompt treatment of premonitory symptoms, the decline of the epidemic having commenced before those measures were adopted.

Mr. HUNT read a paper by Mr. Bennett, Medical Officer to St. Giles's parish, showing the influence which the sanitary measures adopted in that parish had had upon the progress of cholera since the first outbreak of the disease in London. Mr. Bennett considered that diarrhoea had no necessary connexion with cholera, excepting as a predisposing cause. That the outbreak of the disease might, or might not, be preceded by certain symptoms; which, however, were only to be looked upon as manifestations of the action of a peculiar poison previously introduced into the system. He thought the non-contagiousness of the disease to be proved by the fact, that although every case of cholera which applied was admitted into St. Giles's workhouse, none of the previous inmates caught the disease.

Dr. HEADLAM GREENHOW thought that house-to-house visitation had never been fairly tried, having generally been adopted too late; but in places in which he had seen it tried, it appeared to him to have produced great effect in causing a decline of the disease. To prove the efficacy of early treatment, he mentioned the case of two workhouses, situated in the heart of an infected district, in one of which no case of cholera, and in the other only two, had occurred, owing to the strict measures which had been adopted for the treatment of premonitory symptoms. In one of them, St. Mary's, Newington, Mr. Lownes, the medical officer, had adopted the system of posting persons at the doors of the water-closets, who reported the names of all who visited them more than once during the half day. By this means, they had discovered 260 cases of diarrhoea,



in which no application had been made for medicine, in spite of notices posted all over the house.

Dr. HECTOR GAVIN also bore witness to the efficacy of house-to-house visitation, and considered that there was as much necessity for treating cases early in this disease as in any other. He related some statistics of the disease, which had fallen under his observation whilst holding his appointment at the General Post-office; and dwelt upon the necessity of ascertaining the relation of other diseases, such as influenza, &c., to cholera.

Dr. BARLOW dissented from the assertions which had been so freely made, to the effect that cholera might, in every case, be prevented by checking pre-existing diarrhoea, remarking upon the fact that, in a large proportion of cases, the attack came on quite suddenly, and that in nearly one-half the attack took place between the hours of four and seven A.M., the persons attacked having, in a majority of instances, partaken of a hearty supper. In regard to the question of contagion, he related the case of a citizen who left town for a healthy locality in the country, and was speedily attacked by cholera. The person who nursed him was attacked likewise; and being removed to another house, two members of the family into which she was received were in the same manner seized by the disease, which then seemed to stop.

The PRESIDENT having returned thanks for the vote which had been passed, the meeting adjourned.

## WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

DR. BARCLAY, Vice-President, in the Chair.

FRIDAY, NOVEMBER 3RD, 1854.

DR. CAHILL read a paper on

### SOME CASES OF TYPHOID FEVER.

The author first narrated three cases of this form of fever, in each of which the early diagnosis was obscured by the prominence assumed by one set of symptoms: in one, the patient seemed suffering under an attack of phthisis, which view was confirmed by his previous history and the chest symptoms; in another, the brain was the organ most disturbed; whilst in the third, the abdominal tenderness, diarrhoea, and tympanitis, caused the case to assume the appearance of enteric inflammation. The subsequent course of the disease, however, and the appearance of the rose-coloured spots peculiar to this form of continued fever, soon established the true nature of the disease. He then alluded to the confusion that existed in the nomenclature of the disease, arising from the different views which were entertained by the profession as to its exact nature and its relation to typhus, some considering it as symptomatic of abdominal lesion, whilst others viewed it as a specific disease, and distinct from typhus or maculated fever. With respect to the treatment, the author stated that all our efforts should be based upon the endeavour to uphold nature while she was working out the cure, due care being had to the modifications, normal and abnormal, that may arise during the course of the disease. The principal remedies insisted upon were, in addition to the usual adjuvants of ventilation and cleanliness, nourishment, when it could be digested, and stimulants, when they could be borne. All medicines, especially stimulants, should be cautiously administered, and much good is often derived from the administration of opium. With respect to mercury, he stated that it should never be given to cure the fever, (which is impossible,) but to alter and amend the secretions; but if administered for its specific action, it would be found to be injurious in more ways than one,—first, by producing bilious diarrhoea, and thereby exhaustion; and, later in the disease, by causing the absorption of the lymph thrown out by the serous membrane where perforation threatened, thus taking away the means nature had prepared for the prevention of greater evils. In alluding to the comparative efficacy of remedies in typhus and typhoid fever, he stated that wine was better borne, and indeed required, in the latter form, as was opium; this latter drug often inducing fatal coma in the insomnia of typhus. Tartar-emetic and opium, introduced into practice by Dr. Graves, is found to be very useful in many cases of continued fever, especially in those forms of the disease where the symptoms resemble those of delirium tremens, and occur in constitutions which have been injured by inebriety. The distinctive characters of typhus and typhoid fever were then sketched. In the typhoid variety the duration of the disease is twenty-eight days, as a rule; the diarrhoea and

abdominal symptoms are always present, and occur generally about the tenth or twelfth day; the pulmonary system is seldom affected; rose-coloured spots are observed all over the abdomen, distinct and well marked; the bladder and rectum are seldom beyond the control of the patient; the disease does not terminate by crisis; ulceration of the bowel is an ordinary accident; epistaxis is borne without fatal sinking. In typhus, on the contrary, the duration is generally twenty-one days; diarrhoea rarely occurs; there is much prostration; the pulmonary system is generally affected to a great degree; the eruption is characterized by macule; the bladder and rectum act involuntarily; it is generally terminated by crisis, that by perspiration being generally fatal; loss of blood by epistaxis is generally followed by rapid sinking; ulceration of the bowel is a rare accident. Before concluding, he alluded to the epidemic of relapsing fever in Ireland in 1823-26, which Dr. Graves regarded as a mild form of yellow fever, from the prevalence of hepatic symptoms. In 1834-35 a similar type occurred, and in both the peculiarity of the disease consisted in the unusual length of the fever, it running on uninterruptedly for thirty or thirty-three days, and then remitting and again recurring. In these cases the remission must be considered as a part of the disease, and viewing it in this way the treatment by quinine was found very successful. It was very contagious and very fatal.

Some variety of opinion was expressed by some members of the Society as to the distinctive characters of typhoid fever, and its claim to be considered as a disease *sui generis*.

Dr. MURPHY, in connexion with some remarks, alluded to the occurrence of continued fever in connexion with fetid vapours. He narrated a case bearing on the point, in which two persons, exposed to unhealthy vapours rising from putrefaction, suffered from a severe attack of continued fever, no possible source of contagion existing at the time in the locality.

This view of the origin of some cases of fever was agreed to by the CHAIRMAN, who, however, differed from the author of the paper, in considering that no exact duration could be given to either typhus or typhoid, and that consequently no correct diagnosis between them could be gained in this respect.

On November 17th, Dr. PETTIGREW was announced to read a paper "On Tumours, their Nature and Treatment."

## Reviews and Notices of Books.

*Transactions of the Pathological Society of London. Vol. V. Including the Report of the Proceedings for the Session 1853-54. pp. 371.*

(Continued from page 391.)

### THIRTY specimens of

#### *Disease, &c., of the Organs of Digestion*

are described. Mr. J. SALTER is the author of three interesting contributions, profusely illustrated, in reference to the teeth: one showing erratic vascular canals in the teeth; another, vascular tumours connected with the dental periosteum; and a third, specimens of epulis. Dr. HANDELD JONES has supplied the following eight articles:—Four communications, with illustrations, on disease of the stomach and its mucous membrane; a case of abnormal development of the solitary glands, in a patient, aged eleven, who died suddenly with obscure symptoms; and a series of five cases, illustrative of local jaundice of the liver, or of abnormal pigment-production in that organ, in connexion with jaundice, from which he draws the following inferences: "First. That interference with the out-flow of bile into the intestine causes dilatation chiefly of the gall-bladder and larger ducts, and not at all of the smaller. Second. That this arrest of the bile-flow tends to produce local or general jaundice of the liver itself, but does not do so necessarily, at least for some time. Third. That local jaundice of the liver—that occurring in spots and general jaundice, such as occurs in acute yellow atrophy affecting the whole organ—may be produced without any such obstruction. Fourth. That very considerable accumulation of yellow pigment in the hepatic cells may be chiefly, if not entirely, dependent on vascular congestion, long protracted, the exuding hæmatis

undergoing changes in the liver similar to those which are seen when it exudes in other parts. Fifth. That from the comparatively small number of the coloured spots, and their often wide separation in cases of local hepatic jaundice, there seems reason to conclude that derangement of the action of the ultimate ducts is materially concerned in their production." The author also described a case of diseased intestine in typhoid fever, in which there were many ulcers in the lower portion of the small and in the large intestines, in the solitary and agminated glands; and he raised the question, whether in that disease the deposit is restricted to the solitary glands, or is not often an ordinary deposit of exudation matter in the mucous membrane, just as a variolous pustule forms in the substance of the skin?

Mr. E. PYE SMITH exhibited a specimen of *medullary cancer* in a tumour at the pylorus of a robust, fat man, aged sixty-three, very anemic, and with feeble digestion, which was unaccompanied by pain or tenderness, vomiting or purging; also a *biliary calculus*, four inches and a half by two inches and a quarter, of the shape and size of the gall-bladder, which had passed by ulceration into the intestine, and had produced inflammation and fatal obstruction in the jejunum. He also presented, for Mr. Ewen, two cases, one of *medullary cancer and ulceration of the stomach*, and another of *simple chronic ulceration of the stomach*, with two large perforations, four inches and a half by one inch, in the lower curvature, closed up by adhesions to the liver and spleen.

Dr. QUAIN was the medium of communication of two cases: one for Dr. Bucknill, of *fatal perforation of the stomach* in an insane man, aged twenty-two, from the presence of a large quantity of cocoa-nut fibre in the stomach; and another for Dr. Armitage, of *lobulated liver* in a child, nearly four years old. The latter patient had not had jaundice, but was afflicted with disease of the kidney, accompanied by anasarca and erysipelas, and died from peritonitis.

Mr. HOLT presented a rare instance of *pendulous fatty tumour* or tumours attached to the epiglottis, and hanging loosely in the pharynx and oesophagus, which interfered with the closure of the glottis. It had existed for many years, and had occasionally been protruded from the mouth by laughing or vomiting, producing impending suffocation. It was returned, and the patient, by swallowing slowly, could take his food for a long period with comparative ease and comfort. He died suddenly. The size of the tumour is not stated, but from the drawing we may infer that the mass was nearly five inches in length.

Dr. HARE has described a case of *cancer of the omentum* in a plasterer, aged sixty-six years; Mr. Pollock, one of *cellular and granular deposit in the liver, kidney, and peritonæum, in a case of typhus*; Dr. Septimus Gibbon, one of *cirrhotic liver* in a house-painter, aged twenty-two, with great ascites, and without jaundice; Mr. Simon and Mr. R. R. Robinson, cases of *biliary calculi*, discharged in both cases through an opening at or near the umbilicus. Mr. Simon had seen other similar cases at St. Thomas's Hospital, and described the steps of the discharge to be—first, the passage of the calculi from the gall-bladder by ulceration; secondly, their inclusion in an ulcer-like cyst; thirdly, the cohesion of this with the parietes; and, fourthly, the perforation of these investments. Dr. Ogle also described a case of *biliary calculus*, having a mass of calculi in an abscess of the liver, which opened by ulceration into the duodenum and common bile-duct; the patient dying suddenly from dropsy of the pericardium.

Dr. HABERSHON communicated a case of *Asiatic cholera*, in which there was great enlargement of the aggregate and solitary glands of the intestine; and Mr. Shaw, one of *rupture of the ilium* from a contusion of a reducible hernia by a blow over the truss, in which it was perceived that a knuckle of the intestine had descended; and Mr. N. Ward, a similar case from a kick in a direct inguinal hernia of long standing.

Mr. Gay described an interesting case of *extreme constipation*, one in which nothing had passed from the bowel during a space of three months. The boy continued in good health, but the bowels became greatly distended and resisting, and a rupture was evident through the linea alba. All purgative remedies had failed to produce any effect, and it was only by the application of a bandage to support the palsied descending colon, and the employment of warm water enemata for half an hour at a time that faecal matter, much resembling cinders, was dislodged. Lastly, Mr. T. J. Ashton exhibited an *imperforate rectum and anus* without a recognisable depression to indicate the position of the outlet.

(To be continued.)

*Das Klima von Italien und seine Heilwirkungen, bei Lungen-schwindsucht*, von Dr. T. H. BURGESS. Aus dem Englischen übersetzt und unter Berücksichtigung der für Lungen-schwindsüchtige geeigneten Aufenthaltsorte in Deutschland mit Zusätzen versehen, von Dr. R. HAGEN. Leipzig, 1854.

We have much pleasure in noticing this volume, which is a German translation, with notes, of Dr. Burgess's excellent monograph "On the Climate of Italy." The best test of the value of a work, or of its utility, is the fact of its being translated into foreign languages. We are therefore gratified to find that our own favourable opinion, expressed when the work first appeared, is corroborated in so flattering a manner in Germany.

*Principles of Comparative Physiology.* By W. B. CARPENTER, M.D. Fourth edition, 8vo, pp. 770.

It is unnecessary, in noticing the fourth edition of Dr. Carpenter's standard work, to do more than state that it comprises all that is known on the subject of Comparative Physiology up to the present time.

*Maclise's Surgical Anatomy.* Parts V. and VI. Churchill.

THIS splendid work maintains its claims to the high reputation which it has achieved. The fifth and sixth Parts contain the whole subject of aneurism of the carotid and upper extremity, the surgical dissection of the parts of the facial median line, and the surgical anatomy of the abdomen, showing the relative condition of organs in a state of health and disease.

## THE BOARD OF HEALTH AND THE HERTFORD NEW SEWER.

To the Editor of THE LANCET.

SIR,—Having read, in a late number of THE LANCET, a statement to the effect that a new sewer at Hertford is to be drained into the New River, not having a taste for such beverage, and entertaining some fear of its probable consequences upon the health of persons using the New River supply, I took the liberty of drawing the attention of the President of the Board of Health to the statement.

My note has received the prompt attention of Sir B. Hall, and I have received a letter from T. Taylor, Esq., secretary to the Board of Health, enclosing a copy of a letter from the New River Office, with information that the statement in question "is entirely without foundation."

By giving publicity to this information, you may relieve the fears of many persons on this side of London.

I remain, Sir, your obedient servant,

Upper Holloway, November, 1854.

W. B. KESTEVEN.

**EASTERN DISPENSARY, BATH.**—The whole of the offices in the medical staff of this Institution having become vacant, first, by the resignation of Dr. Blackmore, Dr. Trull, Mr. Bush, Mr. Stockwell, and Mr. Tayler, and subsequently by the resignation of Dr. Tunstall, a special general meeting of the governors and subscribers was held on the 13th of November. The five gentlemen first mentioned having expressed their willingness to resume their former positions, were, by a large majority, re-elected, and Dr. J. Maule Sutton was elected in place of Dr. Tunstall.

## THE LANCET.

LONDON: SATURDAY, NOVEMBER 18, 1854.

OUR armies and fleets abroad, and ourselves at home, have to contend against the same enemy. Cholera and fever pursue our forces by land and sea in distant countries: the same scourges invade and desolate our homes. The bulletins and despatches which record the fortunes of our soldiers and sailors in their contest against the Russians, are well nigh silent as regards their struggles against the pestilence. At home we keep an accurate account of our losses: a weekly bulletin, detailing the ravages committed by our internal foes, is issued by the Registrar-General; these weekly lists are regularly posted up, and at the end of every quarter we are presented with the results. Abroad, every man killed and wounded by the sword or the projectiles of the Russians is mentioned by name in the reports of the Commander of the Forces: but those who fall beneath the not less formidable arm of pestilence perish undistinguished: their names may indeed be learned by revising the muster-rolls of the regiments or ships to which they belonged, but they are not deemed worthy of being inscribed on the same death-rolls which announce to the world the names of those whose memory is to be honoured and whose loss is to be deplored. And yet why should they not be? Is his death who is stricken down in the camp with pestilence so much less glorious or less to be regretted than his who falls before the cannon of the enemy as to be undeserving of notice? If it be not a debt due to the fame of those who thus perish, that the manner of their death should be recorded, is it not at least reasonable to hope, from an accurate register and publication of the causes of death, similar advantages to those which flow from the published registers of the causes of death at home?

In the public inquiry into the organization of the medical department, and the means relied upon to maintain the health of our forces,—which must necessarily, for the honour of the medical staff, the exculpation of the authorities of the War-Office and of Lord RAGLAN, and the satisfaction of the public mind, take place,—a fundamental point will be the causes of mortality. We shall expect to be informed of the numbers of men who have died from the ordinary casualties of battle, and of those who have died from sickness. It will be all-important to know what forms of sickness have proved fatal, and in what proportions. It is a matter of more than scientific curiosity to determine the balance between the deaths from wounds and those from disease. It deeply concerns not only our soldiers and sailors, but every Englishman, to learn whether our Generals have duly estimated and provided against both the allied enemies, Russia and the Pestilence; whether their skill and their resources have not been too exclusively directed against the first, with indifference or supineness neglecting the latter. We leave it to others to question or to prove that all the resources of science, of skill, and of daring, have been employed to the uttermost in bringing our artillery to bear upon the Russians. There has been enough of noble courage to achieve the conquest of the world; whatever opinion may be formed of the generalship displayed. But we may be permitted to call for evidence to show that the resources of Medicine and of Hygiene have been exhausted in order to preserve our own men from the havoc

of pestilence. The burthen of proving both these points rests entirely upon the authorities of the War-Office and the Commanders of the Forces. It is in their case, in their power, and therefore under their responsibility, both the purely military duty of effectually wielding the forces under their command to the discomfiture of the opposing armies, and the subsidiary duty of protecting the lives of our countrymen with which success in the field is so intimately linked. It has been made abundantly manifest, by the events and calamities of the campaign, that there is no such thing in our war-system as an independent, responsible medical department. There are, indeed, medical officers attached to each regiment and ship; it is true that these officers may be classed together in the Army and Navy Lists under the designation of a Medical Department; but what we distinctly deny is the existence of any such organization and central guidance of these officers as can be said to give them the force of united and intelligent action. As individuals they may be, and we doubt not are, good men; but there their utility ends.

We disclaim all intention to criticise the strategical conduct of our generals; we will therefore only cite the remarkable observation a French general is said to have uttered on witnessing the madly gallant and forlorn charge against the overwhelming forces of LIPRANDI by a small band of cavalry under Lord CARDIGAN: "*C'est très magnifique, mais ce n'est pas la guerre!*" May we not in like manner criticise the equally reckless or ignorant indifference to the means of preserving life and health displayed in the foolish neglect of the aid of Medicine, and affirm—"It is very admirable, this prodigality of life, but it is not science, not true strategy, not policy, and not humanity?"

When we shall have obtained full information as to the diseases and other causes which have occasioned, not the decimation,—for that fractional proportion is altogether inadequate to express the extent of mortality,—but the loss of nearly one-half of our men, then the inquiry may be extended to the means of obviating similar catastrophes in future. We shall naturally seek, in the first place, for a careful comparison of the mortality of our own forces, and of that of our allies, the French. We shall learn to what extent they have been exempt from sources of disease and suffering to which our men have been exposed. We shall learn, from the consideration of the difference of circumstances, and the difference of administrative and medical care, to what extent sickness—which some of our generals regard as the visitation of Providence, or the inseparable attendant upon a campaign—may be averted by superior vigilance and science.

Not to anticipate the conclusions of an inquiry, which we again affirm to be inevitable, we may, without fear of error, conjecture that our friends have, by their greater foresight and more able administration of their medical department, saved the health, the lives, and the limbs of many men, under circumstances which we, on our own part, had taken no effective measures to provide for. It will not be the least beneficial result of our alliance, that we shall be enabled, by the contrast between the sanitary arrangements of the two armies, to draw useful lessons of improvement. We shall learn the inestimable value of the principle of erecting the medical department of an army into a distinct and responsible power; of placing all the personnel and matériel of our sanitary department under the informing guidance of an intelligent head; of making the medical department self-dependent and self-

sufficient; of freeing it from the inconvenience of being constantly checked and impeded in its action by the necessity of relying upon other departments for the supply of the most common wants: we shall become conscious of the importance of the services that medical science can contribute to great undertakings which depend for their execution upon the skilful disposition of great masses of men.

Of the evils, the losses, the waste of men and money, attendant upon the present want of system, we have already had experience enough. We can only regret that that sad experience is not yet concluded. We fear we have still to witness the sacrifice of many brave men, through a dogged persistence in our chaotic proceedings, under which efficiency is impossible, and responsibility is lost. We have still to deplore much unnecessary suffering from the clashing and counter-actions of this bureau and that bureau, each interfering with the other, and the thing to be done not done. We have still to witness the unhappy results of rendering the medical staff of our army powerless for good; of abandoning the health of our troops to accident; of engaging in a series of sanguinary conflicts in a hostile country, having deliberately left ambulances and surgical stores hundreds of miles behind; of sending on the wounded, not to the spot where the surgical stores were left, but to new hospitals, unprovided with surgeons or surgical appliances; of allowing the Commander of the Forces in the East to usurp the natural functions of an officer of health, and to dispose of all sanitary resources; of leaving to a daily newspaper the self-imposed duty of raising money and superintending the distribution of medical comforts to the sick; and of allowing the Secretary-at-War to improvise a new order of medical attendants composed of pilgrim Lady BOUNTIFULS, and despatching them, whether the surgeons in charge want them or not, can manage them or not, upon special duty as nurses, or we know not what, in the hospitals.

We have still to witness all this, and much more; and then, the inquiry; and then, let us hope, the reform.

It is a remarkable fact, that the most ancient of the ruins of Rome, and the only remains left of the handiwork of her kings, is the great sewer of the Imperial city, the *cloaca maxima*. Two thousand years ago, TARQUINIUS PRISCUS drained the low grounds about the forum, carrying the outlets of his *cloacæ* into the Tiber. His chief drain, however, was afterwards found to be so imperfect as to cause the enormous conduit we have mentioned to be constructed by his son, TARQUINIUS SUPERBUS. This great sewer, with which the smaller *cloacæ* communicated, served not only to cleanse the city, but acted as a drain to the *Velabrum* and the *Circus Maximus*, through which it passed, its tunnel being so large, according to LIVY, that a waggon-load of hay could pass along it, and barges float upon its stream. The *cloaca maxima* discharged itself into the Tiber at the *pulchrum litus*, and now, though choked up nearly to its top by the artificial elevation of the surface of modern Rome, still serves, we believe, as the common sewer of the city after the lapse of 2000 years! The drainage of the streets of Rome has been the admiration of past times as well as of our own; LIVY speaks of it as a work so vast that his own age had not been able to equal it; and PLINY, recording the repair of the great conduit in the time of AUGUSTUS, (afterwards added to by AGRIPPA,) denominates it the *opus omnium maximum*. The maintenance of the Roman *cloacæ* was at first the business of

the censors, then of the *ædiles*, until finally the emperors created officers, called *curatores cloacarum*. The only system of sewerage which can compete with that of Rome is the sewerage of our own city, and though boasting no such size of conduit-tunnel (even in the now-arched Fleet ditch) as the great *cloaca*, can pride itself of an inestimable advantage which that of the Romans did not possess, viz., systematic communication with the houses by lateral drains. Nevertheless, as to the real extent of *house-drainage* possessed by the ancients, we think we have little certain information, and are by no means willing to maintain its restriction to that very limited extent some writers have been disposed to. It was restricted enough, no doubt, and in comparison with that of London may be said scarcely to have existed at all; still, from what has been observed (according to MARZONI) in the excavated ruins of Pompeii, it appears not improbable, to say the least, that the *house-drainage* of the S P Q R was not quite so bad as frequently has been asserted. London, however, is pre-eminent in domestic sewerage, or at any rate in the recognition of the propriety of the principle, and its extensive practical adoption. We are unable to indicate exactly the total extent of sewers in the metropolitan districts, but some idea may be formed of it when we state that, in the Holborn and Finsbury districts together, there are perhaps more than 100 miles of main covered subway; and in addition to which above twenty miles of smaller sewers, to carry off the surface-water from the streets and roads, and 300 miles of drains leading from houses to the main sewers. A return made by the officers of the Westminster Division shows that, between 1807 and 1834, there had been built within the "Ranelagh Level" 2692 feet of open, and 6886 feet of covered sewers, making a total length of 9578 feet, at the cost of the Commissioners; while the length made during the same period by private persons was 91,906 feet. Now, supposing this extensive system carried out to a yet further extent through the metropolis, how is it, may it not be asked, that we are nevertheless constantly, and seemingly with justice, making complaints about the matter, that boards of health and sanitary commissioners tell such terrible and disgusting tales, and the assumption is arrived at that predisposition to, and extensive propagation of, many febrile or zymotic diseases are to be ascribed to the accumulation of filth and excrement about our streets and dwellings, and its consequent production of an overhanging pall or lethal atmosphere of miasmatic matter? In chief explanation of

\* The following illustrations are afforded by last month's "Weekly Returns" of the Registrar-General:—

"At 12, East-place, West-square, on 29th of July, an ostler, aged forty-two years, 'diarrhoea, (six days;) cholera maligna, (fourteen hours.)' Mr. Goldsborough, the medical attendant, writes as follows:—'The stench arising from a drain situated at the back of the premises was so horrible as to make me feel sick on entering the house. A drain runs beneath the floor of the next house, occupied by a workman in the common sewers, and he describes the stench arising from it sometimes as being very bad. There is also at the bottom of East-place a common drain, stagnant, choked with filth, imperfectly covered by a few loose boards. So poisonous was the stench that I have felt unwell ever since.'

"At 6, Richard-street, on 5th of August, the wife of a rope-maker, aged thirty-three years, 'premonitory diarrhoea, (twenty-four hours;) cholera, (eighty hours.)' Mr. Orton, the medical attendant, states:—'The drainage is filthy, the contents of the water-closet being nearly on a level with the floor, &c. Two children died last week at No. 4 in this street, from cholera.'

"At 1, Jacob-street, on 14th of August, the son of a labourer, aged eleven months, 'diarrhoea, (some days;) cholera, (three days,) fever.' 'This small house (says Mr. Martin) is crowded with lodgers, several of whom are sick, the cellar is half full of water and soil from adjoining privies, which can be seen through the broken floor of the room inhabited by the parents of the deceased child; the stench emitted was fearful at night, when the door was closed on the seven souls who lived in the room.'

"At 1, Retreat-place, High-hill-ferry, Upper Clapton, on 24th of August, the wife of a gardener, aged fifty-four years, 'developed cholera, (ten hours.)' The Registrar reports:—'The fact of seven deaths having taken place in one week at High-hill-ferry proves that something is radically wrong, as regards the sanitary state of the place. There is an open ditch running from the top of the hill to the bottom, and washing with its filthy substance the side walls of some of the houses, and passing close in front of others, so that I am not surprised at the cholera having taken up its abode there. This is not the first time that I have taken notice of this nuisance.'

the difficulty, it must be remembered, first, that such is the immense extent and meandering ramifications of inhabited houses, and the almost fearfully dense and constantly-increasing population of London, (we use the term widely,) that the drainage, however excellent as far as it goes, (and truly great in extent it is,) is yet far inadequate to the necessities of the Babylon we live in. Secondly, that from want of funds—for sewer-making is the most expensive of all undertakings\*—many of the most closely-built and densely-inhabited (with the dirtiest and poorest people) districts are either quite undrained, imperfectly so, or have the works connecting the houses to the sewers, or the smaller sewers to the main conduits, choked up, or in such a state of ruin as to be nothing but longitudinal and often open cesspools, whose contents ooze up around the dwellings and through the very floors of the habitations.† Thirdly, the want of uniformity in the law in different divisions, the absence of unity of action and plan in surrounding districts, together with the frequent attempts of the house proprietors to avoid expense or immediate outlay in connecting their property with the street sewers, form formidable obstacles to the amelioration of the present system.‡ Fourthly and lastly, another great evil is that, just like the Romans of old, we discharge all our filth into the river that runs through our city, but, unlike them in this respect, we pump it back into the tanks and cisterns of our houses. In this latter practice, we say, we are far behind the custom of the "Eternal City." The Roman aqueducts of MARTIUS and CLAUDIAN, which stretch their long and broken lines of lofty arches over the south of the Campagna, shattered and fallen as they are, still speak to us of the past

and mighty grandeur of Rome. The first brought water to the city from more than sixty miles' distance, and at one period of the history of the "Seven-hilled Queen," no less than twenty aqueducts brought so many different streams of water across the wide plain or Campagna where she stood. What a contrast to ourselves!

"The sewers of London run into the Thames and the sea, from which a part of the water-supply is derived. The water which the inhabitants of London have but the repulsive alternative to discuss in words or to use in fact, is, however, baled from the ditches only, by the wretched inhabitants of such parts as Jacob's Island."

Again:—

"We have been informed, for instance, on good authority, that in a warm summer, the New River water, as delivered in London, sometimes contains spawn floating in it, and has a fishy smell, which is objected to by bathers; but this matter and all animalculæ visible to the naked eye may be detained by sand-filtration, and the nuisance in this instance is to be ascribed to the omission of that practice.† It is true that attempts have been made by some recent Acts to remedy an evil, against which it might be thought it would, to use an old proverb, be 'No sooner said than done.'"

"To warn any class of men," says the "Report" before alluded to, "against the use of unclean excremental water, even filtered, may appear useless. But it is now known that it enters into the supply of some of the principal cities of Europe, and contaminates the *eau sucrée* of Paris, as well as the house-water of London. The disagreeable, revolting nature of this truth has probably been a cause of its suppression, and the consequent perpetuation of an insufferable nuisance."

What progress we are making in removal of the evil may be gleaned from the following extract from a pamphlet (dated June, 1854,) by Mr. BURCH:—

"Nothing will be done this session, and the people of more than half London will be drinking water tainted not only with the ordinary sewage discharged into the river Lea, but apparently also with the poisonous excretions of Cholera patients. The New River Company have obtained a Bill for diverting the sewage of Hertford, which of course 'tells' very well. But the effect is merely to divert the sewage from their upper to their own lower source of supply, and the supply of the East London Company."

In the absence of any specific information on the subject, it is difficult even to conjecture to what extent illegal practice is carried on in this country. It would appear, however, from letters lately published in this journal, that in some districts, at least, the number of persons so offending is perfectly alarming. One gentleman alone has stated that he is prepared to lay before a competent committee the names of thirty of these imposters, all practising in one town. Whether or no a more than usual number are congregated in this particular locality, matters little to the general question; for it is notorious that there is scarcely a qualified practitioner in any district of the kingdom whose practice is not interfered with by knaves and charlatans, falsely calling themselves surgeons or physicians. Even in a pecuniary point of view such a state of things is sadly disheartening to those honourable members of the profession who, after much labour, study, and expense, have qualified themselves for the practice of medicine. But it is even a more serious matter when viewed in relation to its influence on the respectability of the profession at large. It is this class of men who, in various ways, bring obloquy upon that calling to which they falsely pretend to belong. These are the persons who figure at our police-courts and at the bar of the Old Bailey; these are the persons who cannot by possibility

\* The 31,000 feet of new sewers made in the Holborn and Finsbury district between 1822 and 1831, cost more than £23,000. The elongation of the great Fleet sewer from Holborn to Kentish Town, in 1828, cost £46,682, the extent being 16,000 feet.

† In one position, a brick sewer, five feet high by three feet wide, will be constructed, at about £2 10s. per lineal yard, whilst in a similar situation there will be laid down an earthenware tube, one foot three inches in diameter, at an expense of 8s. or 10s. per lineal yard. There must be something positively wrong in such discrepancy of practice as this. . . . If the cheaper sewer performs its functions more or even as perfectly, then is the achievement so much the more worthy; but if it does not perform so well, then the innovation becomes an injury."—*Vide Robinson on the Drainage of Towns*, p. 8.

‡ "In the sub-district of Haggerstone West, at 23, Dunston-street, on the 4th of August, a milk-seller, aged thirty-one years, died of 'small-pox, (thirteen days.)' This was a most malignant case. On and adjoining the premises are overflowing cesspools; no drainage. Streets almost under water, to the disgrace of the Commissioners of Sewers, who have been applied to again and again without effect."

"At 23, Bethnal-green-road, on the 13th of August, the wife of a confectioner, aged thirty-four years, 'diarrhoea, (twenty-four hours), malignant cholera (three days), consecutive fever, (two days.)' Mr. Rolph, her medical attendant, writes:—'This case occurred in the high or main street of this parish, which contains above 90,000 inhabitants, as was shown by the last census. It has no sewer in the main street, (although rates are regularly exacted for this purpose;) and at the rear of the house in which deceased died is a graveyard, which has received for interment upwards of 57,000 persons. In the year 1849, the number of burials which took place in the churchyard amounted to above 1200. Such a state of sanitary affairs is without a parallel in the metropolis.'

"At 32, White's-grounds, on the 22nd of August, the son of a labourer, aged three years, 'cholera, (five days), congestion of brain.' The Registrar, after recording twenty-two deaths from cholera, says:—'These two deaths from cholera have occurred within a few days in White's-grounds. Several of the houses are in a filthy, dilapidated state, the drains and privies belonging to Nos. 31, 32, and 33 are in a shocking plight. The soil from the privy at the back of No. 31 is actually above the surface. Places such as these must be very prejudicial to health. I have certified the state to the Guardians of the Poor, who will immediately take proceedings for the removal of the nuisance, and the cleansing of the houses. The Commissioners of Sewers have recently covered in an open sewer at the back of these houses, and also done extensive works in the vicinity, but the good resulting from such works is not for the moment available, inasmuch as the owners of property have not been compelled to connect the drains of their houses with such sewers.'

"The householders in Wellington-street, mostly shopkeepers, complain bitterly. They have paid sewers' rates for four years, and yet have to empty all their slops into the gutter, which, as in the case of New-street, is so faulty that stagnant slush is constantly seen in pools along the entire street."—*Registrar-General's Returns for August, 1854.*

† A remarkable case was mentioned to the Committee on the Health of Towns in which a new sewer, nearly a mile and a half long, had been made in the parish of Camberwell, on the urgent application of the inhabitants, and yet only one application had been made for a private drain in the whole distance.—*Penny Cyclopædia*, vol. xxi, p. 317.—See also our previous remarks on the drainage of the Woolwich marshes, ante p. 130.

\* Report on the Mortality of Cholera in England, 1848-49, p. lxxviii. London. 1852.

† Report by the Government Commission on the Supply of Water to the Metropolis, p. 16. London. 1851.



have any sympathy with honourable men, and therefore batten upon the injuries they inflict upon respectable members of the profession. It has been shown that there is nothing too low or too base to which they will not resort to effect their end. Almost every post brings us some complaint against these enemies to our calling. Praters about "the honour and dignity of the profession" would do well to direct their attention to this evil. Instead of sowing dissension, and engendering heart-burnings amongst honourable and respectable men, let them render real service to the cause of their brethren, by organizing for the purpose of obtaining some means of punishment for the harpies that fasten their talons with so deadly a grasp upon the medical body. You may raise the standard of education; you may make the entrance to the portals of legitimate practice more difficult; you may institute societies for raising the scientific character of medicine; but these benefits, great as they would be, would fail to effect their full amount of good, so long as the evil under consideration is allowed to remain. It would perhaps be vain to expect a cordial co-operation in the work of exterminating this evil from many of those who have power and influence in the profession. They may, to a certain extent, be beyond the reach of its baneful effects. It is that numerous class of gentlemen who are engaged in general practice on whom the injury is chiefly inflicted. Ask any young practitioner, and, indeed, it may be said any old one, what are the greatest evils with which he has to contend? and in ninety-nine cases out of a hundred the answer will be, that he is immolated by the prescribing chemist on the one side, and the quack upon the other. There must come a time when this state of things will cease to exist. It would be well, in the mean time, that practitioners in every district of the kingdom collected evidence upon the subject, in order that it might be made available when the proper opportunity for using it arrives.

### Correspondence.

"Audi alteram partem."

## SANITARY STATE OF THE METROPOLITAN POPULATION.

To the Editor of THE LANCET.

SIR,—Acting upon the suggestion contained in Dr. Webster's letter, (*vide* THE LANCET, October 7th,) "that our stock of accurate information regarding the late sanitary condition of the metropolitan population may be augmented," I send the following statistics, obtained from the register of cases at the Bloomsbury Dispensary during the prevalence of the cholera, as compared with the corresponding period of 1853:—

- "1. From August 1st to October 31st, 1853, the number of cases of all kinds admitted was 931.
- "2. From August 1st to October 31st, 1854, the number of cases of all kinds admitted was 2080.
- "3. From August 1st to October 31st, 1854, the number of cases of cholera and choleraic diarrhoea admitted was 530.
- "4. From August 1st to October 31st, 1853, the number of deaths from all causes was 24, being 2·57 per cent. of the total number of cases admitted.
- "5. From August 1st to October 31st, 1854, the number of deaths from all causes was 31, being 1·49 per cent. of the total number of cases admitted.
- "6. From August 1st to October 31st, 1854, the number of deaths from cholera and choleraic diarrhoea was 3, being '56 per cent. of the patients admitted suffering from those complaints, or rather more than 1 in 200.

"Bloomsbury Dispensary, Nov. 1854."

"T. CHAPLIN,  
Resident Medical Officer.

From this statement, it appears that there is one point of discrepancy between the statistics of St. James's and Blooms-

bury—namely, that fewer patients were attended at the former, whilst more than double the number were attended at the latter dispensary during the choleraic period. But the point of agreement is of most importance—namely, "that other diseases then prevalent appear to have been less frequent, and also showed a milder type, and that cholera and choleraic diarrhoea seemed to supersede most other maladies, and that early debility was the ordinary characteristic of disease." It was observed that boils and carbuncles, erythema, and erysipelas ceased, or nearly ceased, on the outbreak of cholera in this district.

In respect to the sanitary condition of this locality, a very marked improvement has been effected by the liberality of the Duke of Bedford in the construction of deep and capacious sewers through some of the narrowest streets and most densely populated neighbourhoods. To this cause, in all probability, has been owing, in a great measure, the mildness of the epidemic, and its comparative non-fatality.

Of sanitary regulations and improvements, it may be asserted—and our statistics bear out the assertion—that, although the epidemic was not averted by these means, yet that it was greatly divested of its fatal character.

Whatever tends to increase the healthy condition of the people, increases in the direct ratio the power of resisting the force of an epidemic; and, on the contrary, whatever tends to weaken the health or exhaust the strength of the constitution, favours the destructive force of the epidemic. In this way an explanation may be afforded of the greater fatality of the epidemic in insalubrious districts in the metropolis; amongst our troops at Varna; on board our ships in a state of inaction, both in the Baltic and in the Black Sea, and in the Crimea after the battle of the Alma.

I remain, Sir, &c.,

ISAAC PIDDUCK, M.D.,  
Montague-street, Nov. 1854. Physician to the Bloomsbury Dispensary.

## THE COLLEGE OF SURGEONS AND THE PUBLIC MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I think the surgeons of England will be astounded by the intelligence conveyed in your leading article of last week, as to the admission of surgeons for the public service. Is it impossible to bring the Council of our College to a sense of their duty? They have laboured but too efficiently for fourteen years to the degradation of the profession; can they not be restrained, now that they abdicate all efforts to maintain the rank of the surgeons of our fleet and army, and aid in crushing them by the damning servility of their present step? From them it has gone forth that the surgeons of England, members of the College, are not equal to the ordinary emergencies of their calling. If the education and examination for the membership is so inadequate, why do they lower it? By what logic do they reconcile it with their consciences that, in order to pander to the obstinacy of the red-tapists, they are going to fill the most important offices which surgeons can be called to with men of education yet inferior to their present members? Their duties will be to tend the wounded heroes of our land—to save lives of value to the State beyond my skill to reckon; they will have to fight disease, and defend from the results of injury; but not in well-found hospitals, with time to choose the method, to seek support or advice from others or from books, to select the best of instruments and appliances specially constructed for each case, and then to operate with the aid of practised dressers, trained and skilled assistants. Far from it. These men will, many of them, at every turn see life ebbing from the brave and valued upon the full current of the wounded artery; and, from the treasures stored up in the brain, with little time for recollection, none for consultation, without skilled assistants, and possessing only instruments of general, not special, adaptation, will have to fight the second fight of every battle-day—saving those lives which the enemy's efforts have endangered. I am indeed prepared most solemnly to assert that a two and a half years' student of the highest capabilities is not fit for service in the field. For the greater part of his time, say two years, he has not engaged in practical studies at all, and if for six months he has frequented wards of hospitals and operative theatres, he has had no opportunity yet of training his hand even so as to be an effective dresser.

Whig expediency has already worked ruin in our public councils; let it not be permitted to ruin our sacred art. Let the Council of the College remember their oaths as surgeons, if not as councilmen, to do nothing to the discredit of our calling! Let them now manfully impose their skilled opinion

upon the skillless authorities, and, refusing to admit to their membership unqualified boys, demand the removal of the impediments which bar the service of the State to every man of high and honourable feeling.—I am, Sir, your obedient servant,  
Nov. 1854. ONE WHO HAS SEEN FOREIGN SURGERY.

## THE REVIEW OF THE WORK OF DR. HASTINGS.

To the Editor of THE LANCET.

SIR,—I cannot but think your reviewer has borne harshly and unfairly upon Dr. Hastings in the recent review of his work in THE LANCET, and has expressed an unwarranted contempt for the tendency of some minds to search after mere remedies, as a means of advancing medicine. It is to the empirical method, (I do not use the word in its bad or mean sense,) and not to the study of doctrine or theory, that we owe the use of mercury and bark. The greatest English physician, Sydenham, set up the empirical search for remedies as one of the very highest things which could occupy the attention of the practitioner. Nor does this sentiment and its results belong merely to former times. We of the present day must refer the use of hydrocyanic acid, (a medicine certainly as dangerous as oxalic acid,) creosote, the use of ether as an anæsthetic by Morton, the great discovery of the use of chloroform, cod-liver oil, &c., to empirical sources. They certainly did not flow from the study of doctrine or theory. The late Dr. Williams spent much of his time at St. Thomas's Hospital in mere experimentation in remedies, and to this we owe the use of the iodide of potassium, almost as a specific, in pericarditis. At the present time Dr. Simpson, of Edinburgh, is engaged in a trial of the salts of nickel, cerium, and other metals, from which he expects, and believes he has already realized, great advantages. It may be mortifying to admit that many of our great resources in physic have arisen, not so much from patient thought and theory, as from bold experiment, and from hints taken from popular practices, but I think all must admit that the fact is so.

I cannot join with the contempt of your reviewer for the use of naphtha in the early stages of consumption. Since the publication of the book of Dr. Hastings upon the subject, the tendency of all our knowledge has been to show that highly carburetted substances, including cod-liver oil, are those most effectual in the treatment and prevention of consumption. It does not appear, then, that Dr. Hastings made a mere guess when he advocated the use of naphtha. It is now known that in some cold countries the inhabitants ward off consumption by the free use of animal oils; in others, by the use of spirits. It has been found, too, that drunkards, though they get other diseases, are comparatively free from pulmonary consumption. Naphtha is still used by many, and will probably always be used, in the treatment of phthisis.

Dr. Hastings may be wrong in his recommendation of the oxalic and fluoric acids, but he may be right; and I have certainly seen a case in which his treatment was of remarkable efficacy in the arrest of undoubted phthisis. I should hope, sir, that you would at least give Dr. Hastings the opportunity of publishing in your pages any cases in which the new remedies advocated by him have been found useful. We certainly ought not to check any honest attempts to enlarge the *armamentarium medicum*, for as yet we have derived very little comparative benefit from the vast advances of chemistry in the knowledge of organic and inorganic substances.

I remain, Sir, your obedient servant,

Nov. 1854.

M.D.

P.S. I enclose my name as a guarantee of my good faith.

Should Dr. Hastings forward to us any reports of cases, showing the results of his treatment, we shall publish them without hesitation. The doctor may be assured that we have no personal feeling on the subject of his work or his practice.—  
Ed. L.

## UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Now that the subject of illegal practice is on the tapis, I wish much to mention my case:—

An individual, without any qualification, is practising in my neighbourhood, having two of the best clubs in the place, and several very excellent patients, and I blush to add that qualified medical men meet him in consultation. If these gentlemen were asked why they meet him? they would answer—“Poor fellow! he has a large family to keep, and what can one

do. It seems unkind not to do so,” &c. So in this way they suffer one of their own fraternity to be robbed right and left out of false pity for this person, who unhesitatingly places “Sergeon” on his door, and assumes a title he has no more right to than the pen I now hold. I say false pity, because I feel certain that the little smattering of knowledge he obtains by their prescriptions can but prove a curse to him who daily lives with the fear of prosecution over his head, and I should think a curse to those who employ him, from his want of decision and knowledge in the treatment of diseases. If I am wrong in this my judgment, for what purpose are we forced to expend so much time and money by apprenticeship and years in London, attending the hospital medical and surgical practice, lectures, dissecting, &c., and finally obliged to pass one or two severe ordeals before we are allowed to gain our own living? To speak in the mildest language, it is most unfair. It may be asked—Why do I not stop such proceedings? I can only say that if I were to do so, I should raise such a nest of hornets about my head, that it would be more bearable to give up my practice and retire elsewhere. The person in question would be looked upon as a martyr, and I as a tyrant, who had turned a man, his wife, and family out of doors, and perhaps into the workhouse, to gratify my avarice, or something of that sort.

Are there no members of the profession sufficiently rich, independent, and spirited to give a decided opinion upon this momentous question?—with perseverance enough to weed out these tares? We have men who will labour during their lives for the benefit of mankind in general; surely there are some who have the time and the energy to become good soldiers in the cause of their sadly abused profession, and who will work patiently until they have placed their supreme science on that pedestal where it should stand amongst the noblest and the best, not contaminated and associated, as it too often is, with illegal practitioners, midwives, and nurses.

Knowing the deep interest you always evince in the welfare and honour of our calling,—I am, Sir, yours very truly,

November, 1854.

M.R.C.S.E. & L.A.C.

P.S.—Could not a Society be formed (with the sanction and authority of the Examining Boards) to prosecute persons practising without a diploma of some sort? The funds to be raised by every gentleman giving, on passing his examination either at the College or Hall, one guinea over and above his diploma fee for the purposes of this Medical and Surgical Protection Society.

## DR. AYRE'S TREATMENT OF CHOLERA BY CALOMEL.

To the Editor of THE LANCET.

SIR,—Should the following letter be deemed worthy of a place in the pages of your far-famed, widely-circulated, and re-published LANCET, please insert it.

I am, Sir, your obliged and obedient servant,

Hamilton, Canada West, Oct. 1854.

W. CRAIGIE.

[TO DR. AYRE, OF HULL.]

DEAR SIR,—Having, in our visitation of cholera in July and August last, tried your plan of treating that formidable disease, I feel it my duty to report to you the results. In only eleven cases could I succeed in getting the treatment fairly and honestly carried out, from the difficulty of getting proper attendants for the sick during the panic. Of these eleven cases, eight recovered from the stage of collapse, but one of them died on the sixth day after, from consecutive congestive fever. In all the cases, collapse had fairly set in before the treatment was begun, and in two of the cases (both of which recovered) was so far advanced as to leave very little hope of recovery. The treatment consisted in giving a two-grain calomel pill every ten minutes, with a tablespoonful of cold or iced water to wash it down. A bit of ice was allowed to dissolve in the mouth in the intervals, if it could be got, and was required to relieve the thirst. Mustard was in most cases applied to the stomach and bowels, or fomentations with turpentine; and warmth by bottles or sacs of hot water to the body and extremities. Nothing else was allowed till reaction was fairly established; but when reaction commenced—when the pulse could be felt, and the breath became warm—the pill was given only every fifteen or twenty minutes.

The largest quantity of calomel taken was, in one case, 200 grains in twenty-four hours, and, in another, 160 grains in sixteen hours. In the former case, the medicine was continued three or four hours longer than necessary; but neither in this nor in any other case of recovery did salivation result from the medicine, nor any other effect than reaction and change of the

character of the stools from rice-water to dark, often black, discharges.

It was very different with the premonitory diarrhoea, for which I tried calomel and opium, two grains of the former to one of the latter. This was successful; but salivation frequently occurred when only four or five doses of the medicine had been taken.

Sulphuric acid, with and without laudanum, was also tried, with very uncertain results. In some cases, it speedily checked the diarrhoea; in others, it seemed to have no effect; and I was unable to judge by the symptoms when it was likely to succeed, and when to fail. What I found most certain and most effectual in checking the diarrhoea, and of course preventing the cholera, was a mixture of laudanum, tincture of rhubarb, and ammonia; but even this was not always successful.

During the prevalence of the cholera, there was a strong tendency to bowel complaint. A moderate dose of castor oil, without or with twenty or twenty-five drops of laudanum, or a teaspoonful of salts—even a seidlitz powder—would produce hypercatharsis, and end in cholera. I also observed many anomalous cases: for instance, a patient was apparently recovering from an attack of *bilious* diarrhoea, when collapse suddenly set in, and death in from four to six hours, the discharges both from the stomach and bowels being *bilious* to the last. Would you call this Asiatic cholera? Again: a patient would have a violent fit of vomiting, followed by one very copious faeculent discharge from the bowels, and be so prostrated as to die in four or five days, there being no collapse, no subsequent vomiting, and very little bowel complaint. I saw four such cases. What were they?

In two of the three fatal cases referred to, I am quite certain the treatment was fairly carried out as long as the patients could swallow. One of them was the last case I saw. A young woman was affected with diarrhoea in the morning. Vomiting and cramps came on at three P.M., with collapse. Treatment commenced in half an hour after. Death at nine P.M. In a great number of cases where the treatment was only continued till symptoms of reaction occurred, and then abandoned, relapse followed; and though the treatment was resumed, death followed. I particularly recollect two cases of this kind, where I feel confident recovery would have resulted had the treatment not been intermitted, in the one case for nearly three, and in the other for four, hours. It is not prudent or safe to relax the treatment till bilious discharges are produced.

Consecutive fever occurred in four of the eight cases of recovery from collapse; two of these were very severe; one of them fatal.

The result of my experience has produced the greatest confidence in your plan of treatment, and the profession, as well as humanity, owes you a debt of gratitude for suggesting the most successful mode of treatment yet proposed.

I have the honour to be, most respectfully, dear Sir,

Your very obedient servant,

W. CRAIGIE.

## THE WAR.

**HEALTH OF THE TROOPS BEFORE SEBASTOPOL.**—The French Minister of War has received the following letter from Dr. Michel Levy, chief physician to the army in the East:—

Under Sebastopol, October 27th.

"M. le Maréchal.—The siege is proceeding with vigour. The daily number of wounded, however, is not considerable. It varies from 16 to 22, and the killed from 6 to 8. From the opening of the siege to the 23rd of October the total number of wounded, including cases of mere contusions and slight wounds, which constitute the majority, amounts to 718, and that of killed to 98. On the 25th, 320 sick were embarked for Constantinople, and there remain at present 1008 sick in the ambulances. Of these 137 only are wounded. Thus the duties of the medical department are more arduous under the fire of the batteries of Sebastopol than those of the surgical department. I visited in detail all the sick, and have ascertained 1st, that one-third only are seriously ill; 2ndly, that the other two-thirds are in a debilitated state, but certain of recovery. The General-in-Chief has ordered measures necessary to improve as much as possible the position of our sick. The Turkish wounded are attended in our ambulances. I visit as often as possible the ambulance in the trenches. It is placed under the care of the different surgeons of the army ambulances, who relieve each other daily. This service, which is not without danger, is a post of honour, and a practical school of military surgery. Our wounded, and those

who have undergone operations continue to furnish a remarkable proportion of cures, thanks to the care taken of them and the skill of their operators, the most distinguished of whom are Messrs. Scrive, Thomas, Marmy, Gœury, Secourgeon, Perier, Bourguillon, Colmant, &c. No army ever received medical and surgical assistance more prompt, more methodical, more complete, or more assiduous. Under the walls of Sebastopol and at Constantinople we have a number of talented practitioners vying with each other in skill for the benefit of our sick and wounded. The ambulances, installed on the tableland above Sebastopol, amid the roaring of the artillery, exhibit, by their regularity and excellent organization, the best specimens of those temporary establishments. Not a single case of cholera or lock-jaw had manifested itself of late amongst the wounded. The internal diseases are chiefly diarrhoea, dysentery, devoid of intensity, light intermitting fevers, and gastric fevers, some of which are accompanied by cerebral congestion. The cold of the nights produced a few cases of bronchitis. The fleet reckons between 500 and 600 scorbutic patients, of whom the most seriously attacked have been landed. The army is completely free from that affection, and the daily distribution of fresh bread, and the very frequent distribution of fresh meat, preclude the possibility of its manifestation. The morale of the army is also a protection against it. Notwithstanding the toils attending the duties in the trenches and certain privations, the soldiers continue in high spirits. The General-in-Chief is constantly amongst them, seeing after their wants, and the certainty of an approaching triumph is another element of hygienic preservation."

**THE STAFF-SURGEONS IN THE ARMY.**—A new dress has just been decided upon for staff-surgeons. It will consist of a tunic or frock, similar in shape to the new line dress, with a slight display of gold lace. The facings and cuffs are covered with black velvet, turned up with lace. The dress trousers are black, with a stripe of gold cord; the undress of the similar colour, but with a small scarlet cloth stripe. The cocked hat will be retained, with a small green plume. The regimental medical officers' uniform will be almost similar to the foregoing, save in regard to the facings and cuffs, which will be regulated in regard to the shade and pattern used by each corps. An addition will be made to the foregoing in the shape of pouch, &c.

Dr. HALL has returned from Scutari, and has resumed his duties as principal medical officer of the army before Sebastopol. The medical staff is represented as being inadequate to the present wants, owing to the number of deaths that have occurred in the medical department from cholera.

**APOTHECARIES FOR THE FORCES IN THE EAST.**—The following warrant has been issued:—

"Victoria R.—Whereas it has been represented to us that great benefit will result from re-establishing the rank of Apothecary to the Forces, our will and pleasure is that apothecaries to the forces shall form part of the regular establishment of the army, and that they shall rank as lieutenants, according to the dates of their commissions, for the first 15 years of their service, and after that time as captains, but as juniors of that rank.

"The pay of an apothecary to the forces shall be:—Upon first appointment, 9s. a day; after 5 years' service, 10s. 6d. a day; after 10 years' service, 12s. a day; after 15 years' service, 13s. 6d. a day; after 20 years' service, 15s. a day; after 25 years' service, 16s. 16d. a day; after 30 years' service, 18s. a day. He will receive an allowance for a servant, and for lodging and fuel, if not provided with quarters, and forage for one horse, if kept.

"The rate of half-pay of an apothecary to the forces shall be, after 10 years' service, 5s. a day; after 15 years' service, 6s. a day; after 20 years' service, 7s. a day; after 25 years' service, 8s. a day; after 30 years' service, 9s. a day.

"But no apothecary to the forces shall be entitled to claim retirement after any period of service under 30 years' duration, upon the ground of ill-health contracted in the service, unless such unfitness for service shall be supported by medical certificates satisfactory to our Secretary-at-War.

"Every apothecary to the forces who shall have served upon full pay for 30 years and upwards, shall have the right to retire upon half-pay, provided that the Secretary-at-War shall be satisfied with the manner in which such apothecary shall have performed his duty.

"Given at our Court at St. James's, this 23rd day of October, 1854, in the 18th year of our reign.

"By her Majesty's command,  
SIDNEY HERBERT."

**THE WOUNDED FRENCH AFTER THE BATTLE OF THE ALMA.**—The medical periodicals in France give the following figures respecting the French wounded after the battle of the Alma:—The number of wounded sent from the Crimea was 1064. At the present time, there are at the Pera Hospital 500 men; at the Dolma Baktché Hospital, 352; at Kanditjé Hospital, 116; at Ramis-Tchifick Hospital, 5; and at Maltepe Hospital, 7 men. There are also, at the Convalescent House of Dahoud Pacha, 75 men, who had left the wards soon after their admission. Amongst these wounded were 182 Russians. On the 9th of October, the number of deaths was within 50—viz., less than 1 in 19 patients. Out of 90 amputations, there have been but 11 deaths. Out of the 28 amputations performed on the field of battle, the subjects of which were conveyed to Constantinople, 6 only have died. The Russians resist the sequelæ of operations better than the French. Some fears were at one time experienced respecting the effect which would be produced by a certain number of cholera patients who were sent to the above-named hospitals from the Crimea; but these men were placed under tents by order of Dr. Levy, the director-general of the medical service, and the disease happily did not spread. Such isolation of cholera patients had already been tried at Varna, and found to answer completely.

### Medical News.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, November 9th, 1854.

DODD, HENRY ALLNUTT, North Stoke, Oxon.

HAFFENDEN, DALTON ADOLPHUS, Hanwell.

RICHARDSON, BENJAMIN, Glusdale, Whitby, Yorkshire.

**QUEEN'S COLLEGE, CORK—MEDICAL FACULTY.**—The Medical Faculty was opened on the 2nd inst., by the Dean, Dr. Fleming. The lecture-room was densely crowded, and the proportion of students appeared to be larger than on any similar occasion.

**UNIVERSITY COLLEGE, LONDON.**—The first session of the council for the current academical year was held on Saturday, the 4th inst. The Liston clinical gold medal, for surgical cases, was awarded to Mr. John Zachariah Lawrence. The Fellowes clinical medals, for medical cases, were obtained—the gold by Mr. Stephen Nesfield, the silver by Dr. Frederick G. Clarkson.

**REWARDS TO MEDICAL PRACTITIONERS FOR SERVICES DURING THE CHOLERA.**—The Treasurer of Guy's Hospital has presented to Mr. Henry Wakefield, Junr., of Russell-square, a complete set of the "Guy's Hospital Reports," as "a small acknowledgment of his services in the Hospital during the late prevalence of cholera." And at a meeting of the Governors, held last week, Captain Shepherd, Deputy-Chairman of the East India Company, offered to Mr. H. Wakefield an Assistant-Surgeoncy in the Company's service, as a further mark of his own and the Governors' appreciation of his zeal and exertions on the same occasion.—Aylesford, a small village on the banks of the Medway, about two miles and a half from Maidstone, was the seat of cholera to a fearful extent during the late epidemic. The principal inhabitants, anxious to testify their appreciation of the unremitting attention and kindness evinced by Mr. J. W. Barnes, the resident surgeon of the village, towards the poor during the scourge, have generously subscribed and presented him with a purse of £35.—The Guardians of the Brentford Union, at their weekly meeting on Wednesday last, voluntarily voted to each of their medical officers a relative amount of remuneration for their extra duties during the late prevalence of cholera. This is at least one step in the right direction in recognising the services of a class of men so notoriously underpaid, and whose duties have become so much identified with all matters pertaining to the health of the community. The Brentford Board is presided over by John May, Esq., of Twickenham, a gentleman of liberal mind, and a staunch friend to the profession.

**SALARIES OF IRISH POOR-LAW MEDICAL OFFICERS.**—At the last weekly meeting of the Limerick Board of Guardians, Sir Richard de Burgho, Bart., in the chair, a letter from the Poor-law Commissioners was read, in which the Commissioners affirmed the salaries of the medical officers of the Union,—that of Dr. Brodie at £100 a year, and Dr. M'Mahon at £90, with rations.—*Irish paper.*

**ELECTION OF A MASTER OF THE DUBLIN LYING-IN HOSPITAL.**—The appointment of a fitting master to the Lying-in Hospital of Dublin is a matter of deep interest and importance to those engaged in obstetric practice in every part of the world. The present improved state of obstetric science and practice is largely owing to the ample facts which several able and industrious masters of that institution have collected, methodized, and published. It is therefore with unfeigned gratification that we announce the election of Dr. M'Clintock to that office. The admirable work Dr. M'Clintock published, in conjunction with Dr. Hardy, containing the fruits of their observations during three years' service as assistant-masters, constitutes the most unimpeachable proof of his fitness for the higher office of master, and is, at the same time, the surest pledge of further and even more valuable accessions to science. We congratulate, not so much Dr. M'Clintock, who has only achieved that to which his merit entitles him, but the profession, which, already his debtor, looks to him with confidence for still greater advances in knowledge.

**LORD PALMERSTON AND THE REMOVAL OF NUISANCES.**—Dr. Waller Lewis has been commissioned by the Secretary of State for the Home Department to inquire into the laws of foreign countries for the regulation of noxious trades and occupations, and to report on the effects of these employments on the health of the artisans.

**HOMŒOPATHS IN TROUBLE.**—At Marseilles, the Inspectors of Pharmacies have seized, in homœopathic establishments, certain medicines prepared according to Hahnemann's directions; and the matter is to be brought before the Courts, as the inspectors contend that homœopathic chemists do not comply with several articles contained in the regulations according to which pharmaceutical matters in France are settled.

**THE ROYAL SEA-BATHING INFIRMARY, MARGATE.**—Efforts are now being made for establishing this noble institution upon a broader and more efficient basis, by retaining eighty patients until the 1st day of January. This establishment, which is essentially national, and receives its inmates from all parts of the kingdom, is especially devoted to the treatment of scrofulous and analogous diseases, which, by concurrent medical testimony, can only be successfully treated under the favourable conditions attendant on a sea-side residence.

**MUNICIPAL ELECTION AT INVERNESS.**—Two members of our profession have just been elected members of the Town Council of Inverness—Dr. Forbes and Dr. J. G. Mackenzie. The former gentleman, who was re-elected, had not offered himself as a candidate until shortly prior to the election, when he was pressed by many of the electors to become a candidate, which he did, but made no canvas. The *Inverness Courier* congratulates the burgh on the results of the recent election.

**HIGH-SHERIFF OF CARDIGANSHIRE.**—We were much pleased to notice, in the *London Gazette* of the 11th inst., that John Propert, Esq., has been nominated high-sheriff of his native county.

**MEDICAL HONOUR.**—The Governor-General of India has been pleased to appoint Dr. Robert Muir to the charge of the 1st Assam Light Infantry. An Irish journal, in commenting on this appointment, says:—"This office has been conferred by Lord Dalhousie as not only due to the merits of this promising young medical officer, who has been but a short time in the Company's service, but also as a tribute of respect to the memory of his father, the accomplished writer, 'Delta.'"

**THE NEW COMMISSION OF SEWERS.**—Dr. Augustus Sayer, of 25, Upper Seymour-street, Bryanstone-square, who for many years past has distinguished himself by his indefatigable zeal for the sanitary welfare of the parish of Marylebone, of which he is a vestryman, has been elected a commissioner to represent the borough of Marylebone at the New Representative Commission of Sewers that is to be appointed in the course of a few days in place of the old and defunct body.

**THE PATRIOTIC FUND AT MARYLEBONE.**—Drs. Watson, Burrows, and Augustus Sayer have been appointed members of the committee, amongst whom are the Right Hon. Lord Portman, Lord Wodehouse, Lord Rokeby, Sir James Hamilton, Bart., Sir B. Hall, Bart., M.P., the Hon. Baron Platt, and other noblemen and gentlemen residents of the wealthy parish of Marylebone, for collecting money on behalf of the Patriotic Fund in that district. The subscriptions already, in less than a fortnight, amount to £2000.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, NOVEMBER 11TH.**—Last week the total number of deaths registered in London was 1160. In the ten corresponding weeks of the years 1844-53 the average number was 1011, and if this is raised in proportion to increase of population it becomes 1112. From a comparison of the results it appears that the mortality is now not much in excess of the usual amount, but it exceeds in a more important degree the point to which the usual mortality, in an improved condition of London, might be reduced. Cholera, which was fatal in the two previous weeks in 66 and 31 cases, was fatal last week in 23. In the same weeks diarrhoea numbered 46, 33, and 35 deaths. Nine of the deaths from cholera occurred on the north side of the river, the remaining 14 on the south side; 3 of which are returned in the sub-district of St. Paul's, Deptford, 4 in the district of Lambeth. Scarletina has for some weeks predominated amongst zymotic diseases. In the first week of October the deaths referred to it rose to upwards of a hundred; since that time it has fluctuated near the same point, but its tendency has not been to decrease. Last week the births of 839 boys and 727 girls, in all 1566 children, were registered in London.

### Obituary.

**DR. JAMES REID.**—This physician, whose premature death was recorded in the last number of THE LANCET to have occurred on the 5th instant, after a short illness, at the age of fifty-one, was a native of Scotland, and educated at the University of Edinburgh, where he received the degree of Doctor in Medicine. Like numbers of his ambitious countrymen, Dr. Reid migrated southward, to obtain further professional knowledge, and to push his fortune, as many others had done previously, in the great metropolis. He became in 1824 a licentiate of the Apothecaries Company, and in April, 1825, was likewise admitted a member of the College of Surgeons. Soon afterwards, the young surgeon commenced as a general practitioner, in Charlotte-street, Bloomsbury, where he resided during several years, early making himself known for his urbanity, and the attention he paid to those patients who requested medical or surgical assistance. Having remained during several years in Charlotte-street, Mr. Reid removed afterwards to Bloomsbury-square. In this legal locality his reputation increased so much, that he resolved to renounce general business, and to practise especially as an accoucheur. Accordingly the hitherto surgeon-apothecary became, in 1841, a member of the Royal College of Physicians, and M. having been then replaced by D. on his door-plate, Dr. Reid now took full rank amongst the profession as a physician. Prosperity rewarded the perseverance and uniform good conduct of the newly laureated professional brother, during the subsequent seven years he spent in that district of London, which was facetiously called by the late Wilson Croker, a "terra incognita." Following the example of numerous predecessors, Dr. Reid migrated westward, in 1848, when he pitched his tent in Brook-street, which every one knows is ventilated by the aristocratic atmosphere of Grosvenor-square. Being there zealously patronized by several influential members of his own fraternity, and always assiduously attending to those who were placed under his care, professional engagements so augmented that, at the period of Dr. Reid's decease, he had every prospect of being soon a fashionable and much employed physician-accoucheur. But inexorable fate decreed otherwise; since Death stepped forward and ruthlessly cut short the successful career of a worthy individual who, till very recently, had ample reason to anticipate increased professional repute, with its attendant golden remuneration. Analogous to his late metropolitan confrères, Drs. Roupell, Rowland, and Golding Bird, who had each shortly before "gone to that bourne from whence no traveller ever returns," Dr. Reid died as it were in the prime of life, and when it may be said all four had begun to reap, if not actually receiving, the well-earned and ample fruits of their previous labours. Although neither a high intellectual genius, nor profound, it may be truly stated, Dr. Reid had been both a diligent student and possessed a well-stored practical mind, which his various valuable communications to different medical periodicals fully testify. Besides these productions, his "Manual of Midwifery," and the "Treatise on Infantile Laryngismus," evidently show he was an observant and judicious practitioner. His two papers on "Puerperal Mania," and the "Jacksonian Prize Essay on Bronchocoele," likewise merit commendation. To sum up the character of this departed and altogether very estimable

physician, the biographer may justly assert Dr. Reid was an amiable, excellent person, much beloved by patients, and generally esteemed in the profession; consequently his early demise is deeply regretted by relatives and a large circle of friends. He married, rather early in life, Miss Lloyd, a native of one of the midland counties, who still survives with six children; the eldest son being a student of law, intended for the bar, whilst the second has just entered his late parent's profession. Amongst the appointments held by the lamented deceased, two were both responsible and remunerative. One an Examiner in Midwifery to the College of Surgeons; the other being a directorship of the Medical and Clerical Insurance Company. As in other professions, of the army and navy, even when fighting before Sebastopol, no sooner does any fellow combatant drop, than a host of candidates immediately start up to fill all vacancies, whether created by accident, bullet, or disease. This result has supervened in the present contingency, seeing both the above offices have already become objects of very earnest solicitation. Before, however, closing this brief notice of the late respected Dr. Reid, it may be interesting to mention that the malady which caused his dissolution appears to have been of inconsiderable duration, as the deceased had returned home, only slightly indisposed, early in last October, after making on the continent a short excursion of pleasure. Bilious symptoms first supervened, which were followed by an attack of jaundice, with something like ague. The liver latterly seemed seriously diseased, being attended with considerable swelling in the region of that viscus, which, on dissection after death, contained hydatids.

We are sorry to have to record the death of HENRY BECKWITH, Esq., assistant-surgeon in the 49th regiment, now stationed before Sebastopol. He died of cholera, after a few hours' illness, on the 17th of October, having been in good health (although he had gone through great fatigue) up to the previous day, when he was attacked with this fatal disease. He prosecuted his medical studies for several years in the city of York under Mr. William Anderson, and was a distinguished and esteemed student of the York Hospital and the York School of Medicine. During this time, he was well known to, and much noticed by, the principal families of York and the neighbourhood, not only for his gentlemanly and pleasing manners, but as being the eldest son of the late highly-respected Rev. — Beckwith, of Collingham, one of the vicars-choral of York Cathedral. Had his life been spared, there is every probability that, from his superior abilities, he would have been raised to a high post in the medical staff of the army.

Dr. CHARLES FORBES, H.E.I.C.S., on the 21st of August, at Rawul Pindee, Bengal.

At Oldham, on the 7th inst., ROBERT GRUNDY, Esq., M.R.C.S.E. and L.A.C., son of the late William Grundy, Esq., of Hoolebank, St. Helen's, Lancashire.

On the 9th inst., at Woodhill, Cork, Ireland, STEPHEN FAGAN, M.D., of Albion-street, Hyde-park-square, London. The deceased gentleman was an A.M., M.B., 1824, and M.D., 1852, of Trinity College, Dublin.

On the 13th of September, at Umballa, East India, GEORGE TAYLOR FOGARTY, Esq., surgeon of the 7th Bengal Native Infantry, third son of the late John Edward Fogarty, of Drogheda, Ireland.

On the 7th inst., aged eighty-three, JONATHAN WHITE, Esq., Surgeon, Leeds. The deceased gentleman had not been in practice for some years past.

### BOOKS RECEIVED FOR REVIEW.

- Dr. Mayne's Expository Lexicon. Parts II. and III.
- Dra. Jones and Sieveking's Manual of Pathological Anatomy. What to Observe at the Bedside.
- Mr. H. Lee's Pathological and Surgical Essays.
- Dr. C. R. Fresenius's System of Instruction of Quantitative Chemical Analysis. Edited by Mr. J. Lloyd Bullock. Second Edition.
- Professor Plattner and Dr. Muspratt on the Use of the Blowpipe.
- Dr. E. Watson on the Topical Medication of the Larynx.
- Dr. Hillier on Consumption.
- Dr. Hillier on Gout.
- Pharmaceutical Journal.
- The Asylum Journal.
- The American Journal of Insanity.
- Dublin Hospital Gazette.
- Dr. W. Mackenzie on the Diseases of the Eye.



## TO CORRESPONDENTS.

**An Inhabitant of the Adelphi.**—The matter has been placed before the President of the Board of Health. Our correspondent states that "night and day filth carts are passing to the Thames at the Adelphi, for the purpose of discharging the scum collected in the neighbourhood, the effluvia arising from the organic matter being abominable." It is, indeed, most disgraceful that such a nuisance should be permitted to be carried on in one of the most central parts of the metropolis, and certainly one of the most densely populated. A meeting of the Inhabitants should take place, and the grievance brought before Lord Palmerston, who, no doubt, would cause the nuisance to be stopped. The filth should be immediately carried away from the metropolis.

**Funchal.**—The misconception that the words "slanderous climatorial insinuations," in the review of Mr. Bloxam's book on "Madeira" in our last number, could be intended to reflect upon Drs. Burgess and Mason, is as strange as unfounded. It seems to us almost superfluous to say that the paragraph bears no other construction than that Drs. Burgess and Mason had done, what they have a perfect right, and no doubt good reasons, to do—namely, expressed an unfavourable opinion of the climate of Madeira as adapted to invalids.

The conclusion of Mr. Edwards' paper is unavoidably postponed.

## YELLOW FEVER ON BOARD THE "MEDA."

**A West Indian.**—The following are the extracts referred to. The success of the treatment seems to warrant the resort to it on all opportunities:—

"From the few deaths which took place on board the *Medea*—only four—out of about sixty cases of yellow fever treated by Dr. Laird, there can be no doubt entertained as to the great success of this young surgeon's mode of treatment, which principally consists of small doses of spirits of tartaric, (about fifteen drops for a dose), given, combined in the form of mixture, with sweet spirits of nitre, camphor emulsion, and some aromatic tincture, which he gives in doses of a teaspoonful in half a wineglass of water every three or four hours, till a complete remission of the fever is effected. As soon as this favourable state takes place, he gives small doses of quinine twice or thrice a day, while at the same time he supports the patient's strength with light nourishing food, and a moderate allowance of wine. His adjuvant remedies are castor oil, (with a dose of which he always begins the treatment,) occasional doses of blue pill, evaporating lotions, sinapisms, cupping, blisters, &c.

"Dr. Laird, who has had much experience in the treatment of the diseases of warm climates, believes yellow fever to be the effect of a virulent æriiform poison, which, being received into the system in sufficient quantity, excites fever, and then speedily corrupting the blood, results in black vomit, and other forms of fatal hemorrhage.

"On the other hand, he considers that turpentine, from its certain action on the skin and kidneys, without increasing the febrile excitement, enables the system to throw off the poison, while as an antiseptic this remedy appears to correct the diseased state of the blood, and as a styptic to prevent, or, in the latter stage, to restrain passive hemorrhage.

"As a further inducement to medical men to give this mode of treatment a fair trial, I have also learned, and it is worth recording, that Medical Inspector Dr. Gilbert King, R.N., who has the credit of first using small doses of turpentine in the treatment of yellow fever, did so most successfully during the severe epidemic in Bermuda in 1843. Dr. Laird, it appears, was then attached to this gentleman's staff, and on that occasion there were about 900 cases of fever treated in a somewhat similar manner to that which has been practised again with so much success on board the *Medea*."

**Frederika's** "Hints to the Professional Body at Large" are inadmissible. The paper is left with the publisher.

**Mr. H.** is thanked for the information, which will be used at the proper time.

**An Irish Militia Surgeon.**—The 19th section of the Militia Pay Act clearly states that the militia surgeon is not entitled to half-pay or a pension. This is a gross injustice, and an effort must be made to find a remedy.

## OBSERVATIONS ON CHOLERA.

To the Editor of THE LANCET.

SIR,—Whatever may be the nature or origin of the specific morbid poison, which is generally admitted to constitute the exciting cause of cholera, a highly-damaged state of the functions of the alimentary canal, accompanied by great prostration of strength, coldness of the extremities, and of the general surface of the skin, a feeble and almost imperceptible pulse, are amongst its early and most prominent symptoms. All those measures, therefore, which have a tendency to further depress the vital powers or to weaken the patient must necessarily diminish the chances of recovery, and increase the danger of a fatal termination. As the cause of the disease has hitherto eluded the cognizance of our senses, so likewise have we failed in discovering an antidote or a specific remedy for it, and the utmost we can achieve is to combat its effects, and endeavour to assist nature to bear up under its injurious influence. The principal indications of treatment are—Firstly, to allay the irritation, and arrest the inordinate secretion of the stomach and bowels, and—Secondly, to restore the circulation and natural temperature of the skin, and to support the strength of the system. In order to attain the first object, opium, in combination with aromatics, should be administered more or less frequently, according to the urgency or severity of the symptoms, whilst brandy-and-water in moderate quantities, with nutritious food in a liquid form, such as beef-tea, arrow-root, sago, &c., are best adapted to bring about the latter. I have found the following simple formula almost invariably and speedily efficacious in putting a stop to the vomiting, purging, and cramps, and in restoring animal heat in cases of English cholera and diarrhoea, and I would earnestly recommend its being given a fair trial in the more formidable (the Asiatic) form of the disease:—Powder for opium confection, (P. L.) ten grains; mercury with chalk, three grains, to be made into a powder, to be taken (by an adult) every one, two, or three hours, as long as the characteristic symptoms of cholera continue.

I remain, Sir, your obedient servant,

Benton Benger, White, Oct., 1854.

WILLIAM LUTON.

**Mr. Joshua Waddington, (Margate.)**—There is much force in the arguments used for keeping the Royal Sea Bathing Infirmary open all the year round. Mr. Waddington observes:—

"Let the infirmary be kept open the whole year through, and the cures I am certain will be greatly multiplied; for I state it as the result of my experience, that a continuous residence is absolutely necessary. In the name of common sense, is it possible that a weak constitution can be changed in a few weeks, or even months? In the name of humanity, what can be more cruel than at the end of the infirmary season to turn out those unfortunate sufferers who may have just commenced to improve in health? It is a refinement upon that cruelty to treat them in the same way from season to season, until death steps in and relieves them from the torture of being tantalized with recovery. Hitherto this playing at battle-door with the patients used to commence in May, and end in October. Now, however,—a circumstance on which I sincerely congratulate you,—the period for keeping open the infirmary is extended, for eighty patients, to the 1st of January, a sure proof that the prejudices commonly entertained against a sea-side residence during the winter are fast fading away. The truth is, we can do more good in the winter than in the summer, for this season: the atmosphere by the sea-side is in summer cooler, and in winter two degrees warmer than that of places inland; and, a matter of far greater importance in regard to the cure of scrofula, it is also much dryer. The atmosphere of Margate, compared with that of London, has, according to De Luc's hygrometer, the advantage of five degrees in dryness."

**A. B.**—It must be shown, if an action is brought against a person for practising as an apothecary without a license, that he did so for gain. Practising as an accoucheur has not been hitherto regarded as an infringement of the Apothecaries' Act.

**A. P.** must forward us his name and address, in confidence. Our correspondent shall then receive a private note.

**Widdowson.**—A certificate of having served five years in the "manner of an apprentice" is occasionally received by the authorities, in lieu of indentures of apprenticeship.

## TREATMENT OF CHOLERA BY ACIDS.

To the Editor of THE LANCET.

SIR,—I observe in THE LANCET of the 28th ult. I am made the subject of criticism by "R. W.," of Caius College, Cambridge. He accuses me of "pretending originality" respecting the treatment of Asiatic cholera by acids in 1831 or 1832, whereas "R. W." affirms he has discovered the fountain-head in one Dionysius Fontanonius, a Frenchman, who wrote 250 years ago, and in some nameless Englishman of about the same date. Well, Sir, those same ancient authors must have been born before their time, have been too knowing for the age in which they lived, thus to have foreseen and to have prescribed a cure for an epidemic (Asiatic cholera) which did not afflict mankind until some two hundred years after the period in which they flourished. "R. W.," of Caius College, appears to have been aware of a real remedy projected 250 years ago. Why, then, has he never brought it forward, and urged it upon the public, any time within the last twenty or thirty years, during which the Asiatic cholera has been devastating mankind? Did he never hear of one who, having one talent given him, wrapped it in a napkin, and made no use of it, and of what became of him? Why, Sir, if this sort of criticism is to prevail, I ask who upon earth can lay claim to originality in anything? Cannot "R. W." come forward on any occasion, and swear that there is "nothing new under the sun"? No modern inventor was, I wot, contented successfully against musty old books, scoured together and fumbled over by antiquarian R. W.'s of the cloisters of Caius College, Cambridge. Of course, "R. W." (I wish he would give us his name at length) has never read my pamphlet (but that is of no importance to some people; they can write a criticism all the same) on the "Treatment of Asiatic Cholera by Acids," or he would have perceived that I do not claim an entire originality in the matter; but that I did what "R. W." would not, or could not, or did not care to do, endeavoured to bring into general notice, and to give prominence and effect to a mode of treatment which has proved to be of great importance. But of this enough.

I have read in your pages recently much about the treatment of Asiatic cholera, but cannot say that I feel greatly satisfied thereby. I propose to prepare a short paper, embodying succinctly my views, especially on the medical treatment of that disease, which I trust you will deem of sufficient importance to lay before your readers in the columns of THE LANCET.

I am, Sir, yours truly,

GEO. BODINGTON.

November, 1854.

**A Student.**—Application should be made to Dr. Andrew Smith, Medical Superintendent of the Army.

**Mr. MacNab, (Inverness.)**—It appears the answer has been sent to the wrong party. Our correspondent shall receive a private note.

The communication of Mr. J. F. Watson, relative to the late case of the Rev. Mr. Holmes at the Heigham Hall Asylum, arrived too late for insertion in the present number. It shall appear next week.

**X., (London Hospital.)**—One guinea per diem would be a fair remuneration.

**N.** In the next LANCET.

**ERRATUM.**—In the list of licentiates of Midwifery, inserted in THE LANCET last week, the date of Mr. Nowell's diploma should have been "1851," not "1854."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marshall Hall; Dr. R. Dundas Thomson; Mr. William Anderson, (York); Mr. William Thorn; A. P.; Enquirer; Dr. Fleming; Dr. Waller Lewis; M.R.C.S.E. and L.A.C.; Mr. Allwork; Mr. F. W. Watkins; The Eastern Dispensary, Bath; Mr. Mackinnon, (42nd Royal Highlanders, the Crimea); Dr. Huddock; Dr. Mackinlay, (Isleworth); Mr. Alaskill; A. B. C.; Dr. MacNab; Dr. Henry Hancox, (Brynmawr, Breconshire); X.; An Old Subscriber; Mr. Allison; Mr. J. Orr, (Liverpool, with enclosure); Mr. J. Nicholls; Mr. R. S. Francis, (Boughton, with enclosure); Mr. W. Caruthers, (Halton, with enclosure); Mr. W. Keith, (with enclosure); Mr. G. Nunn; Mr. B. McClelland, (with enclosure); Mr. T. W. Ransom, (with enclosure); Dr. Settle, (Hendley, with enclosure); Mr. John Bell, (with enclosure); Funchal; N.; A West Indian; Frederika; An Inhabitant of the Adelphi; Medicus; Mr. Joshua Waddington, (Margate); A Subscriber to the Eastern Dispensary, Bath; A. B.; Mr. H.; A Student; Mr. J. P. Watson; Mr. G. Bodington; &c. &c.

**Hooper's Invalid Water Cushions and Mattresses, or Beds, for Bed-sores,** whether threatened with Sloughing, or in which Sloughing has actually taken place.—Fractures, Diseased Joints, Ulcerated Cartilages, Paralysis, Spinal Affections, Renal Diseases, Inflammation of the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gout and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive, and all Bed-ridden Patients. Mr. HOOPER has succeeded in obtaining Waterproof Sheetting (Bed-Protectors) at a Great Reduction in Price, Free from Smell, and not affected by Temperature, Urine, Acids, or Alkalies; and, MAY BE WASHED AS FAMILY LINEN. Also—

## IMPROVED URINALS, AND ELASTIC BED PANS, OR RECEPTACLES,

INDIA-RUBBER, ENEMA, and DOUCHE, answering equally for either purpose, and may be carried in the Pocket.

For Hospitals and other Institutions a Discount is allowed. Their advantages over the costly and cumbersome Water Beds have been published in the Medical Journals, and they are particularly applicable for Paralytic and Lunatic Patients.

"I HAVE in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water-Bed."

"JONN. PEREIRA, M.D.,

"Physician to the London Hospital.

"Finsbury-square,

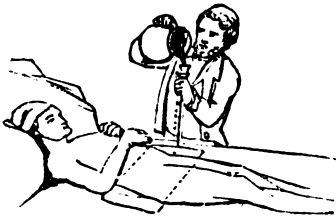
"February 27, 1852."

"SIR,  
"Your Water Cushions and Mattresses answer most admirably; indeed, they are invaluable. They have been in use here for eighteen months."

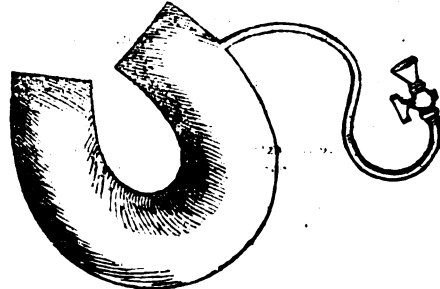
"Jan. 1854."

"R. L. WILLIAMS, M.D., Visit. Phys.

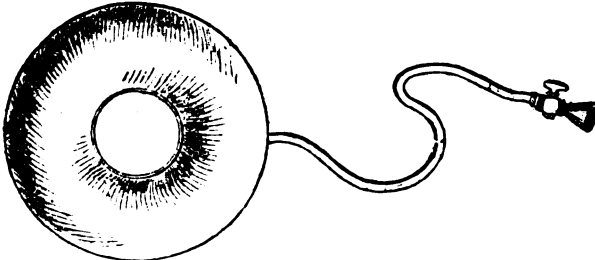
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INVALID CUSHION,  
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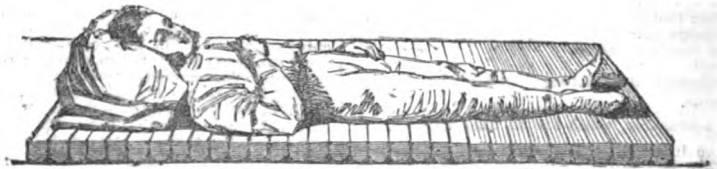
CUSHION MORE ESPECIALLY USEFUL FOR SLOUGHING  
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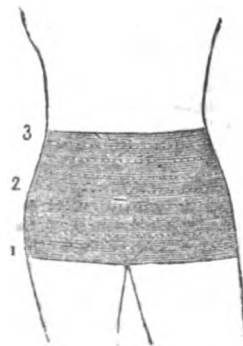
## HOOPER'S SPIRAL SUPPORTERS.

[The Figures 1, 2, 3, &c., show the points at which measures should be taken in circumference.]

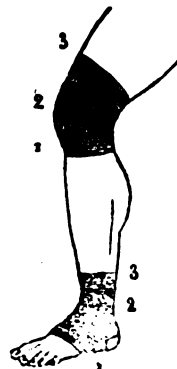
KNEE CAP.



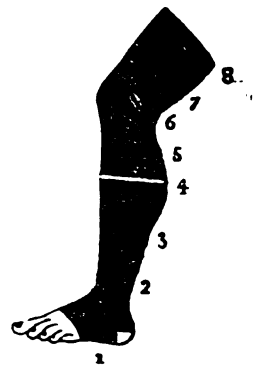
SPIRAL SUPPORTER.



ABDOMINAL SUPPORTER.



ANKLE SOCK.



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supplied with the best SURGICAL INSTRUMENTS cheaper than any other house in the trade, at PRATT'S, 420, Oxford-street. Travelling Urinals, from 12s.; Brass Enema Syringes in Case, 7s. 6d.; Elastic Stockings, 5s.; Case of Amputating Instruments, £3 15s.; Pocket Case, 30s.; Tooth Instruments, from 25s.

PRATT, Surgical Instrument Maker, 420, Oxford-street.

## Henry Bigg, 9, St. Thomas's-street,

Borough, Surgical Instrument-maker to Guy's and St. Thomas's Hospitals, begs to call the attention of the Medical Profession to the following valuable instruments, made from designs and suggestions kindly given by the Gentlemen whose names are attached—viz, Mr. Le Gros Clark's Talipes Instrument; Mr. Bransby Cooper's Ovarian Trocar; Mr. Cock's Recto-Vesical Trocar; Mr. Cooper Forster's Ear Speculum; Mr. Hilton's Speculum Ani; Dr. Lever's Midwifery Instruments; Mr. Solly's Elastic Catheter, with Caigut Director. These Instruments being constructed on the premises secure their excellence and perfect finish.

9, St. Thomas's-street, Borough, London.

## Dr. Lever's Improved Elastic Utero-

ABDOMINAL BELT being constructed by Mr. H. Bigg, 29, Leicester-square, under the immediate suggestion of Dr. Lever, will be found to combine every advantage possible to obtain. It upholds the parietes of the abdomen, secures support to the uterus, and admits of the elastic force immediately above the pubes being increased by the patient after the Belt is applied.

To be had only of Mr. H. BIGG, 29, Leicester-square.

## Spinal Curvature.—Mr. H. Bigg, 29,

Leicester-square, particularly invites the attention of the Faculty to two new and distinct forms of SPINAL APPARATUS he has recently invented. The principle on which they are constructed, thoroughly supplants the "brute force" of the screw, yielding instead an elastic power analogous to muscular motion; it also encourages respiration, admits of the spine being moved in any direction, and possesses a weight so trifling as hardly to be felt by the wearer.—PATENTED.

To be had only of the Patentee, 29, Leicester-square.

## Treatment of Club Feet, Spinal

CURVATURE, &c., WITHOUT THE EMPLOYMENT OF THE SCREW.—MR. H. BIGG, 29, Leicester-square, begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the feet and spine.

"The living structures do not with impunity tolerate the brute force of the screw." "In any case in which the force of the screw is employed, unless for a very brief period, excoriation, sloughing, intolerable pain in the parts compressed will inevitably result." "Dr. LITTLE, on 'Deformities,' pp. 34, 35.

Mr. H. Bigg has recently invented four distinct forms of Orthopaedic Instruments for Talipes Varus, T. Valgus, T. Equinus, Lateral Curvature, &c., in all of which the principle of muscular elasticity is simulated and the "brute force" of the screw ignored.—PATENTED.

29, LEICESTER-SQUARE.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

FIG. 1.

FIG. 2.

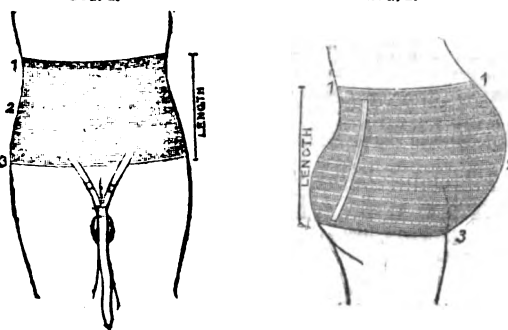


FIG. 1. BELT AND AIR-PAD FOR PROLAPUS UTERI OR ANI.—Mr. Bourjeaud begs to state that the apparatus here figured has been found extremely useful in cases of prolapsus uteri or ani, and with patients, especially females, who require support for the perineum. The compressing agent is a scotchcotton bag, filled with air; it is in the diagram hanging loose in front of the patient, and is fixed in its place by the strips of elastic tissue, the free extremity of which is seen. The latter is fixed to the lower and posterior margin of the belt, and by the elasticity of the bag and straps sufficient compression is made, and not the slightest uneasiness is experienced. This is a most valuable adjunct to surgical and obstetrical practice, and is highly appreciated by the most eminent members of the profession.

FIG. 2. This is a most useful belt, called the ABDOMINAL SUPPORTER. It is made of varying strength, to suit the peculiarities of patients, and is most useful during gestation or after parturition, to forestall the uncomfortable state called pendulous abdomen. During gestation, it relieves the veins from the pressure of the distended womb, and thus prevents swelling of the legs; and after the birth of the child it is most valuable to those ladies who are anxious for the look of their waists. This belt is most useful in cases of dropsy, especially when ovarian, as the pressure may be increased so as to conduce, in favourable cases, to the absorption of the fluid. Mr. Bourjeaud cannot too strongly recommend this belt to corpulent people; they will find it a real comfort.

## The Respirator,—The assumption of

the name of Respirator for various discreditable and defective imitations of MR. JEFFREYS' Instruments, the value of which in medical practice has given a wide reputation to the name, can only mislead unwary persons not acting under professional advice.

City Office for the Respirator, 25, Bucklersbury; West-end Depot, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

## M. Pillischer's Newly-Constructed

STUDENT'S MICROSCOPE, which, for solidity, portability, and reasonable price, surpasses any Microscope hitherto made by any English or Continental maker. The Student's Microscope, with coarse and fine adjustments, single mirror, one eye-piece, a one-inch and one-quarter-inch French achromatic object-glasses of best quality, the whole packed in mahogany case, 7in. by 6in., £5 10s.; or with M. Pillischer's own-made, 1in. of 16 degs. angular aperture, and 1in. of 60 degs., £7.

The above stand with lever stage, extra eye-piece, double mirrors, animalcule cage, &c., £8; or with Pillischer's glasses, £9 10s.

A list of prices will be sent free on application to M. Pillischer, 88, New Bond-street.

TO THE SURGICAL AND MEDICAL PROFESSION.

## W. F. Dürroch, late Smith, begs to

inform the Profession, that he continues to MANUFACTURE SURGICAL INSTRUMENTS of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent practitioners and lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their instruments finished in the best and most modern style. Surgical and Medical Instruments made to drawings, and kept in repair. Established 1798. No. 2, New-street, St. Thomas's-street, (near the Hospital,) in Southwark.

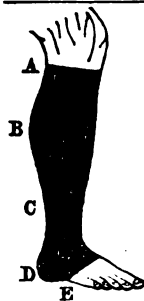
Superior dissecting instruments and equally moderate in price, well worth the inspection of the student.

SPECULUM ANI, made by W. Dürroch, for John Hilton, Esq., may be had at a moderate price.

## Surgical Instruments, and every

Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

	s. d.		s. d.
Single Circular Trusses .....	2 6	On Coles's Expired Patent .....	5 0
Double ditto .....	5 0	Double ditto .....	10 0
On Salmon's Expired Patent ...	4 6	Cotton Net Suspensory	
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		Elastic Stocking Net Bandage,	
		per yard .....	0 4
Case of Tooth Instruments .....	£1 0 0		
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Case of Pocket Instruments .....	1 0 0		
Brass Enema Syringe, complete in mahogany case .....	0 10 0		
Case of Dissecting Instruments, ivory handles .....	0 12 0		
Best Bleeding Lancets, per dozen .....	0 18 0		



## Every excellence which the

Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.

H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stockings: Circumference at A, B, C, D, and E; length from A to D, and D to E.

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FOR NERVOUS, FUNCTIONAL, AND RHEUMATIC DISEASES.



MEINIG'S New and Greatly Improved GALVANIC ELECTRO-GENERATOR, for supplying vito-functional energy to any organ in want of the same, and to the system generally, may now be had at the Establishments, 103, Leadenhall-street, and at 213A, PICCADILLY. All wet and metallic contact with the Body is entirely obviated; it acts with water alone, without acid, the action lasts more than twenty-four hours after each damping, and can be renewed and regulated without undressing, the Generator, enclosed in an envelope, being carried in the pocket or suspended from the neck.

THE EXTRAORDINARY CURATIVE VIRTUES OF THESE MILD CURRENTS OF ELECTRICITY ARE NOW FULLY ESTABLISHED BY EXPERIENCE. The Prospectus (to be had gratis, or by post for two stamps) contains the names of more than 600 persons cured within the last eighteen months, and this remedy is now adopted in nearly all the Hospitals, and by the most eminent practitioners. Sold at 5s. and upwards, according to power, at C. MEINIG'S, 103, Leadenhall-street, and 213A, PICCADILLY.

N.B.—In the first stages of CARCINOMA the continuous current from the colon to the abdomen has been found eminently successful in checking the further progress of the disease.

POCKET-BATTERIES for Medical Practice on the same principle. (Intensity of 120 cells within the space of a small pocket-book.) 103, LEADENHALL-STREET and 213A, PICCADILLY (near Regent-circus) Prospectus gratis, or by post for two stamps.

**Medical Galvanic Coil, complete, at**  
27s. 6d. Powerful ELECTRO-GALVANIC MACHINES for Medical purposes, of very superior finish, with Battery and Conductor, complete, at 27s. 6d., at C. BAKER'S Surgical, Optical, and Philosophical Instrument Warehouse, 244, High Holborn.

**New Spinal Support.—Fr. G. Ernst,**  
Lamb's Conduit-street, Foundling Hospital, begs to draw the attention of the Faculty to his recently-invented SPINAL APPARATUS, which, after some months of trial, has proved superior to any of the various kinds hitherto used, and produced the most satisfactory results. This appliance, being self-adjusting, free bodily motion is permitted; thus, while equal and necessary support is given to the wearer, all injurious or painful pressure is avoided, and a great amount of comfort and benefit consequently yielded. It can be modified so as to suit any FORM OF SPINAL DEFLECTION; its weight is comparatively trifling, and from its capacities for nice adaptation elicits no observation when on the body.

To be had only of the Inventor, 48, Lamb's Conduit-street.

TO THE MEDICAL PROFESSION.

**Fr. G. Ernst, Anatomical Machinist**  
and MANUFACTURER of SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam Exner (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

**The Eye Douche, for applying Lotion**  
to or bathing the Eye, is self-acting, simple, and portable. The immediate relief obtained from its use particularly recommends it to the notice of all who are much engaged in reading, writing, or designing; it has been employed with the most favourable results by patients under the care of Haynes Walton, Esq., Surgeon to the Central London Ophthalmic Hospital. Price 20s.; carriage paid to any railway station.

Manufactured by WILLIAM T. COOPER, 26, Oxford-street, London.

**COOPER'S LAVEMENT APPARATUS** is the most perfect ever invented; the possibility of air entering the bowels is prevented, and the labour of pumping is avoided; being constructed entirely of metal, without valves, it cannot become out of order, which renders it particularly suitable for use in the country or in foreign climates. Price 35s. Enema Apparatus from 10s.; Superior Reservoir Apparatus from 27s.—Each instrument in mahogany box with lock and key.

Manufactured by WILLIAM T. COOPER, 26, Oxford-street, London.

**THE CORK RESPIRATOR** is the lightest cheapest, and most efficacious ever produced; allows free respiration, and from being easily applied and removed, is specially adapted for the use of Invalids, or Ladies attending evening meetings or places of amusement. Price 3s., free by post.

Wholesale only of WILLIAM T. COOPER, 26, Oxford-street, London.

Illustrated Catalogues free by post.

**Purification of Linen.—Prevention of**  
Disease.—J. BOILESSVE, 55, King William-street, City, London, solicits the attention of the nobility and gentry to his CALORIFERE, for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1853.  
SIR,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) put up in the Laundry at Woburn Abbey in May, 1852, by Mr. Boilessve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy. I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

I am, Sir, your obedient servant,

J. Boilessve, Esq.

J. PALFREMAN, House Steward.

**Warming and Ventilating, by Hot**  
AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

Highfield, Berkhamstead, Herts., January 24th, 1854.

SIR,—I read some time ago in your valuable paper, an article advocating the need in this climate of warming dwellings with some simple apparatus, giving ventilation, combined with the healthiest temperature, at a great saving of fuel. I am very glad to give you the result of my experience of a new kind of stove, named "Calorifere," erected some months ago at this residence by Mr. J. Boilessve, London; it answers its purpose perfectly; the house and every room to which the ventilation is adapted, is kept at an agreeable temperature, with an utter absence of the oppressive atmosphere usually experienced by all other methods of warming dwellings; that I have seen several persons, some of them highly scientific, who have examined the apparatus and have expressed themselves satisfied, and consider it a most perfect application of warm air and ventilation combined. The cost of warming the house and conservatory attached, has been Eightpence per twenty-four hours, during the late cold weather, and the trouble of attendance is very little. The economy of fuel will cause this stove to be generally adopted. I have no doubt, more especially as the charge for coals is constantly on the increase. The stove in operation should be seen to be appreciated, and I can add, from my experience of its effects during this winter, that it is invaluable for any invalid in so variable a climate as ours, and no one can be aware of the comfort until it is tried.

I am, Sir, yours obediently, a Subscriber,

The Editor of the Times.

E. W. FARMER.

**Mr. Edwin Osborne, of 24, Savile-**  
ROW, LONDON, the Sole Licencee and Maker of PALMER'S PATENT LEG, adapts this beautiful substitute to every form of amputation; and having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given, (if required.)

**Water Filter for the Pocket, with**  
DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.  
J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-square.

**Infants' New Feeding Bottles.—These**  
celebrated Nursing Bottles, the best Artificial Mother ever invented, enabling the most delicate infant to feed from its birth with the greatest comfort and ease, are adapted to milk, biscuits, and all kinds of food. The Nipple, of novel material, is elastic, soft, durable, very cleanly, and so beautiful in appearance of nature, that no infant ever refuses it.—BENJAMIN ELAM, 198, Oxford-street.—7s. 6d.—Each is stamped with my name and address.

**Purify Sick Rooms, and give comfort**  
to Patients and perfect Safety to Attendants.—The most offensive atmosphere is instantaneously purified, and the air impregnated with refreshing fragrance, by SAUNDERS' ANTI-MEPHITIC FLUID, prepared by J. T. Saunders, Perfumer, 315a, Oxford-street, Regent-circus. Sold by all Druggists and Perfumers. Price 1s.

**Poultices superseded by the use of**  
MARKWICK'S PATENT SPONGEO PILINE.

As a substitute for common poultices and fomentations, the superiority of this article is unquestionable. It is strongly recommended by the most eminent of the Faculty for its cleanliness, economy, lightness, and general efficacy, and is now used in several of the hospitals. Also Markwick's Patent Piline, for Cholera-Belts, Rheumatism, Chest Protectors, Respirators, Lumbago, &c.

Sold, retail, by Chemists and Druggists, and wholesale only by  
GEORGE TRIMBEY, 41, Queen-street, Chancery.

**Aërated Waters of sufficient and**  
uniform strength. BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, having given great attention to the manufacture of Mineral Waters, and feeling it important that medical men should be assured of the quantity of Alkali contained in each kind, beg to submit the following list of their preparations:—

Potash Water, 18 grains of the Bicarbonate in each bottle. Citrate of Potash, (a new and valuable auxiliary in Gout and Rheumatic affections,) 30 grains; Soda, 15 grains; Magnesia, 12 grains, and Ammonia, 10 grains.  
B. S. & B. would especially recommend their Seltzer and Vichy Waters; the latter now bottled in half-pints as well as pints.

BLAKE, SANDFORD, and BLAKE, 47, Piccadilly.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

**Important Saving, by Pre-payment,**  
in the PURCHASE of

NEW WHITE MOULDED VIALS.

APSPLEY PELLATT and CO. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

1 oz., 1 oz., and 1 1/2 oz. per Gross, 6s.	
2 oz. " 7s.	
3 oz. " 8s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	
4 1/2 oz. graduated in 3 doses 12s. 6d.	

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

APSPLEY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.

**Patent Perambulators.**

C. BURTON, Inventor, Patentee, and Sole Manufacturer to Her Majesty by appointment.



The distinguished patronage, the flattering encomiums, and the increasing demand, are sufficient proofs of the utility and excellence of these fashionable, safe, and elegant Carriages for adults, children, and invalids, propelled from behind by the slightest effort. Country and Shipping orders. Illustrated Circulars.

OFFICE, 487, NEW OXFORD-STREET.

Also, C. BURTON'S PATENT PERAMBULATOR FOR THE MILLION. Price Two Guineas.

CAUTION.—To avoid unprincipled and dangerous imitations, look for Burton's Label on each Carriage.

**GOLD CHAINS AND JEWELLERY.**

**Watherston and Brogden, Wholesale Manufacturing Goldsmiths and JEWELLERS,** beg to announce to the Nobility, Gentry, and Public in general, that in obedience to the numerous calls made upon them since the Great Exhibition, where they were awarded a Prize Medal, they have resolved to throw open their Manufactory to the Public at Manufacturers' prices, a closer connexion than has hitherto existed between the real worker in the precious metals and the Public being obviously an advantage to both parties. Gold is capable of being alloyed to any extent, and therefore, in order to protect the Public in the article of Chains, Watherston and Brogden will make the Mint price of 77s. 10½d. per oz. for British standard the basis of all their operations, and making their profit on the workmanship alone, will charge the bullion in their Chains at its intrinsic value, undertaking to re-purchase it at any time at the same price: thus—15 carat gold will be charged and will realize 53s. 1d. per oz.; 18 carat gold will be charged and will realize 63s. 8½d. per oz.; 22 carat gold will be charged the Mint price of 77s. 10½d. The price for workmanship will be charged according to the intricacy or simplicity of the pattern: for example—a Chain weighing 2 oz. of 15 carat gold is worth, at 53s. 1d. per oz., £5 6s. 2d. intrinsic value; supposing the workmanship to be £2, total £7 6s. 2d. By this arrangement the purchaser will see at a glance the proportion charged for labour compared with the bullion in a Gold Chain, and, being always able to realize the one, will have only to decide on the value of the other. An extensive assortment of Jewellery, all made at their Manufactory, 16, HENRIETTA STREET, COVENT GARDEN. (Established 1798.)

**Gas Horse-Singeing Lamps.—The**

Nobility and Gentry are informed that SINGEING LAMPS, embracing the most recent improvements, with flexible Hoses of any length, may be obtained at M. SALT and SON'S, Surgical Instrument Manufacturers and Cutlers to the Queen, Bull-street, Birmingham.

**The Arctic Expeditions.—The whole**

of the Ships of the various expeditions which have wintered in the Ice, including those of Sir John Franklin and Captain Collinson, have been warmed by SYLVESTER'S HOT AIR APPARATUS.—For prospectus and prices, apply to SYLVESTER and CO., Engineers and Manufacturers of Heating Apparatus, 96, Great Russell-street, Bloomsbury, London.

**Royal Polytechnic Gas Fire.—**

BACHHOFFNER and DEFRIES'S PATENT.—The Public is respectfully informed that arrangements have now been made for the supply of this unique and beautiful mode of Warming Private Houses, Shops, Public Buildings, &c. Smoke, dust, ashes, and accidents from fire are effectually prevented by its use, while it presents all the comfort and appearance of an open coal fire, securing, at the same time, perfect ventilation. To be seen in action at DEFRIES'S Office, 145, Regent-street, London.

**Ten Thousand Stoves.—The Tenth**

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DRAY, and CO., 46, King William-street, London-bridge, and may be obtained of most ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.



**Metal Bed-Pan,**

Price 6s.—Acknowledged to be the most convenient in form, and much more durable than any now in use.

To be had of the Manufacturer, J. LAWRENCE, 20, Great Charlotte-street, Blackfriars; of Messrs. Gale, Baker, Warde, and Oldfield, Bouverie-street, Fleet-street; and of Messrs. Leadbitter and Hollon, York. Orders from the Country must be accompanied by a Remittance.

**Metcalf and Co's New Pattern**

TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO'S only establishment, 130 and 131, Oxford-street, second and third doors west from Holles-street. Metcalf's Alkaline Tooth Powder, 2s. per box.

**Ford's Eureka Coloured Shirting is**

now ready, in 200 different patterns. Specimens in varied colours sent post free on receipt of six stamps.

FORD'S COLOURED EUREKA SHIRTS, Six for 27s. FORD'S WHITE EUREKA'S, best quality, Six for 40s.; second quality, Six for 31s.; if washed ready for use, 2s. extra.

CAUTION.—Ford's Eureka Shirts are stamped "38, POULTRY, LONDON," without which none are genuine.

\* Catalogues with particulars post free.  
RICHARD FORD, 39, POULTRY, LONDON.

**Funeral Extortion avoided, by Exe-**

cutors and bereaved Relatives of deceased Noblemen, Gentlemen, Tradesmen, and others, sending in the first instance to SHILLIBEER'S OFFICE, CITY ROAD, near Finsbury-square, or to 12, NORTH STREET, QUADRANT, BRIGHTON, instead of employing their Upholsterer, or the nearest Undertaker, who, not possessing the needful requirements, resort to the Funeral Furnishers, to hire them, and consequently inflict twofold profits.

Shillibeer's Establishment combines under one charge, to any scale of pomp and humility desired.

Funerals of every class, and the most varied description of conveyances, old and new styles, and first-rate equipments, at charges so moderate as to defy competition. Catholic Fittings from Paris. No extra charge within ten miles. A Nobleman's Funeral, Thirty Guineas; Gentleman's, from Ten Guineas; Tradesman's, £8; Artisan's, £4 and upwards.

Originated in 1842.

AT THE CRYSTAL PALACE.

**"The Duobus," a cheap close Carriage**

for a "Country Practice," having all the comfort and convenience of a Brougham, with the weight of an ordinary Gig. Price £42. This Carriage can be seen at the new Crystal Palace, and sketches and particulars obtained on application to T. B. Starey, Coachmaker, Nottingham.

**Improved Invalid Cot Carriages—**

the greatest luxury and comfort ever introduced for removing invalids, being fitted up with the patent noiseless wheels. These carriages may be engaged, on moderate terms, for any Journey, upon application to H. and J. READING, coachbuilders, 14, Riding House-lane, Cavendish-square.—N.B. A good assortment of new and second-hand carriages for sale or hire.

**The 16s. Trousers reduced to 14s.—**

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

**R. T. Pigram, Practical Tailor, and**

Inventor of the Indicator of the Human Figure, whereby a perfect fit is secured, respectfully invites the attention of the public to his mode of art, since none can doubt the importance of an easy and exact adjustment of wearing apparel. Superior Trousers at 17s. 6d. per pair.

R. T. PIGRAM, 61, Lamb's Conduit-street, Foundling Hospital.

**To Professional Men and others.—**

The Oxford Mixed Doeskin Trousers, price 21s. The Striated Cloth Vest, price 10s. 6d. Stock for choice, or to measure.

S. BATTAM, Coat and Trousers Maker, 180, Tottenham-court-road, four doors south of Schoolbred and Co's.

Patterns of the material and Directions for Measuring sent free per post.

**Overcoats, Capes, &c., at W. Berdoo's,**

96, New Bond-street, and 69, Cornhill, one of the largest stocks in London. Superior garments at reduced charges. Shooting Jackets. Berdoo's well-known Light Overcoat, for all seasons, (price 45s.) Ladies' Cloaks, Mantles, Habits, &c., all made thoroughly impervious to rain, without obstructing free ventilation, and without extra charge; or made to order at a day's notice.

**Assistant-Surgeons.—Gentlemen**

receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

L. PHILLIPS, 28, WEST STRAND, LONDON,

the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed lists of the articles required on taking up a Commission, with prices affixed, and every necessary information, may be obtained on application.

THE SYDENHAM TROUSERS.  
17/6



**Samuel Brothers,**

29, LUDGATE-HILL,

Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS, at 17s. 6d.,

Unequalled for superior style, fit, quality, perfect ease, and gracefulness, so requisite for gentlemanly appearance, and so rarely obtained.

Patterns sent free on application.

SAMUEL BROTHERS' Stock of OVERCOATS for the present Season is worthy of your inspection.



**Soyer's Aromatic Mustard. — "M.**

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration." — **THE LANCET.**

Sole Agents: Messrs. COHEN and BLACKWELL, 21, Soho-square, London.

**To Invalids and those desirous of**

**PRESERVING HEALTH.**—The Sanitary Commission instituted by **THE LANCET** having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to **EDMONDS and CO.'S HOMEOPATHIC COCOA.**

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

**Cocoa of the finest quality, prepared**

in the best possible manner.—Our **PURE GRANULATED COCOA** was pronounced by the Analytical Chemists employed by **THE LANCET**, in their memorable researches into the Adulterations of the Food of the People, to be free from any admixture whatever. The Invalid, and Cocoa-drinkers in general, are requested to make trial of it. In pound packets, 1s. each. Arrow-root, genuine as imported, at 4d. per lb., 6d. per lb., 8d. per lb., 1s. per lb., 1s. 4d. per lb., and the very finest Bermuda in the Kingdom, 1s. 8d. per lb.; 7 lbs. of that at 8d. per lb., or any higher quality, packed in tin canisters, without extra charge. Good Ceylon Coffee, 1s. per lb.; Java Coffee, a rich and useful article, 1s. 4d. per lb. Good Congou Tea, 3s. per lb.; very excellent ditto, 3s. 4d. Orders to the amount of 40s., for any of the above articles, covering a remittance for amount of same, forwarded, carriage free, to the nearest railway station.

HANDFORD & DAVIES, 61, High Holborn.

**DOMESTIC ECONOMY****H. Sparrow and Co. beg to announce**

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 8d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, **HENRY SPARROW and CO.,** Wholesale Dealers in Tea, 372, Oxford-street, London.

**Pure as well as Fine Tea.—**

Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in **THE LANCET**, and also in *The Times*, (October 8th, 1852.) The fact, therefore, is now familiar to most, that artificial colour is used to give the Spring crop and the spent Autumn gathering the same appearance. If this practice were discontinued, a twofold benefit would arise; first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by **HORNIMAN and Co.,** London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the Spring product from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE Tea, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are reduced:—

Finest Congou, 3s. 8d. Finest Lapang Souchong, 4s. and 4s. 8d.

Fine and Pure Green, 3s. 8d., 4s., and 4s. 8d.

**HORNIMAN and CO.,** Wormwood-street, London, Importers of the most approved Teas in general use, but free from the objectionable artificial colour on the surface.

Agents in London, **PURSELL**, 80, Cornhill; and **ELPHINSTON**, 227, Regent-street, and 366, Oxford-street.

Sold by authorized Firms in all Towns, in 1 lb., ½ lb., and ¼ lb. packages only.

**Pure Country Bread, supplied every**

Day by Train by **G. BILLINGS**, of Sawbridgeworth, Herts.

Sawbridgeworth, Herts, 1852.

George Billings begs respectfully to call the attention of the Public to the subjoined Testimonial (vide **THE LANCET**, March 26th, 1852) as to the pure and unadulterated nature of Bread made by him.

Having been earnestly solicited by numerous parties in London to introduce it to the public, he has appointed as his agents:—**MR. DAVID BILLINGS**, 7, Ivy-place, Hoxton; **MR. HOLLOWAY**, 18, Liverpool-street, Bishopsgate.

N.B.—All Bread supplied to the London public is stamped,—"**G. BILLINGS**, Sawbridgeworth."

London Hospital, March 17th, 1852.

I have made a careful analysis of the Bread manufactured by **MR. GEORGE BILLINGS**, Sawbridgeworth, Herts, and I find that it is perfectly free from everything of a deleterious nature; besides which it is of good colour and light texture, is pleasant to the taste, entirely free from acidity, easy of digestion, and apparently well suited to the wants of the dyspeptic.

**HENRY LETHEBY, M.D.,**

Professor of Chemistry, &c., in the London Hospital.

18, Upper Seymour-street, Portman-square,

November 4th, 1853.

Having submitted to careful analysis a loaf of bread, manufactured by **MR. GEORGE BILLINGS**, of Sawbridgeworth, Herts, and placed in my hands for that purpose by **MR. D. BILLINGS**, of Ivy-place, Hoxton, I find the bread to be well made, free from acidity and all deleterious matter, and accordingly well adapted for the sustenance both of invalids and of persons in health.

**ANDREW URS, M.D., F.R.S., Analytical Chemist.**

\* \* \* Orders by post punctually attended to.

**Recherché Wines.—Sherry: A very**

fine Sherry, (Amontillado and Montilla,) Brown and Pale, for Cash, at 48s. per dozen; 42s. per quart; 24s. per hoghead; 28s. per butt.

PORT.—Very fine old dry Wine (Vintages 1827, 1830, 1832, 1833), lately imported: from the Wood at 48s., 54s., 63s., and 68s. per dozen.

First Class Champagne, (Ay, Arize, Pierry, Verzenay, and Sillery,) Sparkling and Still Moselle, Sparkling, Still, and Red Hocks, and Bordeaux Wines, at very moderate prices.

These Wines are patronized and recommended by several eminent Physicians, and are especially recommended to Connoisseurs. Samples and List of Prices forwarded on application.

**H. H. HAMMICK**, Importer, 11, Pall-mall, London, opposite the "Travellers' Club."

**Allsopp's Pale Ale in Bottle, as**

supplied to the **CRYSTAL PALACE**; also in casks of 18 gallons Recommended by **BARON LIEBIG**.

Address, **HARRINGTON PARKER and CO.**, 5½, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

**WOOD & WATSON**, 16, Clement's-lane, City.

**Allsopp's Pale Ale.—Medical gentle-**

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring **ALLSOPP'S PALE ALE** in its genuine state, in either cask or bottle, by addressing their orders to **NATHANIEL EASTTY**, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hoffmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in **THE LANCET**, Saturday, May 15, 1852, No. 20, Vol. 1st, upon **ALLSOPP & SONS**, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of **NATHANIEL EASTTY**, 132, Upper Thames-street, London.

**Teeth.—Mr. Alfred Jones, of Gros-**

venor-street, has recently completed a new and important improvement in the construction of **ARTIFICIAL TEETH**. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the first medical men, the nobility, and gentry, from whom he has received the most flattering acknowledgments of success. Supplied only by **MR. ALFRED JONES**, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.

**Sheppey Union.—Medical Officer**

wanted.—The Guardians of the Sheppey Union are desirous of receiving applications from Medical Practitioners, qualified according to Article 168 of the General Consolidated Order of the Poor-Law Commissioners, and desirous of being appointed (subject to the approval of the Poor-Law Board) **MEDICAL OFFICER** of the Eastchurch District of the Sheppey Union, with a yearly salary of £75; and of the Workhouse with a yearly salary of £25. The gentleman elected will be appointed Public Vaccinator to his districts, and will be required to reside in the village of Eastchurch, or within three miles thereof. Applications, with testimonials, addressed to the Guardians of the Sheppey Union, to be sent to the Clerk before Tuesday, the 21st of November, 1854.

By Order of the Board,  
**ROBERT EDWARDS, Clerk.**

Sheerness, November 9th, 1854.

**Bucks General Infirmary.—House-**

**SURGEON.**—A Vacancy having occurred in the office of House-Surgeon, Gentlemen intending to become Candidates for the Appointment are requested to forward their Testimonials of character and qualification to me on or before Monday, the 27th inst. Salary, with board and residence, £55 per annum, with an annual increase of £5, to £70. It is required that Candidates be Members of the Royal College of Surgeons of London, Dublin, or Edinburgh, and Licentiates of the Apothecaries' Company, London. A Gentleman who has been a Dressing-Pupil will be preferred. The Election will take place on the 6th day of December next.

Aylesbury, November 6th, 1854.

**HENRY HETWARD, Secretary.**

**Leicester Infirmary and Fever House.**

A Vacancy having occurred in the Office of **HOUSE SURGEON** and **APOTHECARY** to this Institution by the resignation of **MR. BULLOCK**, any person qualified and desirous of offering himself as a Candidate is requested to send his testimonials, directed to the Secretary, eight days prior to the Election, which will take place at a Special General Board, to be held at the County Assembly Rooms, on Wednesday, the 13th December next, at Twelve o'clock at noon. The Salary has hitherto been £130 per annum, but it is recommended to the next Annual Board to fix it as follows: £120 for the first year, rising at the rate of £10 per annum until the fourth year, when it will be £150 per annum, with Board, Lodging, and Washing, provided by the Institution. The Candidate must be a Member of the College of Surgeons of London, Edinburgh, or Dublin, also a Licentiate of the Apothecaries' Company of London, and have attained the age of twenty-three years.

By order,  
**WILLIAM JACKSON, Secretary.**

Infirmary Board-room, Nov. 7, 1854.

**Royal Institution of Great Britain,**  
Albemarle-street.—Candidates for the FULLERIAN PROFESSORSHIP OF PHYSIOLOGY are requested to apply in writing to the Secretary R.I. on or before Saturday, June 2nd, 1885.

JOHN BARLOW, M.A., Sec. R.I.

**Mr. G. Hind, F.R.C.S., resumed his**  
DEMONSTRATIONS on the morning of the 16th of September, at the usual hour.  
Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

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**King's College, London.—Practical**  
DEMONSTRATIONS ON THE URINE, by LIONEL BEALE, M.B., Professor of Physiology. Gentlemen desirous of attending the Course, which will commence on Friday, Dec. 1st, are requested to leave their names at the Secretary's office, or at Dr. Beale's Pathological Laboratory, in Carey-street. These Demonstrations take place on Monday and Friday evenings, from Eight to Half-past Ten. Fee, £2 2s.

**Islington Dispensary.—Notice is**  
hereby given, that a General Meeting of Governors will be held at the Dispensary on Tuesday, the 25th of November, at Half-past Eight P.M. precisely, to Elect a SURGEON to that Institution. Candidates for the Office must be Members of the Royal College of Surgeons, and not Practitioners of Midwifery or Pharmacy. They must exhibit their qualifications to the Medical Committee at the Dispensary on Saturday, the 25th of November, at Seven P.M. precisely.

Geo. Wm. Brady, Hon. Sec.

**A Resident Surgeon and Apothecary**  
is required for the WESTERN GENERAL DISPENSARY, New-road, St. Marylebone. Candidates must be Members of the Royal College of Surgeons of England, Edinburgh, or Dublin, and Licentiates of the Apothecaries' Company to practise in London, and are required to attend (with their qualifications and testimonials) a Meeting of the Board of Directors on Monday evening, November 27th inst., at Eight o'clock, when the Election will take place.—Further particulars may be obtained at the Dispensary.  
Nov. 13th, 1884. By Order, J. MARTIN, Sec.

**Western General Dispensary, New-**  
ROAD, ST. MARYLEBONE.—Notice is hereby given, that a Special Meeting of the Governors of this Institution will be held at the Dispensary House, on Monday, the 18th of December next, for the purpose of Electing a Physician, in the room of Dr. McIntyre, resigned. The Ballot will be opened at Two, and closed at Five o'clock.—Candidates must be Fellows or Licentiates of the Royal College of Physicians of London, and are required to forward their qualifications and testimonials, addressed to the Secretary, on or before Monday, Dec. 11th.  
Nov. 13th, 1884. By Order, J. MARTIN, Sec.

**St. Mary's Hospital.—A fourth**  
RESIDENT MEDICAL OFFICER, duly qualified, will be recommended to the Weekly Board for Election, whose duty will be to attend the Lying-in Patients of the Maternity Department, at their own residences, and such other duties in the Maternity Ward as shall be defined by the Medical Committee. The Officer will be required to sleep in the neighbourhood, and to have his board at the Board-room table. Salary, £50 per annum. Gentlemen desiring the above office are requested to send their applications, with testimonials, to the Secretary, from whom further particulars may be obtained, on or before Wednesday, the 20th instant.  
Board-room, Nov. 10th, 1884. ROBERT J. NEWMAN, Secretary.

**Hampshire County Hospital, Win-**  
chester.—There is a vacancy for a PHYSICIAN to this Hospital, in consequence of the resignation of Dr. Wood. Candidates must be legally qualified to practise as physicians in England, and must send in their applications to the Committee before Wednesday, the 22nd of November.  
JOHN L. JARDINE, House-Surgeon.

**Wanted, a House-Surgeon to the**  
CARDIFF INFIRMARY. He must be a Member of the College of Surgeons of London, Edinburgh, or Dublin, and a Licentiate of Apothecaries' Hall, London. Salary, £100 per annum, with apartments in the house, coals, and candles. Testimonials and applications to be addressed to the Committee of the Glamorganshire and Monmouthshire Infirmary, care of Mr. Granger, at the Cardiff Infirmary. The Election will take place on Thursday, 4th day of January, 1885.

**The Lying-in Hospital, Rutland-**  
SQUARE, DUBLIN.—This Hospital, the largest of the kind in the British dominions, contains 140 beds, 15 of which are appropriated to the Diseases of Females: 2800 women are annually delivered in the Institution by the Pupils, under the superintendence of the Resident Medical Officers.  
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TO THE PROFESSION.

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MEDICAL.

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requires the assistance of a Gentleman (to reside in the house) to Visit, Dispense, and attend an ordinary case of Midwifery. Legal qualifications necessary. References as to moral character and professional ability will be required.—Apply, by letter, post-paid, to W. T., Post-office, Wednesbury, Staffordshire.

**Wanted Immediately, by a General**  
Practitioner in North Staffordshire, a Visiting and Dispensing ASSISTANT of good moral character, capable of attending the various branches of the profession. Must be a good horseman. A liberal salary given.—Apply by letter, inclosing testimonials, to X. Y. X., care of Mr. Arthur Tomkinson, Stationer, Tunstall.

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ANTSHIP, in a Practice that is quite private and select, where moderate Dispensing and Book-keeping, and occasional Visiting, or attendance in a Labour in the absence of the Principal, might be required. The Advertiser is upwards of thirty years of age, has been a student of King's College, London, and has also been an Assistant at one post during eight years.—Address, B. A., Stoke, Suffolk, near Colchester.

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a few miles distant from a fashionable Watering-place, suitable to a Gentleman disposed to receive a few Nervous Patients. There are nine acres of land attached, and large garden, with good stabling, &c. The property, which is freehold, can be purchased or taken at a rental, and the furniture, carriage, horses, &c. at a valuation. Three Cottages belonging to the estate are also to be sold. The Practice is small, but capable of much improvement.—Address, M.R.C.S., Post-office, Tunbridge Wells.

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siderable experience in Dispensing, and the Minor Operations in Surgery, is desirous of obtaining a Situation as DISPENSER to some Public Institution. The highest testimonials can be given.—Address P. R., Western General Dispensary, New-road, London.

**Ulverstone Union.—Appointment of**  
MEDICAL OFFICER and VACCINATOR for the Carmel District.—Notice is hereby given, that the Guardians of the Poor of the Ulverstone Union will, at their Meeting to be held at the Board-room in the Union Work-house, in Ulverstone, on Thursday, the 30th day of November, 1884, at half-past one o'clock in the afternoon (in consequence of the resignation of the late Medical Officer), appoint a MEDICAL OFFICER AND VACCINATOR for the Carmel District, comprising the townships of Allthwaite Lower, Allthwaite Upper, Broughton East, Carmel Fell, Holker Lower, Holker Upper, and Staveley, in the said Union. The duties of Medical Officer are those contained in the Consolidated Order of the Poor-Law Commissioners, dated the 24th day of July, 1847, regulating the duties of Officers. The salary of Medical Officer to be at the rate of £50 per annum, exclusive of all Surgical and Midwifery fees referred to in the said Order, and all Vaccination fees. The duties as Public Vaccinator are those laid down by the Poor-Law Commissioners, and the regulations of the Guardians founded thereon. The remuneration as Vaccinator to be, for each successfully vaccinated case, 1s. 6d. when the operation is performed within two miles, and 2s. 6d. beyond that distance from his residence. It will be necessary that the officer elected reside in the District, and that he possess one of the four double medical qualifications prescribed by the said Order of the Poor-Law Commissioners above referred to; particulars of which, and of the other duties of Medical Officer and Vaccinator, may be seen on application to the Clerk. Offers of service, with testimonials of qualification, must be delivered to the Clerk, (free of expense,) at the Clerk's Office, in the Union Work-house, on or before Wednesday, the 29th day of November, 1884. The average yearly amount of extra Medical fees is about £4, and Vaccination fees about £5, which latter, in consequence of the Compulsory Vaccination Act, will be greatly increased. The appointment will, in the first instance, be made from the day of appointment until the 25th of March next, when the then Medical Officer will be eligible for re-election, and, in all probability, will be continued.  
By order of the Board of Guardians,  
JOHN SOUTER, Secy, Acting Clerk.

Board-room, November 9th, 1884.

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MEDICAL.

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MEDICAL.

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MEDICAL.

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MEDICAL.

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# THE LANCET.

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Vol. II. 1854.

LONDON, SATURDAY, NOVEMBER 25, 1854.

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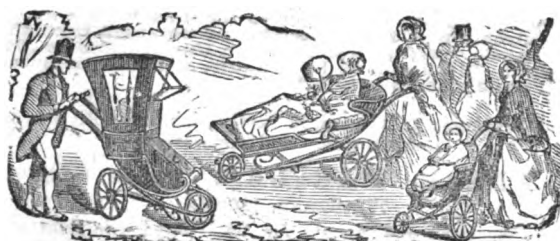
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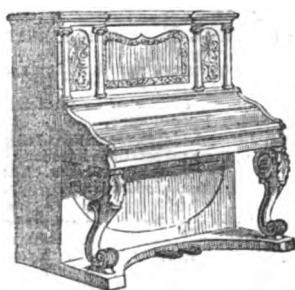
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## LETT SOMIAN LECTURES

## On Surgery.

DELIVERED BEFORE THE FELLOWS OF THE  
MEDICAL SOCIETY OF LONDON,

DURING THE SESSION 1853-54.

By JOHN BISHOP, Esq., F.R.S.

## LECTURE II.

## DISEASES OF THE BONES.

*On necrosis. Organic changes of the bones in this disease. Their origin hypothetical; mode of formation of the new, and of the throwing off of the dead bone. Necessity for the removal of the dead bone by surgical aid discussed. On exostosis, osteophytes, and soft tumours of bones. Difficulties of their diagnosis.*

In my last lecture I pointed out that the strength and elasticity of bones depend on the proportions existing between their organic and inorganic constituents, and that when they are in a state of elasticity they are capable of resuming their normal figure, after being distorted by any force applied to them; but that when they are inelastic they remain distorted, and cannot recover their primitive form as long as they continue in that condition.

In the present lecture it is my intention to submit to your consideration the subject of some of the organic diseases of bone, including those of inflammation, necrosis, and exostosis.

*Inflammation of Bone.*

The bones, like all other tissues of the human body, are liable to inflammation. They possess a very low degree of sensibility in their normal state; but when inflamed they become exquisitely sensible. The causes of osteitis are numerous; it may be the result of external injuries, or of internal constitutional derangement. It is sometimes secondary, and the consequence of an inflammatory condition of the periosteum and surrounding soft tissues. The inflammation is sometimes of an acute, and sometimes of a chronic type; which states are determined by the nature of the circumstance by which it is produced. Amongst the most frequent of the external causes to which we may ascribe the inflammation of bones, are mechanical injuries, such as falls or blows; also sudden, or prolonged and excessive states of heat and cold. Sometimes the inflammation attacks the outer layer of the bone, and is then combined with periostitis; at other times it affects the inner surface, and is then combined with an inflamed state of the medullary membrane, or it may affect the whole thickness of the bone at the same time. The products of an inflamed bone are in many states different from those of the softer tissues. In a moderate degree of inflammation of the external portion of a bone, the product consists of a gelatinous, dark-red exudation, which changes its colour to a reddish white, and finally becomes a pure white. Whilst these changes in colour are taking place, the gelatinous exudation, which coagulates like the white of an egg, is metamorphosed into soft flexible cartilage, and finally consolidates into reddish-white succulent bone. In this way the portion of the bone affected becomes covered, either with a thin porous film, or a thicker layer resembling velvet in its texture. The periosteum is swollen, and loosely connected with the exudation. When the exudation is in a more advanced stage, it becomes organized, and unites, forming the outer layer of the bone, to which the periosteum becomes firmly attached. When the internal lamina of a long bone is attacked with inflammation, the secretion is lodged on the internal surface of the medullary tube, or on the spongy substance, and consequently the medullary tube becomes contracted, and the spongy substance acquires greater solidity. Sometimes the exudation is deposited on the wall of the Haversian canals, and the bone becomes indurated. Independently of these products, there are others which are the results of inflammatory conditions of the bones. Some of these products become organized in different ways: some change into osseous structures, which differ from the texture and composition of healthy bone; others acquire a fibroid or cellular tissue.

These abnormal products are attended with an expansion of the bone, the amount of which depends on the quantity of matter secreted, and many of the cases of expansion of texture

No. 1630,

and increase of volume are due to these products of inflammation of the bones.

When the bone is affected with acute inflammation, the product is either of a fibrinous or of a purulent character, which varies in degree of fluidity in proportion to the greater or less quantity of serum which is contained in the effusion. It is also frequently tinged with blood, or with a brown or green-tinted sanies. In these acute forms of inflamed bone the periosteum is loosened from the bone by the fluid thrown off beneath it, and it then becomes distended into a fluctuating sac. The exudation is chiefly deposited in the cancellous structure, but some of it finds its way into the Haversian canals of the compact tissue. The surface of the bone becomes rough and eroded from the destructive solvent power of the effusion. The walls of the Haversian canals are similarly affected, and the cancellous structure shows more clearly the destructive nature of the effusion; the network becomes dull and opaque, and its membrane may be easily torn. This is a formidable condition of inflammation of bone, and may lead to the absorption of the purulent secretion into the system, and thus destroy life, or, if it take a more favourable turn, it may end in the death or necrosis of the bone.

When the spongy substance is the seat of inflammation, the pus thrown off is sometimes enclosed within the walls of the compact bone. This form of internal abscess of the bones often occurs in the shafts of the femur and tibia, and has been described by Sir Benjamin Brodie, Mr. Arnott, and Mr. Mayo. This abscess is generally attended with considerable and lasting pain, and often produces enlargement of the bone, accompanied with great constitutional irritation. The modern treatment of these interosseous abscesses is due to Sir Benjamin Brodie, and consists in first making a crucial incision through the soft parts, and then perforating the bone with a middle sized trephine, penetrating through the compact into the cancellous structure; the membrane surrounding the abscess is then perforated to allow the pus to escape; the cavity is afterwards filled up by means of healthy granulations. The seat of these abscesses is almost always in the head or in the lower part of the tibia. It is known that the matter will remain many years without producing any necrosis of the bone, in consequence of the membrane by which it is surrounded protecting the bone from its effects. The diagnosis of the precise seat and nature of the collections of matter in bone is a subject of considerable difficulty, and it requires great tact to determine its pressure and locality; but the enlargement of the bone, and the persistence of pain in its internal part during a series of years, are the most prominent symptoms for our guidance in the treatment. But notwithstanding the difficulty of forming a correct diagnosis of the actual presence and special seat of an abscess in many of the bones, it is, nevertheless, very unwise to make experimental explorations and perforations in them, in order to obtain that knowledge, from the liability of these attempts to produce inflammation of the bone and sloughing of the soft parts—evils which are too serious in their consequences to warrant such proceedings without the most mature consideration. When the suppuration of the external laminated surface of a bone is confined to a small spot, the inflamed part of the bone exudes a product which is susceptible of ossification. It will be easily understood, from what has been said respecting inflammation of the bones, that various states or stages of inflammation are accompanied by variations in the nature of the product. The product also varies in different states of the same system, or in different constitutions. The treatment of inflammatory states of bone is conducted on the same general principles as those of the inflammatory conditions of the soft parts, except that active local depletory measures do not produce the same amount of beneficial effect so rapidly as may be accomplished in those tissues which are more accessible to local remedial agents. The interposition of the more highly vascular soft tissues tends to prevent the application of remedies immediately to the bone, and it is often only after the long-continued use of counter-irritants, applied on the adjacent soft parts, that chronic forms of inflammation of the bone subside.

In the acute forms of osteitis, active depletory measures must be early had recourse to, in consequence of the rapid changes the osseous tissues undergo while passing into the suppurative process. These measures may be aided by either warm fomentations or cold lotions, according as the nature of the case indicates. Mr. Stanley recommends mercurial ointment to be applied to the surrounding soft parts, and he states that the iodide of potassium, in doses of three grains, repeated three times a day, never fails to assist in the removal of inflammation of bone. It is obvious that absolute rest must be enjoined, and if the seat of the mischief is in the vertebral column, the

recumbent position is indispensable. It would be superfluous to detain the Society by minute details of special cases, as on the present occasion it is only necessary to lay down general principles. Although bones die, and are thrown off by the vital energies of the system, particle by particle, as is the case in caries, the disease is essentially different from the complete death or mortification of large segments of bone, as happens in the disease included under the term necrosis.

In caries, the circulation of the blood, modified by the disease, is still going on; but in complete necrosis of bone, the circulation is entirely suspended. Whatever tends to interrupt the free circulation of the blood in bone, tends either to the atrophy or to the death of the part, as in the softer tissues of the body. From these conditions it is that we find that necrosis generally attacks those osseous tissues which are endowed with the least vascularity, and therefore the compact portions of bone are much more liable to this disease than the cancellous or spongy structures. It is apparently for this reason that the shafts of the cylindrical bones become affected, while the softer tissues at each end remain free. Indeed, we may state, in general terms, as an axiom, that the liability of a bone to spontaneous attacks of necrosis is inversely proportional to its normal vascularity. In corroboration of this view Kolliker\* remarks, that "there can be no doubt that the fluids which the plasmatic vascular system of the bones receives from the bloodvessels, probably modified by the influence of the nucleus which is retained in every lacuna, are most indispensably requisite for the maintenance of the bone; for we see that when the supply of blood is impeded by the destruction of the periosteum of the medulla, by ligature of the vessels of the limb, or by the obliteration of the periosteum, necrosis of the bone certainly ensues." But independently of the causes already assigned, there are many others which may be enumerated tending to produce the death of bone: for example, if the bone receives a severe shock, or is crushed, or subjected to extremes of heat or cold. Necrosis may also be the result of internal constitutional causes, such as scrofula, syphilis, gout, and scurvy. In the organic changes which take place in the bone, it is found that, while in caries the earthy salts are diminished, in necrosis it is the organic matter that disappears.

#### NECROSIS.

*Proportions of Inorganic and Organic Matter found in several cases in the Phalanges.*

	I.
Inorganic	79.20
Organic	20.80
	II.
Inorganic	60.77
Organic	39.23
	III.
Inorganic	67.43
Organic	32.67

There are not any bones in the whole skeleton that are not liable to be affected with necrosis. The whole of a bone may be affected, but this is not a common occurrence; for we generally find a segment only, of greater or less magnitude, involved; sometimes the outer lamellated portion is necrosed; in other cases the diploetic tissues. When the internal portion of a bone is affected, it is often confined to that portion of the bone; but sometimes the disease penetrates to unequal depths, and may even extend nearly through the lamellae.

Experience has shown us that the least vascular portions of the bones are the most liable to be affected with this disease; we accordingly find that the shafts of the long bones, such as the tibia, the femur, the humerus, the radius, the ulna, and also the bones of the skull, all belong to the cycle of bones which possess a very low degree of vascularity. It is a disease that most frequently attacks young people, and more especially those of a scrofulous constitution, but it may occur at any period of life. The vascular spongy tissues which are the least liable to necrosis are, for the same reason, those most liable to be affected with caries.

When a portion of a bone becomes necrosed, it sets up an active state of inflammation in the healthy bone lying in contact with it; the inflammation goes on to suppuration, which is kept up until the dead bone is removed, either by the process set up by the system, or by surgical manipulation. But when the disease is left to the natural powers of the constitution to remove it, the exhaustion consequent on the profuse suppuration induced is often so great as to destroy the patient. The inflammatory state of the bone sets up an inflammation of the

surrounding integuments, which ulcerate, and one or more sinuses are formed through which the matter thrown off by the bone passes, including scales and particles of the sequestrum. The suppurative process is then the means provided by nature to separate the dead from the healthy bone, and to throw off the sequestrum.

It is easy to distinguish the dead from the healthy bone by its bleached, dull-looking, and discoloured appearance; but until a complete separation between them has taken place, it is difficult to determine very accurately their boundaries, in consequence of the blending of the colours of the dead and healthy bone with each other. According to Rokitsansky—

"Around the dead bone, wherever it is in contact with the healthy bone, the latter undergoes a gradual expansion or rarefaction of its tissue by the enlargement of the Haversian canals; it assumes a rosy tint, and becomes succulent; the lamellated tissue gradually acquires an areolar structure, becomes more and more rarefied, and at length disappears altogether, and its place is occupied by the substitution of a red, soft, spongy substance. This change is effected by the inflammation which has been set up giving rise to suppuration and granulations. The bony tissue is dissolved by the matter secreted in the Haversian canals, while the granulations which are produced at the same time fill up the enlarged canals. The result of these processes is the production of a furrow which encircles the margin of the dead bone; this furrow is gradually filled up with granulations from the healthy bone as far as the surface of the dead bone, thus filling up the space which separates the living and the dead structure."

From this we see that the production of purulent matter for the removal of the dead bone, and the granulating process for the formation of the new bone, are being carried on at the same time; and Rokitsansky is of opinion that these views of the processes are much more rational than those which assume that inflammation and absorption are employed simultaneously. Sometimes the granulations from the healthy bone will perforate the sequestrum where its segments are thinnest; and where this takes place in several points they may completely surround the dead bone, and fix it so as to delay its removal. The perforations are supposed to be effected by the corrosive quality of the matter acting on the tissue. This view seems strengthened by the fact, that independently of the irregularities on the surface of the sequestrum that give rise to the unequal thickness of the dead bone, the side that opposes the surface of the suppurating tissue appears rough and worm-eaten, and is discoloured, and often black. These views, which accord with the state in which the tissues present themselves in this disease, are nevertheless hypothetical, and require further investigation.

When necrosis takes place on the surface of the bone, the inflammation leads to an exudation which subsequently ossifies on its surface, immediately beneath the periosteum; and as these processes of inflammation and exudation extend inwards, they involve the whole thickness of the bone, and finally reach to the medullary canal, or to the spongy or diploetic tissue. The deposition of the new bone takes place in the internal part of the bone beneath the lamellae, as well as on the surface of the bone. The exudation which takes place on the surface of the bone is sometimes very considerable, and the deposit goes on and enlarges the bone until it has acquired a considerable dimension. The suppression of the exudation depends in a great measure on the time occupied in the removal of the dead bone; so that it is obvious that the sooner the latter is accomplished, either by nature or art, the less will be the waste of the system. The granulations uniting with the cicatrix of the soft parts being thinner than the surrounding bone, a depressed scar is generally presented, lying in the hollow formed by the surrounding parts. The degree of depression of the scar depends on the thickness of the surrounding bone. In the reproduction of the new bone, the first deposit appears to take place around the Haversian canals in circular, radiating discs; at least this is the view taken by Professor Quekett.

It is a remarkable provision of nature, that the muscles, after remaining for some time connected with the dead bone, by passing through the openings in the new, gradually become detached from the necrosed part, and insert themselves in the new. When the necrosed bone is internal, the new osseous matter is exuded from the internal surface beneath the periosteum, the membrane adhering firmly to the inflamed soft parts surrounding the bone. When the internal necrosis occupies only a portion of the shaft of one of the long bones, the rest of the medullary canal becomes filled up with new bone. Sometimes the new encloses the dead bone, and forms a shell, which consists of two layers, one of old, and the other of newly-formed bone, lined with periosteum. This case is

\* Manual of Human Histology, p. 381.

termed the sequestral capsule. This capsule is perforated by openings varying in size and number, which lead into the cavities of the sequestral capsule, either obliquely or directly. The openings are either of an oval or of a rounded form, and about the size of a bean or pea. Most of the openings communicate with abscesses in the soft parts, which open externally, either directly or by fistulous canals, taking a tortuous course, and opening at a distance from the aperture in the bone. When the fistulous openings are connected with the necrosis that has extended from within outwards, and penetrated the external laminae of the bone where no new bone has yet been deposited, the openings are lined with granulations, which are continuous with the inner membrane of the sequestral capsule. The pus continues to be poured out as long as the dead bone remains, but it ceases when the entire removal of the sequestrum is accomplished. The existence of osseous granules in the pus is a sure means of ascertaining whether the disease of the bone is, or is not, going on. The process of ossification then succeeds, and the medullary tube is filled with a solid cylinder of bone. After the lapse of some time, a gradual enlargement of the Haversian canals of the newly-formed bone takes place; the canals change their organic structure, and instead of being osseous, become of a cellular structure, which is supposed to perform, though imperfectly, the functions of a medullary canal. When the process of regeneration has been completed, the bone is composed of the internal cylinder of new bone, surrounded by a case of the old bone, and an external layer exuded beneath the periosteum. For some time there is a well-marked boundary between the old and the external layer of new bone, but ultimately this becomes undistinguishable.

The surface of the newly-formed bone is at first rough and thickened; but after some time, the layers become more consolidated and dense, and of a more uniform and smooth texture. It sometimes happens, however, that the bone retains its rough aspect during life, and continues to be dense, and of a high specific gravity. When the whole thickness of a bone is affected, the exudation in the production of new bone takes place both from the external surface, and also from the medullary canal of the healthy bone. After the removal of the sequestrum, the growths from the two ends unite before the bone has attained its original length, and a shortening of the limb is the result. Sometimes the union of the ends is imperfect, and a kind of false joint is formed. It very rarely happens that necrosis affects an entire bone; and this is very important, in consequence of the new being formed by the section of the old bone which has escaped the ravages of the disease. It is supposed, however, by Rokitsansky, "that the periosteum and other surrounding soft parts, and even the newly-formed vascular tissues, are capable of producing an exudation which will become bone." This view seems to be borne out by the fact, that in a few cases recorded of spontaneous necrosis of the entire bones, new bones to supply their place have been reproduced. In experiments made by Heine on some of the lower animals, it was found that after the entire removal of a bone, a new one was reproduced spontaneously.

In persons of an unhealthy and scrofulous habit, the inflammatory process which succeeds necrosis may assume an unhealthy character, and instead of being accompanied with healthy granulations, may give rise to an ichorous discharge; and the process may degenerate into ulceration and caries of the bone. Another form of necrosis sometimes occurs, consisting of a gangrenous ulceration of the spongy bones. In these forms the bone becomes soft and brittle, and betrays a very disordered state of the constitution.

It must be obvious, that as there is a very considerable drain on the system in necrosis, occasioned by the profuse discharge for the purpose of throwing off the dead bone, and in the formation of the new, the system should be well supplied with nourishing diet; and with regard to the local treatment, the early extraction of the dead bone is desirable, and appropriate dressings should be applied to the ulcerated surfaces of the soft parts. These are subjects concerning which there is no ambiguity, nor is there anything which appears to call for either illustration or special attention; but from the nature of the processes which have been described, it must be obvious that the earlier the complete removal of the dead bone can be safely effected, the sooner the patient will be convalescent.

(To be continued.)

SIR JOHN SPENCER LOGIN.—This gentleman, who accompanies his Highness the Maharajah Duleep Singh to this country as Medical Superintendent, received the honour of knighthood from her Majesty on the 14th inst.

ON THE

## POWER OF IRON IN EXPELLING MORBID POISONS FROM THE SYSTEM.

By WILLIAM THORN, M.D.

I WILL not pretend to give a scientific explanation of the way in which the citrate of iron acted upon the blood in the two cases I am about briefly to narrate, but that the effect was distinctly due to the iron there can be no doubt, because it was given alone, simply dissolved in cinnamon-water; no purgatives were even resorted to, indeed I seldom find them necessary where the citrate of iron is administered, for it is a preparation that never constipates, as far as I have seen.

About three months since, I was called to see the Rev. Mr. S—, an eloquent, overworked young clergyman, twenty-seven years old, tall, thin, of a dark complexion, and a bilious temperament. He had just returned from Ramsgate, having gone there for the recovery of his health; while there he had suffered most severely from enteritis and hepatitis. The prescriptions showed that he had been taking calomel and iodide of potassium with but slight benefit, for I found him most completely shattered in mind and emaciated in body, more like one in the last stage of phthisis than anything else. He was much jaundiced; the tongue was furred; the pulse weak, frequent, and small; the appetite bad; palpitation upon the slightest exertion; and a dread of going to sleep, in consequence of the disturbance that was produced by frightful dreams. Having examined the condition of the various visceral organs, and having ascertained that no organic disease existed, I came to the conclusion that the disorder of the liver was functional, that it was in a state of torpor, why I could not say, and that the rest of the symptoms were those of debility only. From this view I did not like to continue the calomel, and I felt afraid to give quinine, because of its congestive action upon the liver. I therefore thought that the best plan would be to give a metallic tonic to remove the anæmic symptoms. The rest of the case is told in a few words. In about fourteen days after I had given the iron, I was sent for in a great hurry to see my patient, the message being that he had an attack of cholera. Upon arriving, I found that he had passed quantities of slate-coloured fæces in a liquid state, of about the consistence of thin gruel. I said, this action is critical, the liver is clearing itself out. This discharge continued for three or four days, five or six times each day, and then spontaneously ceased. I merely, during its continuance, ordered good nourishing diet, and left nature to do the rest. From that time my patient steadily recovered, taking iron and quinine only. I am pleased to say that he has become clear in his complexion, comparatively speaking fat, and in all respects well. It may here be stated that should it be objected that the slate-coloured evacuations passed were simply matters coloured by the iron, I am sure that this was not the case, because there was none of the characteristic black appearance of iron in the fæces, until at least another fortnight afterwards. I believe all the first doses of iron were absorbed and used in making new, or at least in renovating the old, blood-globules, for I have frequently noticed, that while the patient really requires the exhibition of iron, there is no indication of it in the stools, until the constitution no longer needs it, unless, indeed, it is given in a larger dose than the system can take up, when, of course, the surplus must come away from the first.

In the second case the effect of iron was still more striking, because the expulsion of the morbid poison was by a different channel. Mr. N—, aged about thirty-eight, middle size, rather stout, pale countenance, and of a bilious temperament. Went abroad, about eighteen months since, to see relations, from whom, for family reasons, he had been long estranged. He did not meet with a friendly reception, and he grieved much on account of it; but he says that he remembers but little, until he found that he had lain for three weeks at an hotel in Königsberg, in a state of fever and insensibility. He came to England as quickly as possible, and resumed his usual duties, which were of an intellectual and arduous nature, but he did not recover his health; he got much thinner; he was wearied by the slightest exertion; he was always taking cold; and was considered by himself and his friends to be gradually getting worse. Having tried a long course of homœopathic sugar-plums without the least benefit, he sent for me. I gave him full doses of citrate of iron for about a month, and at the end of that time he had two large carbuncular boils, one at the back of the neck, and the other on his left arm. These



remained open, discharging freely for about a fortnight, during which time he took freely of port wine and generous diet. He then made a trip to Paris, and returned quite well, again stout, his health and vigour being completely renewed.

The only comment I would make upon the two cases thus hurriedly and imperfectly recorded, is my opinion, that the iron, by renewing the red globules of the blood, enabled the vital powers to throw out, by critical discharges, the morbid matters which had been deteriorating and debilitating the constitution of each patient for months before, and that it is by an analogous action that we must attribute the benefit derived from the free exhibition of iron in cases of scrofulous disease.

Harrow-road, Paddington, November, 1844.

## ON CRETINISM AND IDIOTISM.

By JOHN TATAM BANKS, M.D.

ON a recent tour through Switzerland I was induced to visit the Hospice of the Abendberg. Many motives prompted me to do so, especially the desire to see a little patient (the child of a lady residing in England) now staying there, and also to judge for myself of the advantages and benefits arising from this institution.

Most of the readers of *THE LANCET* are perhaps aware that the hospital on the Abendberg was opened in 1840 by a benevolent physician, Dr. Guggenbühl, for the reception of patients afflicted with cretinism—a numerous class of human beings hitherto too much neglected, and suffered to live and die like the lower animals. In Switzerland alone there are, I believe, 20,000 persons afflicted, to a greater or less extent, with this fearful malady—a malady presenting the greatest mental imbecility, combined frequently with the greatest bodily degeneracy—a melancholy spectacle, the description of which is painful, the sight dreadful.

The fact that goitre and that cretinism in men and also in animals, occur in the lower confined grounds, and in narrow damp valleys, where the due circulation of air is interrupted, and that at 3000 English feet above the sea these diseases in Switzerland are seldom found, led Dr. Guggenbühl to build his hospital on the Abendberg 3500 feet above the sea level. A more favourable and beautiful spot could scarcely be selected amidst the chain of the Bernese Alps. It is well exposed to the sun, on the southern slope of the mountain, and to the dry, pure, bracing air, but sheltered from severe cold winds. The views from it are exceedingly grand.

Dr. Guggenbühl appeared to take great pleasure in showing us over his establishment, and in explaining his system. He presented to our examination many of the pitiable objects whom his unwearied exertions are striving to raise from helpless idiotism to mental intelligence.

As Dr. Guggenbühl considers cretinism as the consequence of an enfeebled physical condition,—in other words, the effect of an abnormal or diseased state of the bodily organs,—his treatment consists in improving the general strength, thereby developing and strengthening the different organs of the system, and thus bringing all the functions of the body into a healthier state, amongst the rest that of the brain, and so to rouse the mental faculties into more vigorous action to admit of moral training and judicious instruction.

In addition to the natural advantages of an elevated situation, where the mountain air, peculiarly beneficial from its strong electric properties, can be freely breathed, (remote from the noxious influences of the lower grounds and valleys,) physical, medical, and moral treatment are assiduously observed.

Gymnastic exercises in the open air, the cultivation of little gardens, and the occasional use of baths, electricity, and frictions are carefully attended to.

The medical treatment of course varies according to the indications of the disease. In some the skin is much affected; in others the glandular system; in others the nervous. Many are rickety, and I saw two or three children with their bones so soft that their limbs could be easily bent. Many are atrophied, and numbers hydrocephalic.

From the conversation I had with Dr. Guggenbühl, I entertain no doubt that the remedies best calculated to correct disordered, and to promote healthy actions of the system are well selected, and judiciously prescribed.

Great attention is paid to regulate the propensities, to improve the manners and habits, and to awaken the affections of these unfortunate beings, and, from the reports, we have

reason to believe with much success; and that not only in numerous instances has the infirm and torpid frame being strengthened, but intelligence kindled in the once dormant mind of the degraded cretin. In this generous effort "to restore to its higher condition the ruined tenement of the idiot's frame,"—enabling him to join in the amenities of social life,—the persevering and self-denying founder of the Hospice on the Abendberg devotes his life and property.

Unquestionably, in many cases the peculiar conformation of the brain bids defiance to any improvement in the mental manifestations; but experience has shown that in numerous instances the imperfect senses of the once-neglected idiot may, by training and education, be strengthened and developed.

The aid of the benevolent is alone wanting to remove the chain which binds the idiot's mind, and rescue him from his bondage, in this our own beloved country, as well as in the poor cretin's Alpine home.

Hougham Lodge, near Dover, Kent, November, 1854.

## ON THE

## TREATMENT OF CHOLERAIC DIARRHŒA BY OLIVE OIL.

By C. RODNEY HUXLEY, Esq., M.R.C.S.

FOR several weeks past I have read many opinions on the treatment of cholera published in *THE LANCET*, all of which have been opposed to the simple means employed in distant parts, and in my own practice, which have effectually and invariably checked the premonitory symptoms in this fearful malady—viz., half-ounce doses of olive oil, given every three hours till the diarrhœa ceases. When surgeon to the British Seamen's Hospital at Lisbon, I had frequent opportunities of testing this invaluable medicine in the most stubborn cases of diarrhœa, and in no instance have I known it fail.

I was induced to adopt this treatment, hearing from an influential merchant in Lisbon of two alarming cases of cholera, both sufferers personally known to my informant, who rapidly recovered by the simple use of olive oil taken as described. And so surely will it yet be learnt that the remarkable escape of the Jews in seasons of cholera, is attributable to the frequent use of this oil. The fact is so notorious that I am surprised the subject has been past over as little more than the result of accident.

I will not enter into the philosophy or physiology of this treatment, more than by reference to its invariable effect upon the mucous membrane of the alimentary canal, which is to allay its universal irritation. In this respect, I look upon olive oil as a specific, for it has never failed to check the excess of mucous secretion, so constant a symptom in the first stages of cholera. My conviction is, if you can succeed in soothing the irritation, you check the disorder, and neither cramp nor other fearful symptoms will follow. The danger of the blood ceasing to circulate, owing to the waste of its fluid ingredient, is no longer anticipated, and the patient is soon pronounced out of danger.

In conclusion, permit me to state that my only object in soliciting insertion of these remarks in *THE LANCET*, is the conviction, and no less hope, that the treatment by olive oil in cholera will receive, as it merits, an universal test.

Groombridge, Nov. 1854.

## A CASE OF DEATH FROM THE ABSORPTION OF "WASHING SODA" (BICARBONATE OF SODA.)

By HENRY HANCOX, M.D.

NOT being aware of any case having been recorded of the injurious effects of "washing-soda" upon the tissues of the human body, when absorbed into the system, I submit the following case to the readers of your widely-circulated journal, should you consider it worthy of a place.

I was called to attend Mary A—, aged forty-eight years, a washerwoman, of spare habit of body, on the 3rd inst, when she gave the following history of her case:—A little more than a fortnight from the above date she received a small cut from a penknife, on the outer side of the little finger of her right hand; being merely a small scratch no notice was taken of it: she shortly after commenced to wash some linen in water containing "washing soda." The day following great pain was experienced in the part that had been cut by the penknife, and swelling soon after made its appearance, which induced her to

apply a hot bread poultice to the finger and hand, which she continued to do until it began to put on a serious aspect, when I was summoned to attend her. The hand, fore-arm, and arm, are very much swelled, hard, and inflamed, the under part of the arm being of a bright scarlet colour; complains of great pain, which she describes of a burning character; the glands of the axilla are enlarged; intense pain in the head; tongue furred, and very dry; great thirst; pulse quick and full; skin dry; bowels have not been acted on for three days. She was bled to sixteen ounces, and the following mixture ordered, and two grains of calomel with each dose of the medicine. Sulphate of magnesia, one ounce; infusion of senna, eight ounces; make into a mixture, and take two large spoonful every other hour. Cold applications to be applied to the inflamed part.

4th. - Patient this morning seems somewhat relieved from the burning pain which she experienced yesterday; pulse not so quick; thirst still great; the bowels have been well acted upon by the medicine; she states the cold applications give her more ease than the poultices formerly used; the blood drawn from the arm yesterday is cupped and buffed; will not bear further depletion; ordered a saline mixture.

5th.—Armi still remains hard, and very much swollen; no quaginess or fluctuation can be detected in any part; the tongue remains furred, and the thirst still continues; pulse quick, but small; she seems to be in a sinking state; medicine to be discontinued; ordered her to take a little port wine occasionally during the day; she began to sink rapidly, and breathed her last at five o'clock the following morning.

*Remarks.*—This case is interesting, as it shows the pernicious and fatal manner in which “washing soda” (soda bicarbonas) acts upon the human body, when continued to be applied to a recently cut surface. How or in what way it produces its poisonous effects upon the blood is a mystery that I am unable to solve. I have seen a case where the finger has been amputated in consequence of disease in the joint, which was caused by washing linen in water containing this substance, and I have no doubt that many of my professional brethren have met with similar cases.

**Brynmawr, Breconshire, November, 1854.**

**A Mirror**  
OF THE PRACTICE OF  
**MEDICINE AND SURGERY**  
IN THE  
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

## CASES OF EXTERNAL INCISION FOR STRICTURE OF THE URETHRA.

KING'S COLLEGE HOSPITAL .....	MR. FERGUSSON.
"MARY'S" .....	MR. HENRY LEE.
ST. MARY'S .....	MR. COULSON.

(Concluded from p. 417.)

**KING'S COLLEGE HOSPITAL.**

## TREATMENT OF STRICTURE OF THE URETHRA BY THE EXTERNAL INCISION.

(Under the care of Mr. FERGUSSON.)

THIS patient is a man of fair complexion, above twenty-six years of age, and has had stricture of the urethra for the last eight years. The affection has caused along the canal that amount of mischief and disorganization which is so characteristic of coarctation. About eight years previous to his admission into this hospital, he suffered from retention, which proved so obstinate that M. Delagarde, of Exeter, punctured the bladder above the pubis. The catheter at that period was only left three days in the canal; and as the natural outlet probably became tolerably pervious again, the wound was allowed to heal. The cicatrix is now clearly visible: it is circular, the size of a fourpenny-piece, and presents a rugose, starry appearance.

In spite of the occasional use of instruments, the urethra, some

time after this, was felt to have been narrowed in two places: one a few inches from the meatus, and the other towards the membranous portion of the urethra. The canal now gave way, abscesses formed, and after the pus was discharged, fistulous tracts and openings yielded a passage to the urine each time micturition took place. In the summer of 1854 the man was admitted into this hospital in a weakly state, and the treatment by dilatation was systematically pursued for several months with a certain degree of advantage. But the fistulous openings showed no tendency to close.

Owing to the patient's weakly state, Mr. Fergusson did not wish to resort, at that period, to any operative measures; but when the man returned to the hospital, (Sept. 1854,) Mr. Fergusson resolved to treat the stricture by the external incision, and freely to lay open the sinuses, so as to afford the patient a good chance of regaining the integrity of the canal.

On the 14th of October the patient was brought into the theatre, and when examined was found to present several fistulous openings about the scrotum, one of which was close to the peno-scrotal angle. When the man had been fully narcotized by chloroform, he was tied up, as for the operation of lithotomy, and a silver catheter, of about No. 4 size, was introduced into the urethra, and glided easily into the bladder. Mr. Fergusson now made the usual incision exactly along the raphe of the perineum, and having reached the instrument, carried the knife upwards and downwards for about the distance of one inch and a half. The urethra having thus been freely laid open, the scalpel was carried along the different fistulous tracts, which were all largely incised. This measure caused the escape of a certain amount of urine along with the blood. The silver catheter was now withdrawn, and an elastic one of a large size introduced.

The hæmorrhage was very inconsiderable, and when the patient was removed, Mr. Fergusson stated that the present case was one of no common interest, as the numerous fistulæ with which the patient was affected had resisted various kinds of treatment; he had suffered several attacks of retention of urine, for one of which the bladder had been punctured over the pubis. It had been evident, through the operation, that a pretty large instrument could pass; but it was doubtful whether it had run the right course, for there existed a pouch towards the prostate gland. He (Mr. Fergusson) had been very careful to avoid this large sinus, so as to secure the correct division of the strictured portion of the urethra. By laying open the fistulous tracts, the urine lying in them (which is very liable to cause calcareous deposits) was freely evacuated, and as the instrument was to be left in the urethra, there was every likelihood that the wounds made in the scrotum, in different directions, would lead to an eventual cicatrization of the parts. In fact, it was all-important to this patient that the abnormal communications between the scrotum and urethra should be closed up, as for a long time he had passed all his urine from the scrotum.

The patient progressed pretty favourably after this operation, and the elastic catheter (No. 10) which had been passed into the bladder, was left for eleven days, when it was found somewhat incrustated with calcareous deposits.

One month after the operation the perineal wound had not yet completely cicatrized, and the urine passed through it, as well as through an aperture situated at the root of the scrotum. At this period, it appeared as if urine had again irritated some portion of the perineum, as pain and heat were felt towards the anal region, the usual forerunners of a purulent collection.

This patient is evidently one of those who try all the ingenuity of the surgeon, and upon whom the value of such operations as the external incision may fairly be tested. The case, according to the views generally entertained, should do well, for the sinuses were freely incised, the urethra largely divided, and the instrument left in the bladder for eleven days, a period of time nearly sufficient for complete cicatrization and re-formation of the canal.

One circumstance should, however, be taken into account—viz., the broken health of this patient, which must materially interfere with the work of repair, upon which the success of this operation mainly depends. The latter may emphatically be called Mr. Syme's, as there was no difficulty in passing the silver catheter, and the operative proceeding was conducted exactly as directed by the originator of the operation. Would Reybard's have offered some chance of success? We think not; for, in a canal so deeply affected, the *internal* incision, and the possible unconcern with respect to the sinuses, might have been inadequate to lead to a favourable issue.\* Mr. Fergusson had, of course, no trouble in finding the urethra, as a tolerably sized instrument was placed in the canal. Can the same operation be performed when no instrument will pass?

\* Since the above was written, the patient has died of purulent deposit,

It would appear, from Mr. Lee's case, which stands next on our list, that such is the case, and we proceed to enter into a few particulars.

Before doing so, however, we would just state that Mr. Fergusson had, a short time ago, an opportunity of presenting to the pupils a seafaring man upon whom he had performed

#### EXCISION OF THE ELBOW-JOINT

two years previously.\* He said that there were few cases in England like the one now before the pupils, and that the man enjoyed now a fair amount of motion in the elbow-joint, after having had all the bones of the articulation consolidated in consequence of a fall from a mast. In fact, the elbow had been ankylosed in a very awkward position, and the arm was useless.

In that state the patient had applied to various hospitals, as also to a bone-setter, (who twice disturbed the ankylosed surfaces.) When the man came before Mr. Fergusson, the latter thought the only way of dealing with this stiff joint was to follow the method of Mr. Barton, of America, who had cut out a wedge-shaped piece from the front of the tibia, and created, in some degree, a new joint below the ankylosed knee. Mr. Mackenzie had applied the same method to the elbow, and he (Mr. Fergusson) had thought that this operation was the surest means of giving some mobility to the stiff elbow-joint of this patient.

He accordingly had cut out a large portion of the end of the ulna, radius, and humerus, and the amount of bone taken away was rather considerable, as there had been much hypertrophy of bone, or rather formation of new osseous tissue. The operation was, in fact, a re-section of an ankylosed joint. The subsequent treatment was simple, and the patient had left the hospital with the wounds cicatrized, and some motion in the joint. Now, two years after the operation, the mobility of the arm was considerably increased, and it was satisfactory to have a living proof of the great amount of benefit which may be obtained by the adoption of decisive measures in cases of this kind. The patient had been reported to be dead, but he stood here to prove the contrary.

#### STRICTURE OF THE URETHRA OF TWENTY YEARS' STANDING; EXTERNAL INCISION WITHOUT GUIDE.

(By Mr. HENRY LEE.)

THIS patient is a hair weaver, about forty years of age, of a thin, sickly look, and observed the first symptom of stricture twenty years before his present admission. At that period retention of urine suddenly came on, when a personal friend of the patient, seeing the state he was in, shaped a piece of *whale-bone* from an *umbrella* into the form of a bougie, and passed it up the urethra. Immediately after the operation, the urine flowed copiously.

The patient now remained well for three or four years, when symptoms of stricture again presented themselves, but not to such a degree as to cause him much inconvenience, the use of the catheter being, however, now and then required.

Four years before his admission here, the distress from the stricture became suddenly so great as to induce Mr. Guthrie, under whose care he then was, to divide the stricture with Stafford's instrument. After this operation, the patient passed his urine freely, for a short time, but soon the stricture returned, and he has been suffering from it more or less up to his admission. When first seen in the hospital, September 14th, 1854, there was pain in the lower part of the abdomen, and across the loins, and the bladder could be distinctly felt, through the parietes of the abdomen, to be hard and full. There was total inability to pass urine, which fluid only came in drops. The endeavours to introduce a catheter, both without and within the hospital, having proved useless, Mr. Lee had the patient brought into the theatre, passed down an instrument as far as the obstacle, and with no better guide than the end of the catheter, freely divided the urethra. When this perineal section was accomplished, No. 6 catheter was introduced into the bladder, and there retained for five days.

The urine a few days afterwards passed both through the wound and the urethra, and the patient after remaining several weeks in the hospital is on the point of being discharged. The wound is all but healed, and scarcely any urine escapes through the perineum.

Mr. LEE, in a clinical lecture on this case, after giving a sketch of its principal features, and having pointed out the different kinds of unpleasant consequences following stricture, and the various methods which have been devised for the cure of coarctation, said—

"The plan of dividing stricture by instruments passed down the urethra has been variously modified; sometimes an instrument of the shape of a trocar has been made to protrude from the end of a catheter, so as to perforate the stricture; sometimes the instrument used has been made in the shape of a lancet, and sometimes a long very thin knife has been passed down to the stricture upon a director. Another plan has lately been adopted in France where an instrument could be introduced into the bladder. The instrument used resembles in construction a lithotrite, but the blades are capable of being separated from each other to the extent of about a quarter of an inch. The instrument is then introduced, and the blades suddenly separated, so as forcibly to tear open the stricture.

Now all these plans have the disadvantage, besides that of endangering the vitality of a portion of the mucous membrane of the canal, of not providing an escape for any portion of urine which may flow from the urethra through the opening which they make. Under these circumstances it has been proposed to make an incision in the perineum, and to divide the stricture from without. This plan, of which I now propose to speak, has at least the advantage, when properly performed, of being free from the dangers arising from making false passages, extravasation of urine, and purulent deposits.

The cases for which this operation has been recommended are of three kinds:—

1. Where the stricture presents an extreme degree of irritability, and resents, by violent local and constitutional disturbance, any efforts to produce dilatation.

2. Cases in which the stricture, when dilated, rapidly contracts again.

3. Cases in which, after the dilatation of the passage, micturition is nevertheless painful, difficult, and uncertain.

To these three classes we may add a fourth, not admitted by some surgeons—namely, cases in which no instrument can be passed into the bladder.

For these affections a free incision of the contracted part of the urethra has been maintained to be the proper mode of treatment, and to be in fact required.

The mode of performing this operation, as described by Mr. Syme, is as follows:—

A grooved director is first introduced through the stricture, where this can be done, (and Mr. Syme is of opinion that, with care and attention, there is no stricture through which an instrument may not be made to pass.) The patient then being placed upon his back, at the edge of the table, with his legs bent, as in the operation for lithotomy, an incision, about one inch and a half in length, is made exactly in the raphe of the perineum. The whole of the thickened, indurated, and contracted texture is then divided upon the director, to the extent of an inch or two, or more if necessary. A No. 8 silver catheter is then passed into the bladder, and allowed to remain there for at least two, and not more than three days.

Great stress is laid upon the fact of the incision being made exactly in the middle line of the perineum, in order to avoid the artery of the bulb which lies by the side of the canal.

The only sources of danger alleged to exist are, hemorrhage and extravasation of urine. But if the knife is kept exactly in the median line, the only vessels that are likely to bleed are, the smallest branches of the superficial perineal artery, and the cells of the corpus spongiosum; the bleeding from these may be checked, should it be desirable, by placing a piece of folded lint between the edges of the wound, and applying the slightest degree of pressure for a few hours.

The liability to extravasation of urine after this operation, I will presently consider, reserving it for separate remarks, as I conceive the liability or otherwise to its occurrence forms the grand distinction as to this operation being admissible or not.

After the operation of perineal section, the catheter is tied in the bladder, and the patient put to bed. At the end of forty-eight hours the catheter may be removed. A full sized bougie should be introduced once a week for three or four weeks, and then at more distant intervals, according to circumstances.

Now this operation, as I have described it, appears a very simple affair, and if this were all, there is little doubt which is to be preferred, the pain and inconvenience, (to say nothing of the danger of a stricture) or the simple operation of dividing a portion of the urethra on a grooved director. But, unfortunately, the operation has not been found to be one of such a very simple nature in its consequences, even where an instrument could be got into the bladder, much less in cases where no staff could be passed.

Mr. Syme, of Edinburgh, asserts that he has performed this operation a great number of times, without any ill effects, excepting only some consequent symptoms of nervous irritation. But in other hands the most serious mischief has often super-

\* An account of this case will be found in a former "Mirror." (THE LANCET, vol. II, 1853, p. 518.)

vened. Patients have been attacked with a shivering fit the day after the operation: there has been a quick, irritable condition of the pulse, accompanied perhaps by profuse perspiration, and want of sleep. These symptoms have continued, the patient's tongue becoming brown and coated, and, in a certain number of cases, the patient has died. On a post mortem examination, some purulent infiltration has generally been found about the neck of the bladder, or some secondary inflammation in other parts.

Now how are we to account for such different results in the practice of various surgeons of equal skill? I believe that something like a solution may be arrived at by an attentive consideration of the description which Mr. Syme has given of his operation.

In the way in which he performs it, the only fascia concerned, as he says, is that which lies immediately under the integuments. In other words, he divides only the skin, superficial fascia, and the urethra. Now it is clear from this description, that all the strictures which he has operated upon have been situated anterior to the membranous portion of the urethra; for had he operated upon any stricture in the membranous portion of the canal, even though situated quite at its anterior part, he must have been in danger of wounding the deep perineal fascia as well as the superficial. Hence, then, arises a practical distinction of the utmost importance. When a stricture is situated in the bulb of the urethra, it may be divided from without, and any urine which escapes from the passage is sure to pass out at the external wound. But the circumstances are different when the knife, in passing along the grooved director or sound, perforates the deep perineal fascia, and wounds the urethra as it passes through this part. The urine which escapes from the passage may then lodge in the wound made in the deep perineal fascia, and a drop or two may become infiltrated behind this dense structure. It will then give rise to inflammation, and having no means of escape, will produce violent constitutional irritation. When once inflammation is established in the cellular tissue of this part, its products will permeate the areolar tissue, and may thus propagate the inflammation to the outside of the bladder, and to the cellular tissue within the pelvis, thus giving rise to the abscesses and the purulent infiltration which I have mentioned.

But where the incision is confined to the superficial fascia, and to the bulb of the urethra, there is, as I have said, very little danger of any of these accidents occurring; and by choosing his cases, (as it were,) and confining himself to those in which the stricture is situated anterior to the membranous part of the urethra, Mr. Syme has met with the success to which I have alluded.

Hence there appear to be two classes of cases: those in which the stricture is situated in that part of the urethra corresponding to the corpus spongiosum, and those in which the stricture is at the anterior part of the membranous portion of the urethra. In the former situation, as far as our present evidence goes, the stricture may be divided with comparative impunity; in the latter, most severe and even fatal symptoms have followed.

But practically, it will be asked, how are we to know that a stricture is confined to the bulb of the urethra, or to any part in front of this? Where an instrument can be introduced, the point may be made out in this way, and Mr. Syme never operates unless he is able first to introduce an instrument into the bladder.

In the case to which I have drawn your attention, I was led to believe that I might with impunity divide the stricture, from the circumstance of Mr. Guthrie having divided it by internal incision before, without any ill effects. This proved to me, either that the stricture was confined to the bulb of the urethra, or, if situated farther back, that the surrounding parts were so consolidated by inflammation as to preclude the danger which might arise from infiltration of urine."

We now pass to the third case on our list, in which the operation was performed according to Mr. Syme's method, with some improvement, possibly, towards the latter part of the proceeding.

#### ST. MARY'S HOSPITAL.

##### EXTERNAL DIVISION IN STRICTURE OF THE URETHRA.

(Performed by Mr. COULSON.)

RICHARD S—, aged forty-four years, was admitted, September 16th, 1854, with severe stricture. His stream of urine was very small, being compelled to pass it every hour or oftener in the day, and at night came away involuntarily. The latter fluid was alkaline, and loaded with thick ropy mucus. In addition to his local symptoms, the patient had a cough, to which he had been subject for some time past.

His countenance was pale and anxious; his flesh and strength much reduced. He had been suffering from stricture for many years past, and an attack of retention having come on, he applied at this hospital.

No. 2 catheter was then passed with much difficulty, and the urine drawn off. After a short stay in the hospital, his general health improved considerably, and dilatation has been repeatedly tried, but no instrument, however small, after the first week, could be got into the bladder. The stricture was situated at the bulb, and on pressing the perineum, it felt like a hard cartilaginous ring; and from repeated attempts at dilatation, a false passage just in front of the stricture had been made.

In consequence of the character, extent, and duration of the stricture, Mr. Coulson proposed external division as the course most likely to afford the patient relief.

October 11th. — After considerable difficulty, Mr. Syme's smallest grooved staff was passed through the stricture, and the contracted part divided upon it.

Mr. Coulson commenced his incision in the median line, terminating it half an inch in front of the anus, the incision being nearly two inches in length. The staff was soon reached, and the knife passed along it, from behind forward, cutting through a gristly, unyielding substance, of which the stricture was composed. A straight grooved director was then passed under the staff into the bladder. The staff was withdrawn, and a No. 8 catheter introduced without difficulty.

The catheter was now firmly fixed by tapes, and the patient removed to bed. During the operation, which occupied less than two minutes, Mr. Coulson kept the thumb and forefingers of the left hand on either side of the raphe, so that the incision could not deviate from the central line, a point to which he attached much importance.

Before the staff was withdrawn, Mr. Coulson passed, as stated above, a grooved director from the external wound into the bladder, which instrument served as a guide to the introduction of the catheter. This latter plan may be of essential service in obviating any difficulty which might arise in reaching the distal extremity of the urethra.

The elastic catheter, thus introduced with the aid of the director, was retained fifty-four hours, and then withdrawn. It was introduced again at the end of a fortnight, since which it has been passed twice a week.

The patient's general health has considerably improved, he passes urine in a good stream, and a No. 10 catheter can be introduced into the bladder without the least difficulty.

This was clearly a case in which dilatation could not any further have been tried with any chance of success. The hardness and extent of the stricture, the difficulty of getting even the smallest instrument through it, and the existence of the false passage, would have been insuperable difficulties in the way of this plan of treatment.

In concluding the relation of this case, and of the series, we would just remark, that the more we see of stricture of the urethra and its disastrous consequences, the more we are inclined to hail those operative measures which, brought forward by men of experience, hold out a prospect of giving relief to a class of patients whose sufferings are very great. Let not, however, the profession be exclusive; let us examine with impartiality the remedial means which are proposed, and, as there is considerable variety in the cases brought before surgeons, they should be acquainted with the different lines of practice which have been proposed. We shall not add a word to the remarks we made last week respecting the merits of the internal or external incision; and shall only express the hope that the treatment of stricture may be conducted with all the vigour and decision which are imperatively called for in so annoying and dangerous an affection.

That stricture of the urethra is really an affection which eventually puts the patient's life in great peril, is well known to every member of the profession; we shall, however, merely, by way of illustration, adduce two aggravated cases, in which the fatal consequences could not be averted by the best efforts of the surgeon. The details were drawn up by Mr. Holmes, surgical registrar to the hospital; and the post-mortem examinations made by Dr. Ogle and Mr. Gray, conservators of the museum.

#### ST. GEORGE'S HOSPITAL.

##### ENLARGEMENT OF THE PROSTATE GLAND; BLADDER DILATED, HYPERTROPHIED, AND SACCULATED; PERFORATION OF THE ENLARGED PROSTATE BY THE CATHETER.

(Under the care of Mr. TATUM.)

JOHN S—, aged seventy-seven, was admitted May 9th, 1854. This old man when admitted was in a state of senile

dementia, and could give no idea of the previous history of his case. It seemed, however, that he was at that time labouring under retention of urine, which from his age was judged to depend upon enlargement of the prostate gland; and this supposition was confirmed on examination of the urethra with a prostatic catheter. The instrument passed down to the region of the prostate without experiencing any obstacle, and then, after some difficulty, was made to reach the bladder. No peculiar sensation was experienced in doing this, and it was not known at that time that the catheter had passed through the substance of the gland.

Two days afterwards, however, considerably more difficulty was experienced, and a good deal of force had to be applied; the instrument was thus introduced into the bladder, and in its passage the resistance of a solid substance was distinctly felt.

After the first use of the catheter, the instrument was employed regularly morning and evening, the urine drawn off being abundant in quantity, very offensive, and intimately mixed with a large proportion of blood diffused through the mass of urine.

No further symptoms occurred worthy of note; the delirium was persistent, and occasionally rather violent; but this ceased as the patient's strength gradually failed, and he died eight days after his admission.

*Post-mortem examination, twenty-nine hours after death, made by Mr. GRAY.*—All the organs of the thorax and abdomen were healthy, except the kidneys, whose pelves and infundibula were dilated, and their lining membrane highly vascular, and filled with purulent urine. The cortical and medullary portions of the organs were softened, and in many places disseminated with irregular collections of pus. The bladder was much dilated, its walls somewhat hypertrophied and fasciculated, and it contained about a pint of bloody semi-purulent urine. There was also a large clot in the bladder, of the size of a hen's egg. On its posterior wall a large circular orifice was observed, leading into an irregularly-shaped pouch, formed by the protruded mucous membrane. The prostate gland was enormously enlarged, not only the lateral, but also the central lobe, the latter projecting for some distance into the bladder at its neck. An orifice was seen at the back part of this lobe which led directly into the prostatic portion of the urethra; this had been made during life by the passage of a catheter through it. The remaining portion of the urethra was healthy.

**STRICTURE OF THE URETHRA; FALSE PASSAGE; ABSCESS IN THE PROSTATE GLAND; DEATH; NECROPSY.**

(Under the care of Mr. CUTLER.)

**MARK B—**, aged forty-four years, was admitted May 24th, 1854. He was received in the hospital in consequence of difficulty of passing urine, owing to stricture of the urethra.

On examination with the instrument, a narrowing of the canal was discovered at the anterior part of the urethra, through which a catheter (No. 1) was with difficulty introduced. Besides this stricture there was another, somewhat less tight, a little in front of the prostate gland. No particular difficulty was experienced in passing this stricture; but whenever the instrument was introduced, a feeling was experienced as though the point was passing over a rough surface. On every occasion on which the catheter was used (which was done daily) the urine was drawn off, this proving that the bladder had been reached; nor was considerable bleeding caused by catheterism on any occasion. The patient had, however, a slight rigor once after the passage of the instrument, but this went off without any further symptoms, and for the few days before his death the catheter was worn in the bladder.

On the evening of the sixth day after admission, the man had another rigor, and the instrument was accordingly withdrawn; the rigor recurred more severely during the night, but nothing was observed to justify alarm for his life till a very short time before his death, when (on the seventh day) he was seized with great faintness; the surface of the body and face turned blue and livid, and the pulse was imperceptible. Stimulants were administered, but they were unavailing; the man never rallied, though there was no appearance of coma, nor was there any spasm of the glottis. He died in about an hour from the first seizure, and was not known to have had any fits before.

*Post-mortem examination, twenty-three hours after death.*—The body was well-formed, and in good condition, there being a good deal of fat in the sub-cutaneous cellular tissue. Cranium: The membranes of the brain were healthy, except the dura mater, which was more intimately adherent to the

calvarium than usual. The substance of the brain was soft, and rather more vascular than natural; the fornix and septum lucidum were also soft, and the ventricles very large; base of brain healthy. No pathological changes of importance were found in the thorax or abdomen. Pelvis: There was a stricture of the urethra, about two inches from the orifice, the lining membrane at this point of the canal being thickened and dense in texture; a second stricture was found in the anterior part of the membranous portion of the urethra. Between the two, a portion of the lining membrane was covered with lymph for about the extent of a sixpence. Beyond the second stricture was a false passage leading about two inches beneath the lining membrane in a direction backwards, towards the neck of the bladder. In the right lobe of the prostate gland was an abscess, surrounded by much ecchymosed blood, the prostatic ducts were dilated, and the bladder hypertrophied.

## Medical Societies.

### ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 14TH, 1854.

JAMES COPLAND, M.D., F.R.S., PRESIDENT.

A COMMUNICATION was read, entitled,

A CASE OF SUCCESSFUL OPERATION FOR CONGENITAL CAPSULAR CATARACT ON A FEMALE, AGED TWENTY-TWO, WHO HAD BEEN BLIND FROM BIRTH.

BY G. CRITCHETT, ESQ.,  
SURGEON TO THE ROYAL OPHTHALMIC HOSPITAL.

Jane S—, aged twenty-two, was brought to the Royal Ophthalmic Hospital in the spring of 1849, suffering from cataract in both eyes, with slight internal strabismus, and considerable involuntary rolling and oscillation of the globes from side to side. The corneae were bright; the anterior chambers large; pupils small and irregular, and filled with an opaque white substance; perception of light was good. She had frequently been operated on before. Mr. Critchett first succeeded in detaching the adherent iris from the capsules by the usual needle operation, the puncture being made through the cornea. By a second proceeding, he made a small opening through the sclerotics, and dragged the capsule from the sphere of vision by means of a hook in one eye, and fine forceps in the other. Then to remedy the oscillatory movement, which prevented the impression of any object distinctly upon the retina, he divided, first the internal and then the external recti muscles. The sight is now improving, and by education she is slowly beginning to make some valuable use of her newly-acquired sense.

Mr. FERGUSSON observed that it was not often that papers referring to operations on the eye came before the Society, and he therefore would put a question to the author on a subject which he thought of importance, and which had not been referred to in the valuable paper before them. Was chloroform used in the present case, and if so, with what effect? He (Mr. Fergusson) should expect that agent to be of great service in controlling the muscular movements of the eye in cases requiring operation.

Mr. CRITCHETT replied that, in the operation narrated in the paper, chloroform (at that time seldom used) was not employed. He did not think, however, that it was so important an agent in these as in many other operations, because the muscular movements of the eye could be entirely controlled, and the globe fixed by the speculum and other mechanical means. Regarding the use of chloroform generally, it had been of late occasionally used in the Ophthalmic Hospital in cases of extraction, such cases being selected for its employment in which there was fear of irritability and spasm coming on, and forcing out the lens. Mr. Bowman, who had first employed the agent, and himself, had reason to think it of great value. Its tendency to produce sickness was an objection to its employment in operations on the eye, but if it were given on an empty stomach this was not likely to take place. Even in cases in which sickness had occurred, no ill effects followed, in consequence of the lids being fixed down by strapping, and the globe of the eye collapsed from the operation. In cases also of artificial pupil in children he had employed it with much advantage.

Mr. DIXON had never used chloroform in cases of extraction. Mr. Critchett had stated that he had never seen any ill-effects



from the vomiting following its administration, but there was another evil which might sometimes result from its use: this was nausea, squeamishness, and loss of appetite, which might last for twenty-four hours. In very old persons it was highly necessary, in addition to keeping the eye at rest, to support the strength by nourishment. If food could not be taken in consequence of nausea, support could not be administered, and the operation would prove unsuccessful from the wound failing to heal by the first intention. He thought that great caution should be exercised in using chloroform in these cases.

Mr. HOLMES COOTE had seen chloroform administered in three cases of extraction; in one instance both eyes being affected with cataract. The chloroform was given to the extent of complete insensibility, yet no ill effect followed in either case. It was undoubtedly a beneficial agent, but required to be used with circumspection.

Mr. HALE THOMSON had employed chloroform in very many cases, but regarded it as less useful in operations on the eye than in most other operations. Indeed, in such cases he had never seen any benefit result from its employment. The case before the Society was one of much interest, and it was really astonishing that the organ existed at all after the performance of so many operations upon it. He had himself, some years since, operated upon a boy of fourteen years of age, for congenital cataract, and though the operation was perfectly successful, it was twelve months before the eye was sufficiently educated to properly appreciate the nature of objects coming before it. In Mr. Critchett's case, as the sight was not perfectly restored, he (Mr. Thomson) thought the perfect sense of the organ would never be attained. He objected to the division of the recti muscles for the purpose of steadying the eye, for he had noticed deterioration of sight constantly follow operations for strabismus. He also objected to the mode of detaching the lens by an incision through the cornea, and considered that this might be more easily and readily effected by making the cut through the sclerotic, behind the cornea.

Mr. CRITCHETT was still of opinion that the operation through the cornea was the best, and in this he was supported by most of the authorities on eye operations. He did not think that the number of operations which had been performed interfered with the ultimate result, for it must be remembered that many of the most successful cases were those in which seven or eight operations were performed, a small portion only of the lens being removed after each operation. The division of the muscles in the case before them was no doubt an experiment, but he had to choose between the constant movements of the ball, and any bad results which might follow the operation. As he had never seen any harm, but in all cases immediate or gradual improvement of sight follow the operation for strabismus, it was a sufficient answer to Mr. Thomson's objection. In the present instance, he did not believe any ill effects followed the operation.

A paper was then read, entitled,

ON INGUINAL TUMOUR, ASSOCIATED WITH SYMPTOMS OF STRANGULATED HERNIA, AND ABSENCE OF THE TESTICLE ON THE AFFECTED SIDE.

BY HENRY THOMPSON, ESQ., F.R.C.S., M.R.

The following case often presents itself to the surgeon:—A man, subject to swelling in one of the groins, finds it suddenly increased in size after physical exertion. The tumour becomes tender, and the abdomen is painful on pressure. On examination, the testicle is found to be wanting on the affected side. The author believes that sufficient attention has not been paid to the symptoms accompanying this form of disease, and rendering its diagnosis from hernia not always easy. He also describes the effect which a congenital arrest of the testicle in the inguinal region would have in complicating the operation for hernia combined with this defect. He proceeds to the relation of a case under his care in the Marylebone Infirmary. A man, aged fifty-five, was brought to this institution, labouring under symptoms of strangulated hernia. The symptoms were so severe as to justify immediate operation, the taxis having already been unsuccessfully employed. The deficiency of the testicle in the corresponding side of the scrotum was noticed on examination. The hernial sac having been opened, two loops of small intestine, of deep chocolate colour, were seen turning upwards over the tendon of the external oblique, much the same as in a femoral hernia; beneath them lay an atrophied testicle and spermatic cord at lower angle of the opening. The stricture was divided, the intestine was returned, and the testicle left in the canal. On the third day after the operation the bowels opened freely and natural, but the patient died shortly after of peritonitis. The loops of intestine (ilium)

were seen, upon examination after death, lying in the abdominal cavity, (which contained some pus,) of deep brown colour, and mortified in those parts which corresponded with the stricture. The author concluded with some remarks, showing the importance of early operation even in doubtful cases.

THE PRESIDENT did not think there was any difficulty in coming to the conclusion that in this case there was strangulated hernia of the intestines.

Mr. SPENCER WELLS supported a remark made by Mr. Thompson, as to the propriety of making an exploratory incision in cases where a strangulated hernia was suspected to exist; and narrated a case in which he had performed the operation a few days before upon a patient of Dr. Browning Smith's, of Notting-hill. An old gentleman suffered from obstinate vomiting, supposed to depend upon gouty irritation of the stomach; and one consequence of this vomiting was a tumour in the left inguinal region, which had existed thirty-six hours when Mr. Wells saw the patient. It was not thought to exercise any very marked influence upon the state of the patient, and doubts were expressed as to its nature; but Mr. Wells made an exploratory incision, and exposed a knuckle of intestine very tightly strangulated, which could not be reduced without opening the sac and dividing its neck. This was done, but the vomiting proceeded unchecked, and the patient died forty hours afterwards. On post-mortem examination, it was found that the gut had been completely reduced. It was slightly inflamed, but there were no signs of peritonitis, nor any hemorrhage, so that the hernia had been quite secondary to the gastric affection. It was obvious, however, that it could not have been left justifiably without relieving the strangulation.

Mr. FERGUSSON remarked that one reason why writers on surgery had omitted to specially notice such cases as that before the Society, was in consequence of their diagnosis being so clear and distinct that such reference was unnecessary. He had operated in many such cases, and had found no difficulty in determining the nature of the cases. The chief value of the paper, however, was its inculcation of the necessity of not delaying operative procedure too long in tumours of this description. In fatal cases of hernia the surgeon generally found after death that an earlier resort to the knife would have been better both for the patient and the credit of surgery. He was quite sure that we ought not to delay making an exploratory incision in these cases earlier than was now the custom, more particularly as chloroform could be now employed. If after the administration of that agent the swelling could not be reduced, then we should be justified in making an incision as if we were about to operate for strangulation. In ninety-nine cases out of a hundred, the surgeon, he believed, would find the tumour to be hernia. With respect to the danger of the operation for hernia, he believed that this was nothing in comparison with that of the disease. The incision was not dangerous, not six out of a hundred died from the operation itself. Inflammation might arise, the intestine might be injured, the obturator or epigastric arteries be wounded; but these effects were rare and trivial compared with the effects of the strangulation on the intestine. If the surgeon had a doubt on his mind respecting the nature of the tumour, he should never hesitate to make an incision, which would remove the difficulty, and probably save life. When death occurred in cases of strangulated hernia, it was the disease, and not the operation, which killed; life being lost from the want of decision in the surgeon who sees the case.

## MEDICAL SOCIETY OF LONDON.

MR. HEADLAND, PRESIDENT.

SATURDAY, NOVEMBER 11TH, 1854.

DR. WINN related

### A CASE OF DIFFICULT LABOUR,

which he believed to be perfectly singular. In August last he was requested to see, in consultation with Mr. Bedingfield, a young woman who had been in labour four days. She was in the seventh month of her second pregnancy. He (Dr. Winn) discovered that the labour had been interrupted, not from want of power or room in the pelvis, but in consequence of a very singular membranous band, which had prevented the os uteri from dilating. It was half an inch in width, and was stretched immediately across the os uteri. It was only adherent at its extremities, which were attached to the angles formed by the junction of the vagina to the uterus. Dr. Winn hooked

his finger over the band, drew it down, and divided it with a bistoury. Immediately after its division, the os uteri began to dilate, and the labour was speedily terminated. A fortnight after delivery, scarcely a vestige of the membrane could be felt; only a small root of the band could be detected anteriorly. It appeared, on inquiry, that this patient had met with a very unusual accident when eight years of age. Whilst standing on a bellows placed on a chair, and attempting to reach something, the chair slipped, and she fell with great force; the nose of the bellows, which happened to be nearly red hot, penetrating the vagina to some extent. Tumefaction, with a discharge of blood, lasted for some time, but she was able to leave her bed in a few days. The nose of the bellows measured about half an inch in diameter. It was right, Dr. Winn thought, to state that her first pregnancy, which terminated at the fifth month, was not attended by any difficulty. Dr. Winn said he was desirous of obtaining the sense of the meeting, as to whether the singular growth was congenital, or the effect of the accident in childhood.

#### CO-EXISTENCE OF TWO SPECIFIC DISEASES.

MR. ROGERS HARRISON mentioned a case in which measles supervened on an attack of gonorrhoea, which was being treated by copaiba. The eruption went through the usual course, and the discharge ceased. This case, he thought, was in contradiction to the axiom that two distinct diseases would not go on in the system at the same time.

MR. MILTON remarked that two diseases might go on in the system at the same time, such as gonorrhoea and measles, the one being local, the other constitutional. Hunter's axiom referred to two constitutional diseases.

MR. DENDY observed that Hunter's remark was to the effect that two diseases could not go on in the same part, nor in the same system, at the same time: one, however, might keep the other in abeyance. A constitutional disease like measles, might cure a local one like gonorrhoea. He related the case of a child who, whilst suffering under a severe attack of whooping-cough and bronchitis, was seized with cholera. The chest affection was completely arrested during the cholera, but returned immediately on the disappearance of that disease.

MR. HARRISON remarked, that in his case the original disease did not return.

#### ANEURISM OF THE AORTA, WITHOUT SYMPTOMS.

MR. MILTON exhibited a preparation, consisting of the aorta of a man who had died suddenly from rupture of an aneurism through its entire extent. There had been no symptoms, except those of dyspepsia, before death, and the patient had been admitted into the police force, three months before, in apparent health.

MR. HIRD read a paper

#### ON CERTAIN FUNCTIONAL DISORDERS OF THE NERVOUS SYSTEM, PARTICULARLY OF THE SPINAL CORD, WHICH SIMULATE ORGANIC DISEASE.

He alluded to the frequency of local pain along the course of some of the cerebro-spinal nerves, which, so far as the present state of pathological knowledge can determine, do not depend on discoverable structural changes. When the spinal cord, or a part of it, is the apparent seat of this affection, Mr. Hird was of opinion that the blood, and not the nerve-matter, is in most cases the source of the disordered action. He drew attention to the fact of deranged nervous actions being produced by the introduction of various preparations of the materia medica, and of certain animal poisons into the circulation; and also to cases of renal coma, as a consequence of the non-elimination of deleterious agents from the blood, by the kidneys. The experiments of Dr. E. B. Ségurd were thought by him to strengthen this view, as, by the injection of red blood, he had reproduced local life in both nerves and muscles, both in animals and decapitated men, even after cadaveric rigidity had taken place. The continued supply of healthy red blood to the vascular structure of the nervous centres, he looked upon as equally essential for the generation of a sufficient nervous force for the performance of healthy functions, as the acid solution is to the plates of a galvanic battery for the generation of the galvanic force; and considered that a deteriorated condition of the blood, which does not afford to the nervous centres the stimulus for healthy action, is the cause of these disorders of their functions. As a contrast to morbid polarity of the cord, he instanced the physiological polarity which takes place in the male frog during the season of copulation. The class of patients in which hyperæsthesia of the spinal cord most frequently occurs, is the delicate æmemic female, in whom the uterine functions are at fault. In a very small proportion of cases a little vascular engorgement

may exist, which may justify the cautious employment of depletion or counter-irritation. The main object in the treatment Mr. Hird considered to be the restoration of the deteriorated blood to the healthy standard, and the re-establishment of suppressed or diminished secretions from the uterine, gastro-hepatic, and renal organs. In many cases the use of steel acts almost as a specific, and the cod-liver oil may be advantageously administered at the same time. The cold douche, and local applications of belladonna, &c., are also useful as auxiliaries to steel, fresh air, and nutritious diet. The cases in which slight congestion exists, and which are generally those following some sudden manifest exciting cause, the cupping glasses, or a few leeches, are very beneficial; but as the mobility of the nervous system is evidently increased by even slight depletion, this treatment should be restricted to those special cases which are exceptions to the general rule. The continued use of anti-spasmodic and stimulating medicines Mr. Hird objected to, as producing injurious results on the nervous system of delicate females.

THE PRESIDENT, if not in the chair, would have made some remarks, with the view of showing that the conditions to which the paper referred were not always easy of removal by tonics and iron.

MR. HUNT, after making some observations on the importance of a correct diagnosis in cases of neuralgic disease, related an instance in which a lady was sent to the sea-side with what was supposed to be incipient hip-joint disease. She was ordered to be leeches and blistered. These means were applied, with an aggravation of the symptoms, which were simply tenderness and pain, most severe, but superficial. Mr. Hunt now saw the case, and finding the lady pale and sallow, with the catamenia regular, but pale, and that she had suffered much mental anxiety, ordered her exercise and iron. She rapidly recovered under this plan of treatment.

DR. MACKENZIE would divide the discussion of what was called "spinal irritation" into four heads. First. Did it exist? He thought that it did was shown by the symptoms of tenderness, &c., which presented themselves in those cases without organic lesion. Second. What did it depend on? It was a functional disorder, but of what kind we did not know. Third. What are the constitutional and other states which produced it? The most common were mental affections; next, irritation of the peripheral extremities of the nerves communicating with the spinal system, and poisoned states of the blood, such as obtained in rheumatism, &c. Fourth. How were we to effect a cure? We must remove the cause. The mental affection, where it existed, must be removed by change, &c., and we must follow up by the cold douche; so in the other cases the primary disease or state must be first overcome. As in all these cases the patients were usually æmemic, it was necessary to sustain the general health.

DR. THEOPHILUS THOMPSON had been pleased to observe that the author of the paper had abandoned a proposition with which he started, to show that "spinal irritation" resulted from toxæmia. He questioned if this was correct, or whether it could be shown that in any number of cases it depended on a poisoned condition of the blood. With respect to the treatment of these cases, he thought that the anti-depletive method had been too exclusively advocated, and that though most instances of the affection might require iron and support, in some cases depletion was necessary. He related a case of hysterical vomiting, in which a variety of tonics, iron, &c., had been employed without effect. Some tenderness was found to exist in the spinal column, to this part leeches and blisters were applied, with immediate relief to the vomiting. Similar effects might arise from too little or too large a quantity of blood. He then referred to some cases of injury to the spine, giving rise to various nervous symptoms, which were removed by local depletion after iron had failed: and he mentioned a case of voracious appetite, following concussion of the spine from a fall from a stage-coach, producing, as he thought, the same condition as that of exhaustion previous to death.

DR. WARD had found, in cases of toxæmia attended by local symptoms, the leeches applied to the affected part died.

MR. DENDY, with reference to the diagnosis of the cases under discussion, remarked that, when the disorder was neuralgic, the sudden touch of the finger on the skin of the affected part would produce intense pain, whilst, by gradual manipulation, great pressure might be exerted with little or no suffering. He agreed with Dr. Thompson respecting bloodletting, and saw nothing contradictory in the employment of local depletion, at the same time that we were supporting the system generally.

DR. HARE said, that in this affection every case must be investigated *per se*, and the precise cause of the symptoms determined. When the affection occurred in females, between

puberty and the climacteric period, in eight out of nine cases it depended on irritation of the vagina and uterus, accompanied by leucorrhœa. The use of sedatives, with astringent lotions for the leucorrhœa, was one of the chief indications of cure. These cases were often accompanied by anemia, and iron was then of service. In serious organic disease, such as stone in the bladder, he did not think the "spinal irritation" so complete, nor the superficial tenderness so marked. He referred to Dr. Griffin's work "On Spinal Irritation" as the best treatise on the subject.

Dr. WILLSHIRE remarked, that fuller acquiescence would, he thought, have been given to the whole of the author's views if the particular condition of the blood which had been dwelt upon had been regarded as one of *spanæmia*, rather than of *toxæmia*. The blood, there could be no doubt, was frequently greatly impoverished, but could not (in his opinion) be said to be charged with, or affected by, any special poison, he therefore assumed Mr. Hird had meant to imply a different state of blood to that which the term he had made use of would really necessitate. If, however, the author of the paper maintained that the distinction in question had been drawn, and had used the term *toxæmia* advisedly, he must be at issue with the teaching of the paper. Again, he must believe that without attention being paid to the removal of the psychological causes of many strange nervous affections of women, the most ably directed tonic treatment by drugs would often not be of very much avail.

Dr. T. THOMPSON explained that he did not deny that there was a poisoned condition of the blood in some diseases, but not in the cases of "spinal irritation" to which he had referred, as local remedies had effected a cure.

Dr. Sisson considered that a large proportion of cases of "spinal irritation" were dependent on great mental distress and anxiety. Treatment, in the first instance, should point to this. After the mind was stimulated, iron to stimulate the blood, and the local application of belladonna, were of service. He related some cases to show the effect of mental emotion in producing nervous affections, and strongly objected to the term "spinal irritability," as failing to convey the meaning intended.

Dr. KMD remarked that of course the symptoms complained of did not result from affection of the spinal cord itself, but were the effect of reflex action on the ganglia external to the spine. He knew Dr. Griffin, who had lamented to him the difficulty of finding a better word; but he had lived before the time of Marshall Hall, or he would probably have found a better name.

Dr. O'CONNOR fully agreed with Dr. Hare in his estimate of Dr. Griffin, of Limerick. The theory of Dr. Marshall Hall was at once a key to all the affections involving the spinal cord; but it was evident that views similar to those put forth by Dr. Marshall Hall, of an independent spinal system, were entertained by Dr. Griffin; for in his chapter on the "Pathology of Fits in Infants," depending on dental irritation, Dr. Griffin assigns to the spinal cord a distinct reflex function, independent of any cerebral agency. Dr. O'Connor agreed with Dr. Thompson, that many forms of disease disturbing the functions of the spinal cord required the abstraction of blood and counter-irritation, but in a guarded and limited manner, and related cases that fell under his own observation, demanding for their cure that plan of treatment. He differed from the author in limiting those affections involving the functions of the spinal cord to females, and related cases of spasm of the glottis in males, depending on gastric and intestinal irritation. Dr. O'Connor had no doubt that abnormal conditions of the blood excited deranged functions of the spinal cord, and gave the history of a case, recently under his care, of a gentleman who had suffered for some time before from an intermittent paraplegic state, which was completely removed by the elimination of lithic acid, the patient having been previously subject to attacks of gout.

Mr. HIRD, in reply, remarked that he did not think any of the speakers differed much in opinion with him. He agreed in the main with what had been said, but thought the cases requiring depletion were very rare. His remarks had applied not to *toxæmia*, but to a degenerated condition of the blood, and the remedies he had recommended were to improve this state.

SATURDAY, NOVEMBER 18TH, 1854.

#### OBSTRUCTION AND PERFORATION OF THE COLON.

Dr. RICHARDSON exhibited a preparation taken from a gentleman, aged twenty-two, who had been the subject of habitual constipation from boyhood, and to relieve which he had resorted

constantly to purgatives. A few days since, after four days' constipation, he was suddenly prostrated, was seized with sickness, but not of a fecal character, with coldness and shivering. There was a tumour in the groin, which was found to be not hernia. It could be reduced by pressure. He died, and on examination the colon was found obstructed near the cæcum, which was loaded with feculent matter. The intestine was attached strongly to the parietes of the abdomen; the feces had escaped from a perforated opening, and distributed themselves between the muscles of the abdomen so equally, that no particular swelling was observable, except in the groin as above mentioned, which was found to arise from this cause.

Dr. BRINTON remarked that the history of the case, the suddenness of the attack, the not remarkably distended condition of the intestine, and the post-mortem appearances, all showed, he thought, that this case was one of death from perforation rather than from obstruction. Like cases, however, of perforation from obstruction, the cæcum was the part which gave way.

The PRESIDENT said that it might be a question whether death arose from peritonitis consequent upon the escape of fecal matter into the abdominal cavity, or between the layers of the muscles.

Dr. RICHARDSON replied that there was no escape of matter into the peritoneum.

Mr. I. B. BROWN suggested that an artificial anus, made at the point of swelling in the groin, might have been of service.

Dr. RICHARDSON said that there had been no idea of the presence of fecal matter between the muscles, in consequence of the swelling from that cause having been so even and general. The swelling in the groin had been punctured, and only flatus escaped.

#### ARSENIC IN SPASMODIC ASTHMA.

Dr. BAMFFYLDRE DANIELL related the case of a lady, forty-five years of age, who had long been the subject of severe attacks of spasmodic asthma, attended at one time with occasional attacks of bronchitis. The latter, however, had been removed by travelling and treatment. She now awoke with the asthma every morning, or four or five times a week. Belladonna, of all the remedies employed, seemed to afford her the most relief. On examining the chest, the left lung at its superior and posterior portion was found to be emphysematous. She was greatly debilitated, the intercostal muscles being scarcely able to act. The liquor arsenicalis was administered three times a day, in doses of three drops, with the most marked benefit, the asthmatic attacks being arrested, and the general health very much improved.

Dr. O'CONNOR remarked that the case detailed was similar to cases recorded by Dr. Griffin, which depended on some functional derangement of the spinal cord. He thought that quinine or iron would have acted as beneficially as arsenic in this case.

Dr. MACKENZIE had some years since employed arsenic in small doses in cases of whooping-cough, hay fever, and spasmodic asthma, with the best results, when these affections were unaccompanied by inflammation. He had been induced to try this remedy from observing the state of the mucous membrane in the class of cases mentioned.

In answer to questions, Dr. DANIELL remarked that in his case the catamenia had been irregular for years, and had now probably ceased. There was no skin disease, nor mark of periodicity in his case.

Dr. HUGHES WILLSHIRE read a paper on

#### THE CACHECTIC CONDITION IN CHILDREN.

The twofold aspect under which the term "cachexia" is usually regarded was first commented upon—viz., as a disease in itself, in virtue of its own special potency, as indicated by the terms of *general cachexia*, *infantile marasmus*, *tubercles*, *atrophia*, &c.; and as a secondary affection, dependent upon or associated with some primary diseased condition in the shape of various but well-defined acute and chronic maladies. While it might be true that the older pathologists went too far in viewing the cachectic condition too constantly as *the disease*; it was not the less so that modern writers on infantile disorders had shown too great a desire to always reduce it to some local lesion, and neglect such evidence as proves that a general state of the economy, to be called the "cachectic," exists often prior to any specialized or local disturbance, and under whose influence various inflammatory affections, congestions, dropsies, gangrenes, exudations, and deposits ensue, marked by peculiarities of character and of progress, bestowed by the general condition of the economy alluded to. Such was the case as regarded the catarrhal, diptheritic, scorbutic, &c., diathetic states or forces;

and it also came within the bounds of legitimate inquiry to ask whether the "cachexias" known as the syphilitic, scrofulous, saturnine, &c., may not have a common bond between them, and identical with that cachexia following no diathetic malady or empoisonment of the blood. In the former cachexias a dyscrasic speciality was always superadded, (as the terms of the proposition implied,) whilst as regarded the latter, it *might be*, but such must not necessarily be, the case. The relations of the cachectic condition in the child were then discussed under the following heads:—First, in connexion with deficient alimentation and defective hygiene; secondly, as associated with certain diathetic maladies; thirdly, as connected with, not only several *chronic*, but certain *acute*, more or less localized lesions or disorders. These topics being considered, the reflex influence which the "cachectic condition" itself has in impressing a peculiarity of type, &c., upon local inflammatory and other diseases arising in a system under its sway was then adverted to. From what had been stated, it was not improbable the author might be accused of having mixed up two great forms of systemic debilitation undoubtedly distinct in their nature and associations. It might even be urged against him that he had thrown into one the several cachexias associated with several different specific diseases, dyscrasias, or diathetic states, such as syphilis, tuberculosis, rachitis, &c.,—that which follows defective alimentation and hygiene, and that consequent upon severe structural changes of the gastro-intestinal mucous surface. Of course, in answer, he would reply that, except as regards *degree*, he believed the *fundamental cachexia* was much the same in all, and that the point where a difference existed was in a *superaddition* to the cachexia rather than in the cachexia itself. Particular reasons for this opinion were then given, after which the author proceeded to inquire as to what constituted the most fundamental change in the economy that we could arrive at, as connected with, if not genetic of, the cachectic state. In most instances it would be found that where a condition of *spanamia* existed, there was defibrinization of the blood, a diminution of its red corpuscular element, and frequently an increase of the blood's alkalinity. The latter did not occur, it must be admitted, in the cachectic state associated with scorbutic manifestations, even if the salts of potash were not diminished. Still the late inquiries of Messrs. Paget, Bennett, (Hughes,) Wharton Jones, &c., and illustrations deducible from comparative physiology and the diseases of adult life, might be brought forward in support of the views now asserted; at least, so their author was of opinion. Of course, a more profound analysis might be attempted—viz., what is (it might be asked) the peculiarity which thus so absolutely necessitates this impoverished condition of the blood? This is the most difficult inquiry of all, because the more extreme generalization. But even this must be undertaken, and though most imperfectly, as the author admitted, the present paper had offered its aid.

A discussion of some length ensued, in which Mr. Ross, Dr. Brinton, Dr. Andrew Clark, Mr. Power, Dr. Webster, Dr. Chowne, Dr. Daniell, and Mr. Hinton took part.

## PHYSIOLOGICAL SOCIETY.

MONDAY, NOVEMBER 13TH, 1854.

MR. I. B. BROWN, V.P., in the Chair.

THE meeting was well attended.

THE PRESIDENT made a few introductory remarks. He spoke of the importance of physiological knowledge in relation to the progress of medicine, and earnestly recommended the labours of this section of the Society to the attention of the fellows. There were all the elements in the Society for forming an energetic and highly valuable section devoted to physiological investigations, and the industry of the members might soon make these meetings as large and important as the meetings of the Pathological and Epidemiological Societies. It perhaps required time for the fellows of the Society to be made aware of the fact that these meetings took place monthly, and were open to all fellows of the Society.

DR. CRISP exhibited coloured drawings of the viscera of a large alligator, taken by measurement, and then read the following communication—

### ON THE MALPIGHIAN BODIES OF THE SPLEEN OF THE ALLIGATOR AND CROCODILE, AND ON THE WEIGHT OF THE SPLEEN AS COMPARED WITH THE BODY IN THESE ANIMALS.

Nearly all the writers on the spleen that I am acquainted with deny the existence of Malpighian bodies in fish and reptiles—

an error that a more extended examination of the vertebrate animals would readily have corrected. These bodies are very distinct in some of the cartilaginous fishes, and in many reptiles; but in none that I have examined are they so large as in the alligators and crocodiles. The preparations on the table, from the spleen of an alligator and of a crocodile, are sufficient evidence of this, although when recently taken from the body they were more apparent. The specimen, however, in which they have been subjected to the action of dilute nitric acid displays them better. They are about the size of these bodies in the sheep and other of the ruminants; they measured, when fresh, about the twenty-fourth of an inch in diameter. Another error of more importance respecting the spleen is the assertion of every writer that I know of, "That the spleen decreases in size as we descend in the scale of vertebrate animals"—a mistake that can only have originated in that common source of error, the lazy system of taking for granted that which previous writers have stated as correct, and of not investigating for ourselves. It is from this cause that the English works on physiology, and the articles in our Cyclopædia, (copied mostly from Continental writers,) are crammed with mistakes, the question too often being, "Where does the information come from?"—not "*Is it true?*" From a recent work "On the Spleen," with which one of the reviewers was so charmed that he broke forth into a soliloquy on Truth, I extract the following passage:—"Reptilia.—As we descend in the scale of the vertebrate series, the function of the spleen appears to be considerably reduced in importance, as shown by the extreme diminution of its size—a diminution more marked than in any other of the vertebrata." But let us test the correctness of this descending scale by the class of animals in question. I have examined ten of these—four crocodiles and six alligators, varying in weight from a few ounces to two hundredweight. All were inspected soon after death, and in seven, the bodies and viscera were carefully weighed by myself, and the alimentary canal measured. In the three larger specimens the weight of the body only was guessed at. In all, the stomach contained stones; and in one, large pine-knots, partly digested. The relative weight of the body and of the spleen in the ten specimens was as follows:—Crocodiles,  $\frac{1}{100}$ ,  $\frac{1}{100}$ ,  $\frac{1}{100}$ ; a large specimen, the body not weighed, about  $\frac{1}{100}$ ; alligators,  $\frac{1}{100}$ ,  $\frac{1}{100}$ ,  $\frac{1}{100}$ ,  $\frac{1}{100}$ ; two large ones, the bodies not weighed, about  $\frac{1}{100}$  and  $\frac{1}{100}$ . If the above proportions are compared with those of some orders of birds, the alligator's spleen will be found to be relatively much heavier; and when the weight of the tegumentary covering (possessing but little vascularity) in these Saurians is considered, the proportion is greatly increased. It may be remarked, too, that some of the animals above mentioned had not fed for several months. If we investigate this descensive scale still further, and examine a lower grade of the vertebrata—viz., fishes, we find a much greater proof of its erroneousness than in the reptiles.

DR. RICHARDSON read a paper

### ON THE PRESENCE OR ABSENCE OF BLOOD IN THE ARTERIES AFTER DEATH.

He commenced by alluding to the fact, that the emptiness of the arterial system after death had attracted the attention of the earliest anatomists, and had probably given rise to the idea that the arteries were channels for conveying æreal spirits—an idea which had impeded the labours of all anatomists up to the time of Harvey. The cause of the emptiness of the arteries had in modern times given rise to numerous physiological discussions; but the common opinion of late had been that a contractile power in the arteries caused them to empty themselves. To this opinion there were two objections—1. That granting the arteries to possess a muscular contractile power, it is not easy to see how that power can be exerted when all the other muscles of the body are relaxed, as they are during and immediately after the act of death. 2. The arteries were not always left empty, which they would be if this contraction were the cause of their emptiness. The arteries were found in three conditions after death—1. Charged with blood, like the veins. 2. Absolutely empty. 3. Containing cords of coagulated blood with no surrounding serum. In answer to the question, What is the cause of these varying conditions? Dr. Richardson said that the answer he believed had been given long since by the discoverer of the circulation of the blood. They were connected with certain relative states of the respiration and circulation in the act of dying. The following was the Harveian explanation as given in the 9th chapter of the treatise "On the Motions of the Heart and Blood":—"And now the cause is manifest, wherefore in our dissections we usually find so large a quantity of blood in the veins, so little in the arteries; wherefore there

is so much in the right ventricle, so little in the left—circumstances which led the ancients to suppose that the arteries, as their name applies, contained nothing but spirits during the life of an animal. The true cause of the difference is this, that as there is no passage to the arteries, save through the lungs and heart, when an animal has ceased to breathe and the lungs to move, the blood in the pulmonary artery is prevented from passing into the pulmonary veins, and from thence into the left ventricle of the heart, just as we have already seen the same transit prevented in the fœtus by the want of movement in the lungs, and the alternate opening and shutting of their minute orifices and invisible pores. But the heart not ceasing to act at the same precise moment as the lungs, but surviving them, and continuing to pulsate for a time, the left ventricle and arteries go on distributing their blood to the body at large, and sending it into the veins; receiving none from the lungs, however, they are soon exhausted, and left as it were empty." In support of this reading of the subject under consideration, Dr. Richardson now adduced various experiments and observations of his own. He had watched the process of dying in men and in animals on numerous occasions during the past two years, and had observed that whenever the act of dying was at all prolonged, the cessation of the heart's beat prior to the cessation of respiration was followed by fulness of the arteries after death; and, *vice versa*, that the cessation of the respiration prior to the cessation of the heart's beat was followed by emptiness of the arterial trunks. To this general rule there were a few exceptions, however. Thus the arteries may be left empty after death from hæmorrhage, although the respiration may have outlived the heart. In cases of death from failure of the right side of the heart, or from obstruction there, the arteries may again be empty, though respiration continued longer than the circulation. In cases of obstruction in the left side of the heart, again, the arteries may be full, though the heart may have outlived the circulation; while in sudden death, where the heart and lungs ceased to act almost simultaneously, the arteries may be found as full as the veins. Dr. Richardson next remarked on that condition of blood in which it was found in the arteries in long coagulated threads. In these cases the arteries had probably been left full; but the blood in them having coagulated and become separated into two parts, clot and serum, the serum was drawn off by osmotic action, first into the tissues, and afterwards into the veins or tissues, in the same manner as water is taken out of arteries injected with it in dissecting-room subjects.

A very animated discussion followed the reading of this paper.

Dr. SNOW contended that the power of the left ventricle was not sufficient to empty the arteries. The contraction of the arteries during life was shown in the gradual feebleness of the pulse during exhaustive diseases. There must be some other kind of force in the capillaries to cause the arteries to empty themselves completely.

Dr. CRISP denied the muscularity of the arteries, and their active contractile power. The elasticity of the fibrous coat of an artery was contrary to the idea of muscularity. The act of blushing showed a relaxed state of the vessels, and in the arteries no kind of contraction could be elicited by irritation similar to that action which could be so long kept up after death in the intestines and other organs possessing muscular fibres.

Dr. PAVEY urged that the left ventricle could not by its contraction alone empty the arterial tubes. It must push something, such as a column of air, before it, in order to produce such an effect. In experiments on animals, he had often observed the contractility of arteries, and had seen an artery reduced by contraction to the condition of an impervious cord. The contraction of arteries after death resembled the contractile power of the bladder, by which the urine was sometimes expelled in the dead.

Mr. HIRD doubted if the same physical effects could be produced in the living artery as were produced in the dead. The condition of the blood itself had not a little to do with its motion; in the main, however, he agreed with Dr. Richardson.

Dr. HARE contended that the heart could not of itself empty the arteries. More than this, the arteries could be seen contracting in the frog's foot. In anæmic states, where the heart was feeble, the action of the arteries was often most active.

Mr. PILCHER remarked on the elastic property of arteries, and on their faculty of shortening during a diastole. He believed that cadaveric rigidity extends to the arteries. The contraction of an artery was analogous to contractions in other canals, such as the urethra and lachrymal duct.

Dr. MURPHY thought that all the causes that had been named might lead to the results described. The causes named

by Dr. Richardson were probably the main ones, but the others might be subsidiary.

Dr. O. WARD observed that strictures of the urethra or lachrymal duct resulted from local irritation, and could not therefore bear on the subject of arterial contraction or non-contraction.

Dr. HENRY said that some of the exceptions to the Harveian rule described by Dr. Richardson were scarcely exceptions, but rather extensions of the rule itself. He would like to hear how Dr. Richardson accounted for the oscillations of blood in the arteries during feeble states of the circulation, without the aid of arterial contraction.

Dr. CHOWNE would like to hear from Dr. Richardson what he supposed the arteries contained in cases where they were quite empty of blood. They certainly were not vacuous. He did not think that sufficient facts were before us to explain all the phenomena connected with the state of the circulation and respiration in the act of death.

Dr. RICHARDSON, in reply, observed, that if the arteries really contracted after death so as to empty themselves in any one case, they ought to do so in all. He asserted from observation that the arteries did not undergo cadaveric rigidity. He believed, with Dr. SNOW, that there was a force exerted by which fluids in the arteries could be drawn into the tissues, and thence into the veins; that this force was osmotic, and went on in the dead as well as in the living subject for a time. The violent action of the arteries in exhaustive diseases showed a want of tone in the arterial tunics, and the hæmorrhagic pulse was essentially characteristic of the same condition. He could not answer the important question put by Dr. CHOWNE as to what the arteries did contain when empty of blood; certain it was, however, that they were not vacuous. Mr. PILCHER's argument about stricture of muscular tubes could only be brought to bear on this subject when the muscularity of the arteries was proved to be a fact. Oscillations in the arteries, in feeble states, were produced merely by the systole and diastole of the heart during a period when there was diminished supply of blood in the arterial system.

## ROYAL SOCIETY.

ON THE FREQUENT OCCURRENCE OF INDIGO IN HUMAN URINE, AND ON ITS CHEMICAL, PHYSIOLOGICAL, AND PATHOLOGICAL RELATIONS.

BY ARTHUR HILL HASSALL, M.D.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO THE ROYAL FREE HOSPITAL, ETC.

(Communicated by Professor SHARPESY, Sec. R.S.)

THE present communication embraces some further observations and experiments on the occurrence of indigo in human urine. From these it appears that the presence of that substance is even more common than the author was led to anticipate from his first inquiries, the results of which were communicated to the Society in June last. The author furnishes additional proofs of the blue colouring matter in question being really indigo, by converting it into isatine and aniline; for this purpose it was necessary to obtain the pigment in considerable quantity. Contrasting its chemical and physiological relations with hæmatin and urine pigment, he shows that indigo is closely allied in its nature and origin to those substances, and he considers that when indigo is met with in urine in considerable amount, it forms a vehicle for the elimination of any excess of carbon contained in the system. This view is borne out by the important fact, that the greater number of cases in which indigo has been observed to be developed in the urine in large amount, have been cases in which the decarbonizing functions are greatly impaired, as in extensive tubercular disease of the lungs, and in most cases of cholera.

## Reviews and Notices of Books.

*A Manual of Pathological Anatomy.* By C. HANDFIELD JONES, M.B., F.R.S.; and EDWARD H. STEVENS, M.D. Foolscape 8vo, pp. 788. London: Churchill. 1854.

EVERY ONE who has studied the science of Medicine as such a science ought to be studied, must long ere this have arrived at the conclusion that there are two of its departments—those of pathology and therapeutics—in which there is yet much to



be done. Both, however, are of the most vital importance, and the former takes natural precedence, as, without understanding disease, it is plain that we can know little of methods of cure.

Just as the action of remedies is the very foundation of therapeutics, so is pathological anatomy the foundation of correct pathology. We have been hitherto sadly in want of a good handbook on this subject. The Sydenham Society has done good service by their publication of a translation of Haase, and another of the still more classical and copious manual of Rokitsansky. Unfortunately, the distinguished Vienna professor has not yet completed his work, which must also, on account of its size, be inaccessible to many. The profession, therefore, is much indebted to Dr. Sieveking, one of the translators of Rokitsansky, for having combined with Dr. Handfield Jones for the purpose of giving us the first English epitome of the subject.

It is a work which we can recommend with confidence. The descriptions are simple, but sufficient; the work is well and carefully arranged; a complete account is given of each matter referred to in its turn, and contested opinions are discussed with candour.

On the important question of cancer, the authors (very properly, as it seems to us,) are of opinion that the microscopic diagnosis of a cancer-cell is at least a doubtful, and often an impossible, thing. They agree in the main with Dr. Walshe as to the small benefit to be expected from operative interference. We may observe that M. Velpeau has just arrived at the contrary opinion, and states that he has positively cured twenty-one cases of cancerous disease. Here we leave this subject by recommending M. Velpeau's treatment to the favourable consideration of the officers of the Cancer Hospital.

On another vexed question, that of tubercle, we find Dr. Jones expressing the opinion of Rokitsansky, that the grey and carious varieties are distinct from the first, and not mere phases of the same formation, as supposed by Walshe and many others. With regard to the microscopic recognition of tuberculous matter in early phthisical sputa, as stated by many sanguine histologists, our own opinion is that it is impossible. To rely upon such minute and uncertain characters as the irregular shape of a few nuclei, apart from any other more palpable sign, would be unadvisable and even dangerous.

Some criticism may be allowed where so much praise is deserved. In the event of another edition, which may be confidently anticipated, it would be as well to mention that the style in which the work is written is in many places careless and inelegant. It should be revised. The account of the various forms of nephritis is unnecessarily obscure.

*History of the Epidemic Yellow Fever at New Orleans, &c., in 1853.* By E. D. FENNER, M.D., one of the Visiting Physicians to the New Orleans Charity Hospital, &c. New York, 1854. pp. 84.

WELL aware of the fact that New Orleans was a very unhealthy place, we certainly were not prepared for Dr. Fenner's statement, that the annual mortality in proportion to population more than doubles that of any other city either in Europe or America. The inhabitants seem neither much afraid nor ashamed of its being so. "They either disregard the solemn truth, or flatly deny it; saying there must be some mistake, and calling those who bring to light such unwelcome facts enemies to the city, and traducers of its fair fame." (p. 4.) Since the commencement of the present century, New Orleans has been many times severely visited by yellow fever, and last year was scourged by an epidemic of it more malignant and unmanageable than any that ever before happened there. (p. 49.) Between May 28th and October 8th, 7813 persons were certified to have died of it, and 385 are believed to have died of it uncerified, thus making a total of 8198 deaths. (p. 47.)

"From the best information I can obtain, New Orleans was in existence three quarters of a century before the first epidemic of

the disease prevailed here; and it is only within the present year that it has prevailed over the large plantations within sight of the city. Is it not possible to restore the sanitary condition that existed before this disease prevailed here? Many cities and towns have been severely scourged by yellow fever for successive years, but finally got rid of it. Let us endeavour to ascertain how they got clear of it, and do as they did. If they expelled it by removing all filth and stagnant water, let us make our city clean and dry..... The great subject of public health must be set aside and neglected no longer, but should command that serious consideration which its importance deserves."—p. 5.

Dr. Fenner's tractate is both important and interesting in a high degree.

*Pathological and Surgical Observations, including a short Course of Lectures delivered at the Lock Hospital, and an Essay On the Surgical Treatment of Hæmorrhoidal Tumours.* By HENRY LEE, F.R.C.S., &c. 8vo, pp. 232. London: Charchill.

OUR limits will not permit us to give a lengthened notice of this work. Mr. Lee is already favourably known to the profession by his monograph "On Inflammation of the Veins." His opportunities of experience on the subject of Syphilis, both at the Lock Hospital and in the out-patient department at King's College Hospital, must have been most extensive, and would alone render his opinions on this subject of much value.

Besides his Lectures at the Lock Hospital, in which the much-vexed question of Syphilization is discussed, as well as the nature of Infecting and Non-infecting Sores, we have in this book an account of Mr. Lee's experiments on Phlebitis; some ingenious remarks on the Movements of the Eye-ball; an essay on Suppuration and other Diseases of Bone, and another on the Surgical Treatment of Hæmorrhoids.

This volume does great credit to Mr. Lee, and will add to the reputation which he has already acquired as an able and scientific surgeon.

## New Inventions

IN AID OF THE

## PRACTICE OF MEDICINE AND SURGERY.

### THE CHARCOAL RESPIRATOR.

CHARCOAL has long been employed for purposes of purification in a variety of ways. Some new and ingenious applications of that highly useful substance have, however, occurred to Dr. Stenhouse. Its value in the purification of water has long been known, and it frequently enters into the composition of the bed through which, in our house filters, the water is made to pass. Calling to mind this use of charcoal, as well as its extraordinary capability of absorbing, retaining, and oxydizing the majority of even the most offensive gases, Dr. Stenhouse conceived that it might be used with equal advantage in the construction of respirators, and with this object he was led to make many experiments in order to ascertain the nature and extent of the deodorizing action of charcoal, and he found that it was even more effective than he had anticipated.

The charcoal respirator is especially adapted for use in those forms of dyspepsia and in those diseases of the lungs in which the breath is at all fetid or offensive, as it frequently is; also in an infected atmosphere, and in chemical and manufacturing establishments where it is desired to prevent the inhalation of noxious or offensive effluvia. Since not only is the air inspired deprived to a great extent of any disagreeable miasmata or gases which it may contain, but at the same time its temperature is raised, the charcoal respirator answers all the purposes of the ordinary metallic respirator, while its cost is trifling. There are three forms or modifications of the instrument; the one is adapted to the mouth only, the others include both mouth and nose, and are more particularly suited for use in laboratories and infected atmospheres.

## THE LANCET.

LONDON: SATURDAY, NOVEMBER 25, 1854.

At the time when the Lunacy Laws were being hurried through Parliament, under a newly-arranged, but not amended form, we lost no opportunity of exposing their manifold defects; of pointing out how little security was taken for the protection of the insane, or to prevent those laws from being wrested to the foulest purposes, to the incarceration of individuals on the *unproved* imputation of insanity, and to the evasion of justice.

We are therefore disposed to scrutinize with jealousy the details of any case which may exhibit the appearance, not merely of illegality—for the foulest of moral crimes may be perpetrated under the most scrupulous adherence to the legal requirements of these Lunacy Laws—but of an attempt to transgress, for improper motives, those bounds set up between justice and injustice by the normal sense of right, often a better safeguard against the abuse of power than statute-law.

It is in this spirit that we have anxiously investigated the circumstances connected with the confinement of the Rev. E. HOLMES in the Heigham Hall Asylum, with the object, as it is alleged, of rescuing him from an indictment for a criminal offence. Some of these circumstances, constituting what may be called an *ex-parte* statement, were brought forward at the last quarterly sessions of the Norwich magistrates, in the shape of a distinct charge against Messrs. NICHOLS and WATSON, the proprietors of the asylum. Mr. NICHOLS was publicly accused of having used the machinery of the Lunacy Acts for the purpose of sheltering a member of an opulent family, under a false allegation of insanity, from the operation of the criminal law. It was also charged against Messrs. NICHOLS and WATSON, that they had further been guilty of a distinct infraction of the Act by retaining the Rev. E. HOLMES in their asylum, in the character of a boarder, after his discharge as a patient.

In proportion to the enormity of the first charge, and the probable consequences to the accused should that charge be substantiated, is the necessity for full, deliberate, and public inquiry. We might reasonably expect that those who were foremost in zeal in urging the accusation, and most earnestly bent on directing that accusation exclusively against the medical proprietors of the asylum, would have also been foremost in calling for an open inquiry. Strange to say this has not been the case. The accusers, who assume before the world the character of being the champions of the public, have not evinced any great zeal to put the accused upon their trial. Unless Messrs. NICHOLS and WATSON can *themselves* force a public inquiry, they are in danger of being condemned unheard. The letter of Mr. WATSON, which we publish this week, reveals the fact that they have spared no means, no exertion, to obtain a full investigation; and still, although suffering under all the weight of a most odious imputation, they have been unable to obtain an inquiry that deserves to be called full, impartial, or public. Such an inquiry it will be seen they still demand. We know not how it can in justice be refused. But those who challenge publicity have at least this right,—a right which the public has never withheld,

—of being considered innocent until, after open inquiry, they have been proved guilty; and of being entitled to fix the charge of malignity upon their accusers, should that inquiry be denied. Seeing the reluctance of the magistrates of Norwich and of the Commissioners in Lunacy to institute a public official inquiry, the proprietors of the asylum appeal to the public press. The letter of Mr. WATSON contains a clear and methodical statement of the leading circumstances of the case. This letter, together with other independent sources of information, supplies us with the materials for arriving at a comprehensive and accurate view of all the features of the case.

It will at once be seen that the gravamen of the charge consists in the allegation, that the Rev. E. HOLMES, being accused before the magistrates of Wymondham of having committed a serious offence against the criminal law, was, by the intervention of Mr. NICHOLS, “rescued from the gripe of the law” on the false plea of insanity. It has been strangely overlooked by those who would make Mr. NICHOLS the sole offender, that in this charge Mr. NICHOLS cannot stand alone. He must have had many accomplices. Firstly, the magistrates connived at, if they did not prompt, a flagrant violation of the law. Secondly, Mr. GEORGE HOLMES, the brother of the alleged lunatic, under whose order he was consigned to the asylum, was a party to the offence. Thirdly, two respectable medical practitioners, Messrs. GILLET and TAYLOR, who signed the medical certificates required by the Act, have been grossly imposed upon, or they are *participes criminis*. Fourthly, the Commissioners in Lunacy and the Visiting Justices of the city of Norwich have either evinced the most scandalous want of vigilance in the duty imposed upon them by the law, of taking care that no sane person shall be confined as a lunatic; or they have been so infamously corrupt in the discharge of their public functions as to give refuge in a private asylum to a man whom they knew to be under a criminal charge, whom they knew to be of sound mind, and therefore responsible to the laws of his country. If the charge directed against Mr. NICHOLS be true, what shall be said of the delinquency of the Wymondham and Norwich magistrates and of the Lunacy Commissioners? Fifthly, a physician of character, Dr. HULL, has, during two years, harboured a guilty knowledge of a grave offence against the law. We of course infer all this from the assumption that the Rev. E. HOLMES, at the time of his admission at Heigham Hall, was of sound mind, and that those who were concerned in procuring his admission and detaining him as a lunatic believed him to be of sound mind.

The presumption against the existence of so much folly or so much knavery, conspiring to defeat the law, is certainly great. But was the Rev. E. HOLMES sane or insane? Upon the answer to this question hangs the intellectual or moral reputation of the Wymondham magistrates, Messrs. NICHOLS and WATSON, Dr. HULL, Messrs. GILLET and TAYLOR, the Visiting Magistrates of Norwich, and the Lunacy Commissioners. What is the evidence? It appears that the Wymondham magistrates had abundance before them. Mr. HOLMES's eccentric conduct had long been matter of notoriety in the neighbourhood. HANNAH BUNN, who had lived in service with Mr. E. HOLMES, deposed to various acts of eccentricity and violence. ROSE BAILEY, who had also been in his service, gave similar evidence. ROBERT BUNN, the husband of HANNAH BUNN, declared that he had many times been compelled to hold Mr. HOLMES down

on the floor, for half an hour at a time, to prevent him from doing violence to himself or his wife. ELIZABETH BUNN, the mother of the girl against whom it is alleged the offence was committed, "was satisfied Mr. HOLMES was not right in his mind. She felt very much afraid of him; he was very violent at times." SAMUEL BARRETT, the policeman, who went to take the charge, was "fully satisfied that Mr. HOLMES was of unsound mind." Two years before the date of the transaction, his friends, believing Mr. HOLMES to be insane, had consulted Mr. NICHOLS as to the propriety of confining him. At this time he had committed no overt act against the law. Had Mr. NICHOLS been open to those influences which are imputed to him, he might then have received Mr. HOLMES in his asylum. He, however, was not satisfied of the necessity of such a step. The Rev. Mr. ANDREW, who "was constantly in the habit of seeing Mr. HOLMES," says "his general conduct was that of a person of unsound mind; he was accustomed to speak of his housekeeper as being possessed with seven devils; that he should some day murder her; on one occasion he filled her mouth with pieces of raw potatoes; he desired above all things to get into the Castle, (gaol,) as that would do him good." This was not all the evidence; but it is surely greater in amount and more convincing in character than what has too often been deemed sufficient to make good the allegation of lunacy. It is but proper to add that Mr. GILLET and Mr. TAYLOR had no doubt of his insanity. Placed under medical care, it was found that Mr. HOLMES was labouring under a variety of bodily complaints that had a pernicious reaction upon his mental health. This was in June, 1852. We are to presume that the Visiting Magistrates and the Lunacy Commissioners recognised his insanity; otherwise it was their duty to order his discharge. The chairman of the Visiting-Board, Sir SAMUEL BIGNOLD, and the secretary of the Commissioners, each speaking for the bodies they respectively represented, declare their belief that Mr. HOLMES was insane at the time of his admission.

But we proceed in the history. Under judicious treatment, Mr. HOLMES's bodily diseases were relieved, and he recovered from his mental distemper. It was considered desirable to give him suitable employment. He was therefore appointed, at first on probation, chaplain to the male side of the asylum. He entered upon this duty on the 8th of August, 1852. A chaplain's book was provided, in which entries were regularly made. His appointment was made with the full cognizance of the Visitors and Commissioners. The book was submitted to their inspection, and there is evidence to show that he continued to perform his duties with efficiency and propriety down to September, 1853. Why the unfitness of his appointment should then become apparent to the Visiting Magistrates it is not easy to understand. Why, if any individual, official or private, had believed that Mr. HOLMES ought never to have been confined as a lunatic, or was an unfit person to be made chaplain to the asylum, such person had not at a much earlier period demanded inquiry into the circumstances, is only to be explained on the supposition that, not the sense of public duty, but feelings of a personal nature had arisen to instigate proceedings which it was hoped might be prejudicial to the proprietors of the asylum. Into these motives or springs of action it is not now our intention to enter. Malevolence is never slow to discover or to make occasions of accusation.

After the lapse of two years, during which time no one had publicly questioned the conduct of the parties concerned in

the detention of Mr. HOLMES, rumours got abroad that Mr. NICHOLS had himself betrayed the inconceivable folly of boasting, that "he had rescued Mr. HOLMES from the gripe of the law!" Dr. RANKING, who had recently become interested in the asylum, joined his co-proprietors in insisting upon an inquiry. An inquiry took place. Had that inquiry been public, public scandal might have been dispelled. It was private, and therefore answered no good purpose whatever. The magistrates however declared their conviction that the Rev. E. HOLMES had been properly confined. They also made a discovery which ought to have occurred to them a year before, namely, that the Rev. E. HOLMES was not a fit person to have been appointed chaplain to the asylum. Why was he not fit? We do not pretend to episcopal jurisdiction; we do not think it pertinent to express any opinion of our own upon this point. But what is the subsequent history of Mr. HOLMES? Suspended from his clerical duties at the asylum, he is immediately accepted as a curate of a considerable parish. The Bishop does not interpose; and the Rev. Mr. COBB, knowing his antecedents, gives the following testimony:—

"During his sojourn at Wymondham, he became less and less responsible for his actions; at the present time he is as competent to discharge any duty requiring a sound mind as any one; he has, I believe, conducted himself with the strictest propriety during the entire time in which he has been connected with my parish; he has endeared himself to many of my poor people; and on all sides, wherever I have heard his name mentioned, it has been with approbation."

If so well qualified for a curacy, why not for a chaplaincy to an asylum? But it has been urged, as a proof that the proprietors were conscious of the impropriety of the appointment, that they restricted his ministration to the male side. Surely there is some obliquity in this view of the matter. Considering the nature of the mental alienation under which Mr. HOLMES had laboured on admission, would not calm judgment pronounce that the conduct of the proprietors was guided by a wise discretion? The disapprobation of the Visitors, excited only after a year's silence, spent perhaps in coming to the conclusion that he ought not to have been appointed, will not go for much. It may be conjectured that this tardy decision was determined by a feeling that it was "necessary to do something" when they were called upon to institute an inquiry. It does not appear that their resolution was influenced by the slightest evidence of general unfitness, impropriety of conduct, or inefficiency displayed by Mr. HOLMES during his incumbency. We are therefore not informed of any circumstance, beyond the fact of former insanity, that should disqualify the Rev. Mr. HOLMES from resuming his professional functions.

The charge of having infringed the section of the law which forbids the retention of a discharged patient in the character of a boarder, we have adverted to on a former occasion. (See THE LANCET, Nov. 4th.) The only circumstance that could lend weight to this accusation would be, concealment of the transaction from the Justices and Commissioners. But concealment there was none. Messrs. NICHOLS, RANKING, and WATSON were pressing Justices and Commissioners for a fuller inquiry. They conceived they had a right to that inquiry. They expected it would be granted. Pending this matter, Mr. HOLMES resided in the asylum, himself writing from that place to the Commissioners, begging for inquiry. It is doubtful whether even the letter of the Act was transgressed. The spirit certainly was not.

The most serious charge, that of rescuing an alleged criminal

from the gripe of the law, is one which it concerns the magistrates, and the magistrates alone, to answer. Mr. NICHOLS received into his asylum a patient admitted to be insane under all the technical requirements of the law. The magistrates are the natural guardians of the law: if they permitted an alleged criminal to be wrested fraudulently from their power, theirs is the responsibility.

Such is the summary of this case, which has given rise to so much scandal. If discredit rests anywhere, it is not with the proprietors of the asylum, who, by the open, straightforward course they have taken, show that they have nothing to fear; but rather with those who, by their long silence and tardy accusations, have given ground for the suspicion that, not public zeal, but a less commendable motive, has prompted their proceedings.

But not to lose a general application, we would ask, where is the perfection of the Lunacy Laws, if an abuse such as the one imputed can be perpetrated by means of those very enactments which some people contend are an effectual security for the liberty of the citizen and the sanctity of the law? Of what value are the Lunacy Commissioners, if they are unable to vindicate the conduct of those who appeal to them for inquiry?

Two things at least are obvious,—that the plan of administering the Lunacy Laws by a system of secrecy and mystery, is the surest way of conjuring up in the public mind suspicions of corruption; and that if, as we believe in the present instance, no legal or moral offence have been committed, if the Lunacy Laws have not been made subservient to the incarceration of persons of sound mind, and the evasion of justice, those laws contain ample facilities for the commission of such enormities.

THE late notice of the Court of Examiners of the College of Surgeons, that they will admit to examination for the diploma during next month—and we understand the 15th is fixed for the first day—all those students who are twenty-one years of age, whose period of hospital study shall not expire until the end of March, 1855, does them great credit, inasmuch as it shows the anxiety of the Court to aid the Government in sending out duly-qualified surgeons to assist our brave soldiers in the East, who now stand in urgent need of their assistance. The period of study required by the College is four years, the three last of which should be passed in attendance on an hospital or school of anatomy,—such period being considered sufficient to obtain a sufficient degree of knowledge for men of ordinary capacity, although others of greater natural talent and application may perhaps be able to acquire it in less time. These latter gentlemen, if such there be, have now the opportunity of showing it, provided they are desirous of obtaining the opportunity of further distinction in the service of their country and in the cause of humanity.

To send to the army half-educated students as dressers would be a great error, provided young, educated men can be obtained of an age and strength to admit of their bearing privations and of enduring great labour. We do not hesitate to affirm, that they may be obtained in sufficient numbers, provided a reasonable compensation be offered to them. It is said that efforts have been made at different hospitals to obtain the services of unqualified students, by the offer of 6s. 6d. a day, and a gratuity of £25 on being dismissed—a proceeding (if true) highly discreditable to the Government, and which, we hope, will be brought under the cognizance of Parliament at its first

meeting. It was tried during the last war. Many ignorant persons, unworthy of a commission from their professional inability, had warrants granted to them, under which they cured or killed as they best could; and the evil results of their employment are shown in those excellent lectures of Mr. GUTHRIE which were published seventeen years ago, and should now be a warning to the nation not to submit to such an abominable proceeding. Good and sufficient surgeons are to be procured in adequate numbers for any emergency, provided they are fairly paid and honourably treated; and if the people of England do not insist on this being done, they should not mourn for their friends and relations as lost to them in many instances from the accidents of the war, but from their own parsimony in not insisting that proper medical assistance be immediately supplied, at any cost.

It is stated in the newspapers that one surgeon only was furnished during the war in the Peninsula to every 157 men, but it is as well known to the profession that there were never half the number present which were required, during nearly the whole of that war. Mr. GUTHRIE, the greatest authority on these subjects the country possesses, or has perhaps ever possessed, in his pamphlet published in April last, and entitled "Some account of the Brigade of Hospital Conveyance Carts attached to the Army of the East," but which carts were not with the army on the Alma when they were most wanted, says:—

"A regiment of 800 bayonets, when before the enemy, should have present, if possible, one surgeon, and three assistant-surgeons of at least one year's standing; officers who understand their duties as soldiers as well as surgeons. An assistant staff-surgeon may be attached to each regiment as a fourth, for instruction as well as use—for good and sufficient medical men never were in proper numbers on a field of battle—and unless these additions take place, it may be doubted whether the deficiency will not again occur."—p. 7.

Looking with almost a second sight into what was about to occur, he says, in the preface to his work "On Injuries of the Chest," published in 1848,—“The number of the wounded received into the hospitals at Toulouse, after the battle so named, was 1359, including 117 officers. The number of medical men in the first week was 54, in the second week, 68; not one surgeon of a regiment being amongst them:” and he adds, “They all worked from six in the morning until nine at night.” Was there a staff of this kind present to take charge of the wounded on the Alma, and to accompany them to Scutari? Was there a similar proportion present on the 5th of November? These are points that ought to be inquired into, and stated to the public, that they may know their brave countrymen have not been lost for want of surgical aid.

A medical officer in the army should be not only qualified in surgery but in physic; he cannot fail to be employed in both branches of his profession; and this is the most important reason why ignorant people should not be resorted to, in order to save a little money, at the sacrifice of human life and happiness. We give the following from an unquestionable source, without a comment:—

“On the 25th of September, one officer and 111 English soldiers were sent on board a troop ship in the Black Sea without a medical officer, nearly all suffering from cholera, the remainder from diarrhoea; many were speechless. Three were found dead in the boat, twenty died the same night, two more on the 26th, four on the 27th, and the officer; and before the vessel arrived at Scutari, fifteen more; in all forty-two. 246 were afterwards sent on board at Balaklava, of whom ten died, all without an officer or a non-commissioned officer to take charge of them. There were under sixty beds on board for this mass of 340 soldiers, in the worst state of disease.

There were, however, two assistant-surgeons of the navy, who laboured for their fellow-men with a devotion above all praise. But it is dreadful to think of what they could not do, and what our unfortunate soldiers suffered. Well may those who have survived say, *INGRATA PATRIA!*"

On the 9th of next month, the twelfth list of contributors to the Medical Benevolent College will be published. It is gratifying to observe that an institution so much needed has hitherto progressed in so satisfactory a manner. Recollecting the difficulties which had to be overcome, the opposition from parties who should have supported it, and the fears of friends of its ultimate success, it is really marvellous that in less than four years such progress should have been made. Not the least significant sign of the prosperous condition of the new institution is, that many who held back at the commencement have now become its supporters, and others who really opposed it as a chimera have since subscribed largely to its funds. As this is truly a national undertaking, it should be firmly and immediately supported by the practitioners of Medicine throughout the length and breadth of the land.

We sincerely trust that the forthcoming list of subscriptions will include the names of very many who have hitherto neglected the sacred duty of aiding the cause of their suffering brethren, and administering to the maintenance and comfort of their widows and children. The urgent necessity for such an institution has been sufficiently evinced by the fact, that the number of applicants for admission within its walls has already exceeded the capability of admitting them. An object at once so necessary and desirable requires no urgent appeal to those who cannot be unacquainted with the wants of the profession. We shall make no such appeal, convinced as we are that the members of our noble profession will come forward in aid of so good a cause, and in support of the unwearied and most honourable exertions of the founder of the MEDICAL BENEVOLENT COLLEGE.

As much misapprehension has existed respecting the position occupied by the new class of army medical officers, designated "Acting Assistant-surgeons," we may state, for the information of those interested in the subject, that these gentlemen are engaged for service with the army as commissioned assistant-surgeons. When their services are no longer required, they will not receive the half-pay granted to staff assistant-surgeons, but in lieu thereof, two months' full-pay, reckoning from the day they cease to do duty. They must possess a diploma in surgery, by a body lawfully qualified to grant one, and are required to undergo a practical examination by a board of army medical officers appointed for the purpose.

## THE MEDICAL DIRECTORIES.

YEARSLY V. WAKLEY.

OUR readers will be glad to learn that this suit, in reference to the "London and Provincial Medical Directory," and the "British Medical Directory," has at length, through the intervention of mutual friends, been brought to an amicable termination in a manner satisfactory to both parties. In pursuance of this arrangement, the "British Medical Directory" will be merged in the "London and Provincial Medical Directory," which by this combination will, we trust, be rendered well worthy the patronage of the profession, to

whom we shall the more readily recommend it, inasmuch as it will continue to be conducted on the principles so long advocated by us, of excluding the titles and honorary distinctions of homeopaths, and others of that stamp.

## Correspondence.

"Audi alteram partem."

### THE HEIGHAM HALL ASYLUM.—THE CASE OF THE REV. E. HOLMES.

To the Editor of THE LANCET.

SIR,—A portion of the public press has, within the last few days, directed attention to the alleged misconduct of two of the proprietors of this asylum. Your leading article of the 4th inst. gives me reason to suppose that your views with reference to the matter are still unprejudiced by the virulence of the attack levelled against them. I therefore tender an explanation, and feel that your sense of equal justice to all will ensure its insertion.

The facts of this distorted case are as follow:—On the 12th of June, 1852, the Rev. E. Holmes was admitted a patient into this asylum upon the certificates of two surgeons and by the authority of his half-brother. Nearly two years before this admission, Mr. Nichols had been called upon by his relatives to ascertain the state of his mind, which, although disturbed, was not such as, in Mr. Nichols' opinion, rendered removal to the asylum necessary. For some time prior to admission, his friends had serious doubts of his sanity; and when he committed an indecent assault upon a girl of thirteen years of age, (but neither perpetrating a rape, nor even attempting it, as stated in a cotemporary journal,) the magistrate, Mr. Cann, sen., to whom the girl's mother complained, as well as Mr. Andrew, the rector of the parish, (Wymondham,) judged, from their previous knowledge of the Rev. E. Holmes, that he was insane, and communicated their opinion to his brother, who thereupon instituted inquiry, and caused him to be placed under medical care in this asylum. And he it observed, no warrant or summons was issued, or even thought of, and the policeman himself, who heard of the case, considered, after inquiry, that the offence was of so slight a character that he was not authorized to interfere. Can this be termed a rescue from the gripe of the law, unless by a perversion of words? At the end of twelve weeks' medical and moral treatment the Rev. E. Holmes was considered so far recovered as to be entitled to his discharge, and was so discharged by the recommendation of Mr. Nichols. He then wished for employment in his profession, and was appointed chaplain to his own side of the house, but not until the proprietors were satisfied, by previous trial, of his fitness for the office. From that time until June, 1854, he performed his duties with zeal and propriety; and so firmly had he re-established his character for moral integrity, that the incumbent of an adjacent parish solicited his services as assistant there, and for twelve months he has performed his clerical functions in that parish with equal zeal and fidelity.

This arrangement continued until the commencement of the present year, when the proprietors determined to associate with themselves Dr. Ranking, a physician of the highest repute in the city and county—a gentleman in every way calculated to advance the interests, and stamp the highest respectability upon the establishment.

Shortly after this union, certain injurious reports were circulated by a physician, (Dr. Hull,) to the effect, that nearly two years ago Mr. Nichols had requested him to sign a certificate for a clergyman charged with rape, who, and whose family, wished him to be represented as mad, in order to escape the vengeance of the law, and that he refused to be a party to such a transaction. In part Dr. Hull states the truth. Mr. Nichols did apply to him; but Dr. Hull objected to see, and did not see, the patient; and he is inaccurate when he asserts that Mr. Nichols urged his signature for certain impure considerations, or with a view to the evasion of justice.

In consequence of these reports, Dr. Ranking felt desirous that the respectability of the establishment with which he had associated his name, and in which he had invested a considerable capital, should be fully established; and in this he was cordially seconded by the original proprietors. An application was made to the visiting justices for an inquiry, which resulted in the report already published in your journal, but which report was founded upon the inferences drawn from the replies of a witness,



Mr. Cann, jun., produced by the proprietors, and which inferences Mr. Cann utterly disclaims and repudiates. That report you will observe perfectly exonerates the proprietors of the asylum from all blame, except for appointing Mr. Holmes as chaplain, which appointment the justices considered improper.

A copy of this report was forwarded by the justices to the Commissioners in Lunacy, who acknowledged its receipt, but paid no further attention to it.

The Rev. E. Holmes was at this time, and in consequence of the report, suspended from the performance of his duties in the house; but the proprietors could not, upon what they considered unfounded and insufficient evidence, allow the matter to rest here, and obtained the evidence of all the parties connected with the case, and laid it before the chairman (Sir Samuel Bignold) of the visiting justices, as well as before the Commissioners in Lunacy. Sir Samuel Bignold appointed a time for re-hearing the case, but subsequently considering the re-hearing unnecessary, wrote the following letter to a friend of the proprietors.

"Surrey-street, Norwich, August 10th, 1854.

"DEAR SIR,—The affair of the Rev. E. Holmes having been alluded to in the House of Commons, I think you would do right to request some member to explain that the case was investigated by the visiting justices, at whose meeting I acted as chairman, that the fullest evidence was tendered to them, and that they agreed to a report, which was signed by every justice, and forwarded to the Commissioners in Lunacy, who have acknowledged the receipt, but have not suggested any further steps as called for. Some additional evidence has been placed before me touching the sanity of Mr. Holmes, in June, 1852, when the transaction referred to occurred, and the impression produced upon my mind in reading such evidence is, that he was rightly placed in *Heigham Hall Lunatic Asylum*, at the period when he was lodged there. I am now urged by the family and friends of Mr. Holmes, to summons afresh the visiting magistrates to go again into the inquiry, but in my opinion, the case is so clear that any renewed inquiry would be superfluous. I do trust that the matter will now be suffered to drop. Mr. Holmes' family are an opulent family, and they deem it best that he should continue a boarder at the asylum, though in a state of convalescence, and this disposal of him is, I think, most wise and proper.

"SAMUEL BIGNOLD, Mayor of Norwich."

This letter speaks for itself, and I considered the affair terminated, having the sanction of the chairman of the visiting magistrates to Mr. Holmes' residence as chaplain. During this interval the Rev. Mr. Holmes was suspended, but continued to reside in the asylum, efforts being continually made to have the case re-opened.

On the 27th of September last the visiting magistrates made a report, to the effect that the Rev. E. Holmes was a boarder in the house, in variance with the Act of Parliament of 16 and 17 Vic., cap. 96, which, be it observed, came into operation on the 1st of November, 1853, more than a year after Mr. Holmes was appointed resident chaplain, upon which application was made to the Commissioners in Lunacy to legalize his residence as such; but they considered Mr. Holmes did not come under the clause of the Act, and therefore refused the permission. Mr. Holmes immediately left the house. If the breach of this law be the breach complained of, I can only say it occurred in perfect innocence on our part; and the Commissioners, in reference to it, state, in a letter dated the 5th of October, 1854, as follows:—

"The Commissioners are satisfied that, in retaining Mr. Holmes as a boarder since the cessation of his services as chaplain, consequent upon the inquiry by the visitors, you acted under a misapprehension of the provisions of the Act 16th and 17th Vic., cap. 96, and that you did so under the expectation that Heigham Hall would be shortly visited by some of the Commissioners, and that they would sanction the arrangement.

(Signed) "R. W. S. LUTWIDGE, Secretary."

And on the 11th of October they further wrote as follows:—

"19, Whitehall-place, October 11th, 1854.

"GENTLEMEN,—With reference to the correspondence and discussion which has taken place with reference to the Rev. E. Holmes, the Commissioners in Lunacy deem it only fair towards you to say that they are satisfied that when sent to Heigham Hall he was insane, and a proper person to be placed, as such, under medical care in an asylum.

(Signed) "R. W. S. LUTWIDGE, Secretary.

"To Messrs. Nichols, Ranking, and Watson, Heigham Hall."

At the last sessions, application was made for the renewal of the license, and opposed by Mr. Palmer, one of the magistrates,

on the grounds of an infraction of the law, on which occasion Mr. Sultzer, another of the magistrates who had taken an active part in the inquiry, made the following remarks upon the management of the asylum:—

"I have great pleasure in taking this opportunity to state, that so far as the internal arrangements of this institution and the treatment of the patients are concerned, they reflect the highest credit upon the resident proprietor. I have never gone through the establishment without feeling great satisfaction that persons reduced to the deplorable condition of lunatics are so well cared for, and so well treated, with a view to their restoration to society. This circumstance would certainly induce me to give my vote in favour of the renewal of the licence."

These proceedings at Quarter Sessions were reported at length in the local papers, and upon such reports the *Daily News* and *Examiner* formed articles, not too severe were the facts such as would appear from the reports furnished to them. Permit me to add that the proprietors had no desire to conceal this appointment of chaplain, but the reverse, for they caused to be made a conspicuous chaplain's book, in which, on the 21st of September, 1852, the chaplain made his first entry, and to which he signed his name. And, moreover, on the following 16th of November, this chaplain's book was exhibited to the visiting magistrates, read by them, and signed by them.

That the visiting magistrates were not ignorant who the chaplain was is proved by an entry made in the visitors' book, on the 16th of September, 1852—viz., that "divine service is performed on Sunday by a clergyman of the Church of England, recently discharged as a patient from the establishment, but still residing there."

To show their perfect knowledge and appreciation of this fact, the word "patient" was underlined by the visitors.

The visiting magistrates should not plead ignorance of Mr. Holmes' case, since his case was minutely stated in the case-book, and which case-book was exhibited to, and signed by, them and the Commissioners in Lunacy no less than ten times during the period Mr. Holmes officiated as chaplain; in addition, this chaplain's book continued to be exhibited to the visitors, and signed by them, and a similar number of entries with reference to the performance of Divine service were made in the visitors' book, in which disapprobation was not even hinted at. It must be admitted, if the appointment was improper, it was at least sanctioned by those whose authority should at once have pointed out its lately discovered flagrancy; but it is a singular fact that it was not until Dr. Ranking became a proprietor at Heigham Hall, that Dr. Hull's sense of public justice induced him to make known that he (a magistrate himself) had, two years before, become acquainted with what he calls a rescue from the gripe of the law, and that this should have been concealed by him while on friendly terms with Mr. Nichols, and only published when that gentleman united himself with a too successful rival to Dr. Hull in public estimation. Was not this concealment as improper as the alleged offence itself?

Permit me to say, in conclusion, that we alike court and challenge inquiry, and are sure that a full, public, and searching investigation into the admission and appointment of Mr. Holmes, and the alleged infraction of the law, will end in a complete exoneration of the proprietors, and disappointment to the originators of this malicious attack.

I am, Sir, your obedient servant,

JOHN FERRA WATSON,

Resident Medical Proprietor of Heigham Hall Asylum.  
Heigham Hall, November, 1854.

## NURSES FOR THE SICK AND WOUNDED AT SCUTARI.

To the Editor of THE LANCET.

SIR,—In reference to the subject of nurses for the East, to which your attention has lately been drawn by a correspondent signing himself "One Interested," I have been anxiously looking for your opinion on the plan adopted by the Government. In his celebrated letter to Miss Nightingale, our sentimental Secretary-at-War says—"There is but one person in England that I know of who would be capable of organizing and superintending such a scheme;" and "I must not conceal from you that upon your decision will depend the ultimate success or failure of the plan." So then, according to this, had not Miss Nightingale been coaxed and flattered into compliance, our sick and wounded soldiers would have been left without nurses. Mr. Sidney Herbert speaks of the difficulty of finding nurses at all versed in their business, but I have yet to learn that such were properly sought for. Amongst the many plans

and suggestions from the various parties who seem to have considered it their province to interfere in a matter which ought, in my humble opinion, to have been left altogether in the hands of the Director-General of the Army Medical Department, I have not heard of the simple one of applying to all the large hospitals in the United Kingdom. Had Dr. Smith, instead of listening to so much sentimental twaddle, despatched a circular something like the following—"Wanted, two matrons and forty nurses for the hospital at Scutari," I have very little doubt that two ladies, capable of "organizing and superintending, directing and ruling," and the requisite number of nurses thoroughly versed in their business, would speedily have been forthcoming; at least, this would have been the proper way to have "tested the willingness of trained nurses." It would seem, from most of the letters which have appeared in the daily papers on the nurse scheme, that devotion and self-sacrifice are to be found only in nunneries and sisterhoods, and that it is to such establishments as that of Miss Sellon, and not to our hospitals, that we are in future to look for nurses. Just fancy a number of these young ladies, *unformed* in black, doing duty at Scutari! The whole scheme is bad, *un-English*, unbusiness-like; and yet it is said the authorities are determined to adhere to it. There are at present a number of young ladies anxiously expecting the word of command from the official with "plenary authority over all the nurses," and "of unlimited power in drawing upon the Government," to start for the East. Some of these would-be nurses are to walk the hospitals for two or three weeks for the purpose of becoming "*certificated*," and then there will be as little doubt of their qualification as of their "*call*" to go forth for the sake of their country and their church.

Do, Mr. Editor, let your voice be heard in support of a better system, ere another batch of incapables be sent out. If more nurses are wanted, let such as are physically and in every other way qualified be despatched—good, sturdy Englishwomen; and let us hear no more of the necessity of lady nurses in order to prevent the ribald jokes of the sick soldiers.

November, 1854.

ANOTHER INTERESTED.

**DEATH OF MR. KNIGHT HUNT.**—This gentleman, so well known on the London and provincial press, expired on the 18th instant at his residence, Forest-hill, near Sydenham. The career of this gentleman has been an instructive one, exhibiting how much may be done by honourable industry. At an early age the subject of this brief notice found himself entirely dependent on his own exertions, not only for the support of himself, but for a widowed mother, younger brothers and sister. He therefore entered himself a medical student at the Charing-cross Hospital. On the 13th of November, 1840, he was admitted a Member of the Royal College of Surgeons. Shortly after this the health of Mr. Hunt became considerably impaired. He retired into the country, where he commenced the practice of his profession, and in the active duties of surgeon to the Docking Union, Norfolk, and by the invigorating country breezes, his health was soon recruited. Finding, however, that his professional receipts were not equal to the increasing wants of his family, he again returned to town, and was appointed editor of the *Pictorial Times*, and became the "London Correspondent" to several provincial papers, in addition to which he established *Hunt's London Journal*. On the establishment of the *Daily News*, he was appointed sub-editor, and during the last two or three years had the entire management of that journal. But it soon became evident to his friends that the intense application he devoted to his literary occupations was preying seriously on a naturally delicate constitution; and a few weeks since, on his return home after an unusually busy night at the office, he complained of a slight cold, which soon became a severe attack of bronchitis. From this, however, he was recovering, when he attacked by typhus fever of so bad a character as to leave no hopes of recovery, notwithstanding the unremitting attention of his old and valued friend, Dr. Paul, of Camberwell-house, assisted by Sir John Forbes and Mr. Wells. He died on Sunday evening, aged forty-one, at a small freehold estate he had only lately purchased, situated at Forest-hill. The deceased was well known as the author of "The History of the Fourth Estate," 2 vols.; "The Book of Art; or Cartoons, Frescoes, Sculptures, &c.," 4to; "History and Scenery of the Rhine;" and many other works; and several popular Guide Books. Indeed, Mr. Hunt could never remain idle at any place he visited for the restoration of his shattered health. He accordingly made himself thoroughly acquainted with the history and antiquities and other objects of interest to the tourist, and before returning to town a book was ready for the publisher.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 17th inst. :—

BOND, JOHN SULLIVAN, William-street, Dublin.  
DARBY, EDMUND, Bath.  
HALE, THOMAS EGERTON, Maccen, Cheshire.  
LANE, WILLIAM RALPH, Army.  
MAYNE, ROBERT FURLONG, Newton-Abbot, Devon.  
REYNOLDS, THOMAS, Necton, near Swaffham.  
SEWARD, THOMAS, Petersfield, Hants.  
SHUTER, HENRY, North-end, Fulham.  
TAYLOR, CHARLES GIBSON, Australia.

At the same meeting of the Court, Mr. ROBERT SPROULE passed his examination as Naval Surgeon. This gentleman had previously been admitted a Member of the College, his diploma bearing date 20th of December, 1850.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, November 16th, 1854.

DYSON, EDWARD, Almondbury, Yorkshire.  
NEWMAN, WILLIAM, Bradfield, Sheffield.

Names of the gentlemen who passed their examination in Classics and Mathematics, on Tuesday and Wednesday, the 21st and 22nd of November, 1854 :—

ABBEY, WALTER, Queen's College, Birmingham.  
BELL, JAMES VINCENT, Rochester.  
BROWNE, HENRY ERNEST, 13, Berkeley-square.  
DAVY, JOHN SWEET, Chulmleigh.  
FACER, JOHN HENRY, Rugeley, Staffordshire.  
FERGUSON, GEORGE, Giltspur-street.  
GODDARD, LEONARD, 5, St. John's-street-road.  
GRIFFIN, RICHARD WILLIAM W., Weymouth.  
HAMMOND, SAMUEL, Lower Edmonton.  
HORNIBLOW, WILLIAM R., Shipston-on Stour.  
HOSKINS, EDMUND J., College, St. Bartholomew's Hospital.  
HUNTSMAN, THOMAS, 6, Mount-street.  
LEACHMAN, ALBERT WARREN, Compton-terrace.  
MACY, ERNEST A., West-town, Somerset.  
MILLIGAN, PERCY, Keighley.  
MOXON, WALTER, Belitha-terrace, Islington.  
PHILLIPS, DANIEL WELD, Queen's College, Birmingham.  
POWELL, WILLIAM L., Macclesfield.  
RAULSTON, WILLIAM HENRY, Helperby, Boro'bridge.  
SANSOM, ARTHUR ERNEST, King's College.  
SHEA, JOHN, Blackfriars-road.  
SIMONDS, THOMAS, Abbots Barton, Winchester.  
SPRAGUE, CHARLES GORDON, Ashford, Kent.  
WILLIAMSON, HENRY, Sherborne.  
WINTERBOTHAM, W. L., Strand.

**HUNTERIAN SOCIETY.**—At the next meeting, on Wednesday, the 29th inst., Dr. Hughes will read a paper "On some Cases of Paracentesis Thoracis."

**HARVEIAN SOCIETY.**—Dr. Sieveking will read a paper "On Epilepsy," on Thursday, December 7th.

The ST. MARY'S HOSPITAL SCHOOL has received the recognition of the Royal College of Surgeons.

**SOCIETY FOR THE WIDOWS AND ORPHANS OF MEDICAL MEN.**—The following gentlemen have been elected directors of this Society: Sir J. Eyre, M.D.; Dr. J. Clarke; R. L. Thorn, Esq.; G. Filcher, Esq.; J. Propert, Esq.; H. Blenkarne, Esq.

**APOTHECARIES TO THE FORCES.**—We have been requested by the Director-General of the Army Medical Department to publish the following memorandum: "It is understood that apothecaries to the Forces will be selected from the dispensers of medicines who are already employed with the army in the East."

**APPOINTMENT.**—Mr. Eubulus Williams has been appointed resident surgeon to the Royal Berkshire Hospital.

**ELECTION AT ST. BARTHOLOMEW'S.**—Dr. Martin has been elected assistant-physician to St. Bartholomew's Hospital. The time has not yet come for the "average man," or perhaps it has gone by. We think it must at length be acknowledged, even by those to whom the truth is unwelcome, that THE LANCET has rendered the most signal service to this institution, and to those whose hope of advancement rests on their scientific merit.

**TESTIMONIAL TO MR. AND DR. JOHN ARTHUR POWER.**  
—Mr. and Dr. Power having laboured long and zealously in the faithful and conscientious discharge of their responsible duties, many of their old pupils desired to present those gentlemen, their much respected teachers, with some mark of their good will and gratitude; they therefore subscribed for this purpose a very considerable sum of money, and, on the evening of the 7th of November, the Chairman and Committee of the "Fund," the Messrs. Power, and several of their old pupils and friends, assembled at the Sussex Hotel, Bouverie-street, Fleet-street. After dinner, the testimonials were presented to Mr. and Dr. J. A. Power, by Dr. Hassall, in an address, which was warmly responded to by all present. The testimonials consisted of a first-rate Microscope by Smith and Beck, and a Silver Vase and Candelabrum. The presentation was acknowledged by Mr. and Dr. Power, in very suitable and feeling speeches. Several healths were, of course, drank, and toasts proposed. Amongst others, that of the elder Dr. Power, the father of the Messrs. Power. Altogether the affair went off with great spirit, and nothing could exceed the good feeling displayed towards both Dr. and Mr. Power on the occasion. One fact was alluded to, which in justice to the Messrs. Power, we consider should be known; it was, that while, out of those who went up to the Hall and College for examination from all other quarters, twenty per cent. were rejected, of those who went up from their classes the rejections amounted to only four per cent.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, NOVEMBER 18.**—In the week that ended last Saturday, 1309 deaths were registered in London. Having fallen to 1160 in the previous week, the lowest number attained since the late epidemic, the deaths again exhibit an increase, the effect of increased cold in the closing months of the year. Twelve deaths were caused by cholera, and 31 by diarrhoea. Small-pox was fatal in 29 cases, measles in 24, whooping-cough in 34, and scarlatina in 106. To the entire class of zymotic diseases, 332 deaths—a high mortality—are referred; and to diseases of the respiratory organs, 240, which is also more than the average at this period.

Last week the births of 666 boys and 627 girls, in all 1293 children, were registered in London.

## Obituary.

**DEATH OF PROFESSOR EDWARD FORBES.**—We regret to announce the death, in the thirty-ninth year of his age, of Professor Edward Forbes, late of King's College, London, and the Government School of Mines, and known by his valuable contributions to natural science, and particularly to geology. The mournful event took place on Saturday last. Dr. Forbes, it will be remembered by very many, only recently left London to succeed the veteran Jamieson in the chair of Natural History in the University of Edinburgh. This was with Forbes the highest object of ambition; and had his life been spared, it would have been dedicated to extending its already great reputation, so that no school probably in the civilized world would have equalled it in greatness. With this view he had formed gigantic and most able plans, which, through his great influence with the Government, would have been liberally supported, and we have no doubt ultimately carried out. But, arrived at the culminating point of his ambition, and at the commencement of his long-matured schemes of usefulness, he has been removed from us, when we were beginning to appreciate his worth. A chronic disease, contracted when in the East, re-excited and rendered violent by a severe cold caught last autumn on a geological excursion, and which burst out with uncontrollable fury about ten days ago, was the immediate cause of his premature death.

On the 16th inst., at Port Isaac, Cornwall, MILES MARLEY, Esq., F.R.C.S., late of Cork-street, Burlington-gardens, and Inverness Villa, Bayswater.

## TO CORRESPONDENTS.

**Mr. Joshua Waddington, (Margate).**—Reference was made in the last number of THE LANCET to Mr. Waddington's praiseworthy exertions to keep open the Margate Infirmary during the entire year. We extracted the more salient points of his letter to the inhabitants of Margate. The pressure upon our columns prevents us from giving further space to the subject on this occasion. We trust, however, that his efforts may be successful.

**A Young Surgeon.**—The subject is alluded to in a leading article in this day's LANCET.

**Mr. S. Brownridge, (Hull).**—The comments which we thought it our duty to make upon the late trial of the Apothecaries' Company *versus* Brownridge, were written with a full conviction of the evils resulting to the public from unqualified persons engaging in the practice of medicine. Mr. Brownridge's excuse for his conduct is, that the poor in Hull are neglected when sick by the qualified practitioners in that town. We have reason to believe such a charge to be not only unfounded, but grossly libellous to the medical gentlemen of Hull, who, true to the character of their profession, are ever humane and attentive to the poor. We cannot publish attacks upon respectable gentlemen merely for the purpose of glorifying Mr. Brownridge. Mr. Brownridge, by practising medicine without any qualification whatever, rendered himself justly liable to be proceeded against for infringing the law. He knew beforehand that he was so infringing, and he has now no right to whimper and complain at the punishment righteously inflicted upon him. Did we wish still further to humiliate Mr. Brownridge, we might do so by publishing his letter *verbatim et literatim* as we received it.

**M. F. P. and S.**—We could not form an opinion unless we had an opportunity of perusing the article. Our correspondent should forward it to the Office. The subject is most important at the present time.

**Students** will find several pages of Dr. Tanner's "Manual of the Practice of Medicine" devoted to the consideration of the diagnosis and treatment of insanity.

### BEGGING FOR THE "ASSOCIATION JOURNAL."

To the Editor of THE LANCET.

SIR,—You ought to inform the members of the Provincial Medical and Surgical Association that Dr. John Bosc Cornack is personally canvassing members in London for subscriptions to the £1000 Fund! Thus it would appear that the Association absolutely needs eleemosynary aid! Is this the way to uphold the "honour and dignity of the profession, and the influence and respectability of the Association?"

I am, Sir, your obedient servant,

A MEMBER OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

London, November, 1854.

We do not find the name of the gentleman who has written to us respecting the publication of cases by Dr. Hastings in either of the Medical Directories. Dr. Frost is thanked. The report of the case shall be published in our next.

**Tempora Mutantur.**—The following appears in the records of the Royal Medico-Chirurgical Society:—"John Want, elected March 27th, 1810. Mr. Want's name was erased January 24th, 1815, in consequence of having published the proceedings of the Society."

**Charles F.**—State the case unreservedly to a respectable surgeon. Advertising quacks must be avoided. They will not only ruin the health, but plunder the pocket. The titles which they assume are generally fictitious.

**Amicus.**—We do not give advice in this place. Under proper treatment, cases like that detailed occasionally admit of cure. Any qualified practitioner will be enabled to answer the questions propounded, and give instruction as to the proper mode to obtain relief.

**A Patient, (Tottenham-court-road).**—We know nothing of Dr. Roguler and his practice. Handbills of the character of that forwarded are not issued by respectable practitioners.

**W. F.**—Such a course of proceeding, though it may not transgress any rule of professional etiquette, would certainly not be conducive to the honour or respectability of the profession.

**Mr. Winkley, jun.**—Attention shall be paid to the request.

**J. P. and J. E.**—A gentleman holding the diploma of the Royal College of Surgeons can legally hold the office of surgeon to a Forester's Court.

**THE** correspondence of **Mr. Ratcliffe** arrived too late for insertion this week.

**Mr. John Parkin, (Macclesfield).**—Dr. Addison is treasurer; Dr. Risdon Bennett, secretary.

**Mr. George Allarton.**—The request shall receive attention.

**Mr. Hayes.**—Declined.

**G. P.**—The town named was free from cholera in 1849. A mortality table is published weekly, which our correspondent might easily obtain by applying to the registrar.

**X. Y.**—B. wins.

**A Poor-Law Surgeon.**—A distinct reply next week.

**COMMUNICATIONS, LETTERS, &c.**, have been received from—Dr. Andrew Smith; Dr. McWilliam; Mr. H. Spencer Smith; W. F.; Another Interested; Mr. J. K. Spender, (Bath); A Poor-Law Surgeon; Mr. Ball, (Spalding, Lincolnshire); Mr. Winkley, (Harrow); Dr. John Furlonge, (Antigua); Dr. Trull, (Bath); Mr. J. J. Thompson, (Edinburgh); Mr. Huxley, (Groombridge); M. F. R. and S.; The Shade of Romeo's Apothecary; Mr. Henry Wilkinson, (Rotherham, Yorkshire); Mr. G. Hayes; Mr. Alexander Douglas, (Stratford); Mr. George Allarton; A Patient; G. P.; Mr. W. W. Scott; Mr. Robert Birch, (Swineford, Ireland); Mr. Warner; J. C.; L. S.; Mr. J. Waddington, (Margate); Mr. Mitchell; Mr. Hall; Mr. J. Prout, (Lipton, Lancashire); A. P.; Mr. Brownridge; R. W.; Mr. J. Gangel; C. Y.; Mr. Paget; Mr. Loyset, (Crystal Palace, Sydenham); Mr. Walter Blundell; Mr. Devonshire, (Woking); Dr. Robertson; The Secretary of the Hunterian Society; The Secretary of the Harveian Society; Amicus; Mr. Parkin, (Macclesfield); Mr. Peire, (Lincoln); J. P. and J. E.; X. Y.; Mr. J. Hawkes, (Bolton-le-Moors); Mr. J. N. Ratcliffe, (Dewsbury); Dr. Frost; An Old Supporter of THE LANCET; Veritas; Mr. Potter; Mr. Williamson, (Brighton, with enclosure); Mr. C. Thompson, (Westerham, with enclosure); Dr. Denton, (Hornsea, with enclosure); Mr. A. Tomkinson; Mr. J. Milner; Mr. J. Lonsdale, (Newchurch, with enclosure); Mr. A. Taylor, (Tavistock, with enclosure); Mr. John Carr; Mr. G. T. Chene, (with enclosure); Dr. Crossby, (Accrington, with enclosure); Dr. P. L. Burchell, (Kingsland-road); A Member of the Provincial Medical and Surgical Association; &c. &c.

# MEDICAL BENEVOLENT COLLEGE.

The Council of the MEDICAL BENEVOLENT COLLEGE desire to announce that the TWELFTH LIST OF CONTRIBUTORS will be published in the MEDICAL JOURNALS on SATURDAY, the 9th of DECEMBER next; and to express an earnest hope that those Members of the Profession who have not yet favoured the Institution with their support may be induced to do so, in order that the Council may be able, in JUNE next, to open the College, and to render the assistance that is so much needed by many of their less fortunate brethren.

The names of Subscribers and Donors, if forwarded by the 5th of December, will be in time for publication.

Donors of TEN GUINEAS are LIFE GOVERNORS, and Subscribers of ONE GUINEA annually are GOVERNORS during the continuance of their Subscription.

By order of the Council,

EDWARD HENRY SIEVEKING, M.D.

HERBERT WILLIAMS, Assistant-Secretary.

Office, 37, Soho-square, Nov. 15th, 1854.

**CAUTION.**—Have the QUALITY of the GOLD STATED in the INVOICE, and REDRESS is OBTAINABLE in a COUNTY COURT.—WATHERSTON and BROGDEN beg to announce that they have TAKEN SPACE in the CRYSTAL PALACE, with the view of giving universal publicity to the principle of SELLING GOLD CHAINS by weight and workmanship. To those who have not yet tested its value, the following examples will be found useful, showing the relative prices paid for Labour in the purchase of a genuine and of a spurious Gold Chain:—

Genuine Gold Chain.		Electro-Gilt, or Polished Zinc Gold Chain.	
Assumed cost of gold chain, of equal weight...	£10 0 0	Assumed cost of gold chain, of equal Weight...	£10 0 0
Intrinsic value, if the gold is of 15 carats .....	7 0 0	Intrinsic value, if the gold is of 7½ carats .....	3 10 0
Left, for labour and profit.....	£3 0 0	Left, for labour and profit .....	£6 10 0
Difference, 115 per cent.			

WATHERSTON and BROGDEN, Goldsmiths, Crystal Palace, Central Transept, No. 23, Gallery of Precious Metals.—Manufactory, No. 16, Henrietta-street, Covent-garden, London. Established A. D. 1798.—Assays made of Chains and Jewellery for 1s. each.

## The Arctic Expeditions.—The whole

of the Ships of the various expeditions which have wintered in the Ice, including those of Sir John Franklin and Captain Collinson, have been Warmed by SYLVESTER'S HOT AIR APPARATUS.—For prospectus and prices, apply to SYLVESTER and CO., Engineers and Manufacturers of Heating Apparatus, 98, Great Russell-street, Bloomsbury, London.

## Ten Thousand Stoves.—The Tenth

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DRAY, and CO., 46, King William-street, London-bridge, and may be obtained of most ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.

## Metcalf and Co.'s New Pattern

TOOTH-BRUSHES, PENETRATING HAIR BRUSHES, and SMYRNA SPONGES. The tooth-brush searches thoroughly between the divisions of the teeth, and cleanses them in the most effectual manner. The hair brushes are made of genuine unbleached Russian bristles, which do not soften like prepared hair. With every description of brush, comb, and perfumery for the toilet.—At METCALFE, BINGLEY, and CO.'S only establishment, 130 and 131, Oxford-street, second and third doors west from Holles-street. Metcalf's Alkaline Tooth Powder, 2s. per box.

## Ford's Eureka Coloured Shirting is

now ready, in 200 different patterns. Specimens in varied colours sent post free on receipt of six stamps.

FORD'S COLOURED EUREKA SHIRTS, Six for 27s. FORD'S WHITE EUREKAS, best quality, Six for 40s.; second quality, Six for 31s.; if washed ready for use, 2s. extra.

CARETAKERS.—Ford's Eureka Shirts are stamped "38, POULTRY, LONDON," without which none are genuine.

\*.\* Catalogues with particulars post free.

RICHARD FORD, 38, POULTRY, LONDON.

## Abstract regarding Economy in

CLOTHES.—From *The Times* of October 30th, 1854.

"Every yard of Cloth sold at THE LONDON CLOTH ESTABLISHMENT is sold at the WHOLESALE PRICE, and Gentlemen purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the premises at the expense only of the workman's wages, in addition to the price of the trimmings."

### THE ECONOMY OF THIS SYSTEM

Is Proved by the saving of from thirty to fifty per cent. in the price of every garment; besides the very obvious advantage of selection from such a stock, with the guarantee of a superior fit, good taste, and the best work. The Proprietors refer with satisfaction to the high character which their "Tyrian Dye" Black Cloths and Dressings have obtained; they never change colour, and will (without injury) bear the application of the strongest acids.

LONDON CLOTH ESTABLISHMENT, No. 16, Coventry-street,

## The 16s. Trousers reduced to 14s.—

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

## R. T. Pigram, Practical Tailor, and

Inventor of the Indicator of the Human Figure, whereby a perfect fit is secured, respectfully invites the attention of the public to his mode of art, since none can doubt the importance of an easy and exact adjustment of wearing apparel. Superior Trousers at 17s. 6d. per pair.

R. T. PIGRAM, 51, Lamb's Conduit-street, Foundling Hospital.

TO THE NOBILITY, CLERGY, AND GENTRY.

## Walker Babb's Two-Guinea Coats,

One-Guinea Trousers, and Half-Guinea Vests, made from Welsh, Scotch, and Irish Wools, in their pure state. Will stand any wear, and can be worn in any climate. For Fishing and Shooting nothing can equal them. The Black Tweed is well adapted for Clergymen's Riding Trousers. Waterproof Pocket Coats and Capes, Box Coats, Liveries, &c. &c.

DOYLEY'S SCOTCH WOOLLEN WAREHOUSE, 346, Strand, opposite Waterloo-bridge.

## Assistant-Surgeons.—Gentlemen

receiving Medical Appointments in the Army, Navy, or H.E.I.Co.'s Service, can obtain every requisite for a complete Outfit, made with due regard to comfort, elegance, durability, and correctness of regulation, at a great reduction from the usual charges, at

L. PHILLIPS, 28, WEST STRAND, LONDON, the oldest established Naval and Military Outfitting Warehouse in the United Kingdom. Patronised by the Lords of the Admiralty and the principal Medical Officers of the three Services. Detailed Lists of the articles required on taking up a Commission, with prices affixed, and every necessary information, may be obtained on application.

THE SYDENHAM TROUSERS.  
17/6



## Samuel Brothers,

29, LUDGATE-HILL,

Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS, at 17s. 6d.

Unequalled for superior style, fit, quality, perfect ease, and gracefulness, so requisite for gentlemanly appearance, and so rarely obtained.

Patterns sent free on application.

SAMUEL BROTHERS' Stock of OVERCOATS for the present Season is worthy of your inspection.

## Medical Galvanic Coil, complete, at

27s. 6d. Powerful ELECTRO-GALVANIC MACHINES for Medical purposes, of very superior finish, with Battery and Conductor, complete, at 27s. 6d., at C. BAKER'S Surgical, Optical, and Philosophical Instrument Warehouse, 244, High Holborn.

## Anatomical and Dental Repository,

45, Museum-street, Bloomsbury, London. — JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

## The Respirator.—The assumption of

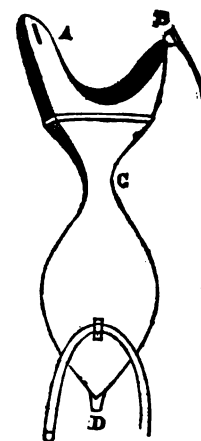
the name of Respirator for various discreditable and defective imitations of MR. JEFFREYS' Instruments, the value of which in medical practice has given a wide reputation to the name, can only mislead unwary persons not acting under professional advice.

City Office for the Respirator, 25, Bucklersbury; West-end Depot, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

## Elastic Supporting Belts, of the same

beautiful fabric as Pope and Plante's Elastic Stockings for Varicose Veins. Those for ladies' use, before and after accouchement, are admirably ADAPTED FOR GIVING ADEQUATE SUPPORT WITH EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the manufacturers, POPE and PLANTE, 4, Waterloo-place, Pall Mall, London.



## Walters' India-rubber URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

Manufacturer also of the PATENT HYDRO-STATIC TRUSS. One of the advantages of this Truss is, that the pad, being filled with water, adapts itself with perfect accuracy to the form of the body, thereby keeping up a firm but easy pressure on the internal ring.

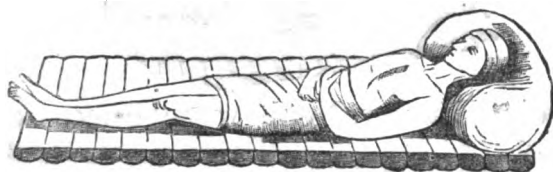
F. WALTERS,  
16, MOORGATE-STREET,  
LONDON.

## Mr. Hooper's Water Mattresses or

BEDS, and CUSHIONS for AIR or WATER, for placing on an ordinary Bedstead. Being made of India-rubber, without the admixture of cloth materials, leakage is avoided. (Extract from THE LANCET, Jan. 25, 1851.)



CUSHIONS FOR BED-SORES.—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Spasms, Lassitude, Typhoid and other Fevers, Rheumatic Affections, Dropsy, Coldness of the Stomach and Feet, Consumptive and all Bed-ridden Patients. They are simply to be placed on an ordinary bedstead. These Cushions and Beds are not affected by Heat or Cold, and will bear water at any temperature.



Finsbury-square, February 27, 1852.

I have in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water Bed.

JOHN PERKINS, M.D., Physician to the London Hospital.

Infirmary, Chichester, March 21, 1852.

Sir,—We are all much pleased with your Cushions, and still more so with the Mattresses.

Yours truly,

THOS. NEWHAM, House-Surgeon.

HOOPER, 7, PALL MALL EAST, and 55, GROSVENOR-STREET.

## Water Filter for the Pocket, with

DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.

J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-square.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Pre-payment,

in the PURCHASE of

NEW WHITE MOULDED VIALS.

APSELY PELLATT and CO. submit the following PRICES of VIALS, for

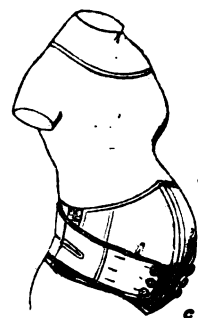
PRE-PAYMENT only:—

1 oz., 1 oz., & 1 1/2 oz. per Gross, 6s.	
2 oz. " 7s.	
3 oz. " 8s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	
4 1/2 oz. graduated in 3 doses 12s. 6d.	

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

APSELY PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.



## Huxley's Fulcrum

ABDOMINAL BELT will be found, from its mechanical arrangement, (acting diagonally,) and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4oz. Price 18s.

Measures required.—Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the profession.

HUXLEY and CO., 8, Old Cavendish-street, late of 5, Vere-street, Oxford-street.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

FIG. 1. At home from One till Five. FIG. 2.

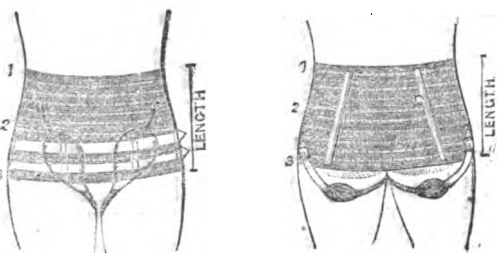


FIG. 1. MR. BOURJEAUD'S NEW BELT AND AIR-PAD FOR INGUINAL HERNIA.—Mr. Bourjeaud begs to state that the smaller ends of the pyriform air-pads are seen below the inferior margin of the belt. The latter is made of elastic strips, about one inch in breadth, which, by being sewn together in a peculiar manner, effect an equable compression around the abdomen. On the internal and front part of the belt two air-pads are attached, exactly on the spot where the belt comes in contact with the inguinal rings; and these yielding pads exercise a gentle compression upon the rings, which compression may be increased or diminished in changing, by means of a small tube and stopcock, the quantity of air contained in the pads. This apparatus is now driving the steel springs completely out of the field; and Mr. Bourjeaud is happy to say that the hernia belt is getting more and more a favourite among the leading surgeons of the metropolis and the provinces. It is plain to all, that two ends should be kept in view as to apparatus for hernia: first, the support of the intestinal mass; and, secondly, prevention of protrusion through the rings, without giving the patient pain, or causing inflammation and gangrene by pressure on the abdominal parietes with unyielding steel springs. These generally acknowledged desiderata the new belt for hernia completely satisfies; and it becomes every practitioner's duty to advise its use to such of his patients who are affected with hernia.

FIG. 2. POSTERIOR VIEW OF THE HERNIA BELT AND AIR-PAD.—This diagram has been drawn in order to illustrate the latest improvement Mr. Bourjeaud has introduced touching this extremely useful apparatus. It had, namely, been found that, in the sitting posture, the pressure of the air-pads upon the inguinal rings became somewhat weaker; to guard against this change the tubing attached to the lower margin of the belt and terminating in the air-pad, has been made to swell towards its centre, posteriorly. When the patient sits down, he drives the air contained in this kind of reservoir into the air-pad in front; the latter becomes a little larger, and the slight difference alluded to above is compensated without any effort on the part of the patient. This contrivance gives to the hernia belt a most valuable accuracy.



## Mr. Edwin Osborne, of 24, Savile-

ROW, LONDON, the Sole Licensee and Maker of PALMER'S PATENT LEG, adapts this beautiful substitute to every form of amputation; and having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given, (if required.)

## Henry Bigg, 9, St. Thomas's-street,

Borough, Surgical Instrument-maker to Guy's and St. Thomas's Hospitals, begs to call the attention of the Medical Profession to the following valuable Instruments, made from designs and suggestions kindly given by the Gentlemen whose names are attached—viz., Mr. Le Gros Clark's Talipes Instrument; Mr. Bransby Cooper's Ovarian Trocar; Mr. Cook's Recto-Vesical Trocar; Mr. Cooper Forster's Ear Speculum; Mr. Hilton's Speculum Ani; Dr. Lever's Midwifery Instruments; Mr. Solly's Elastic Catheter, with Catgut Director. These Instruments being constructed on the premises secure their excellence and perfect finish.

9, St. Thomas's-street, Borough, London.

## Dr. Lever's Improved Elastic Utero-

ABDOMINAL BELT being constructed by Mr. H. Bigg, 29, Leicester-square, under the immediate suggestion of Dr. Lever, will be found to combine every advantage possible to obtain. It upholds the parietes of the abdomen, secures support to the uterus, and admits of the elastic force immediately above the pubes being increased by the patient after the Belt is applied.

To be had only of Mr. H. BIGG, 29, Leicester-square.

## Spinal Curvature.—Mr. H. Bigg, 29,

Leicester-square, particularly invites the attention of the Faculty to two new and distinct forms of SPINAL APPARATUS he has recently invented. The principle on which they are constructed, thoroughly supplants the "brute force" of the screw, yielding instead an elastic power analogous to muscular motion; it also encourages respiration, admits of the spine being moved in any direction, and possesses a weight so trifling as hardly to be felt by the wearer.—PATENTED.

To be had only of the Patentee, 29, Leicester-square.

## Treatment of Club Feet, Spinal

CURVATURE, &c., WITHOUT THE EMPLOYMENT OF THE SCREW.—MR. HEATHER BIGG, 29, Leicester-square, begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the feet and spine.

"The living structures do not with impunity tolerate the brute force of the screw." "In any case in which the force of the screw is employed, unless for a very brief period, excoriation, sloughing, intolerable pain in the parts compressed will inevitably result." "Dr. LITTLE, on "Deformities," pp. 34, 35.

Mr. H. Bigg has recently invented four distinct forms of Orthopædic Instruments for Talipes Varus, T. Valgus, T. Equinus, Lateral Curvature, &c., in all of which the principle of muscular elasticity is simulated and the "brute force" of the screw ignored.—PATENTED.

29, LEICESTER-SQUARE.

## New Spinal Support.—Fr. G. Ernst,

Lamb's Conduit-street, Foundling Hospital, begs to draw the attention of the Faculty to his recently-invented SPINAL APPARATUS, which, after some months of trial, has proved superior to any of the various kinds hitherto used, and produced the most satisfactory results. This appliance, being self-adjusting, free bodily motion is permitted; thus, while equal and necessary support is given to the wearer, all injurious or painful pressure is avoided, and a great amount of comfort and benefit consequently yielded. It can be modified so as to suit any FORM OF SPINAL DEFLECTION; its weight is comparatively trifling, and from its capacities for nice adaptation elicits no observation when on the body.

To be had only of the Inventor, 43, Lamb's Conduit-street.

TO THE MEDICAL PROFESSION.

## Fr. G. Ernst, Anatomical Machinist

and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam ERNST (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.

## The Eye Douche, for applying Lotion

to or bathing the Eye, is self-acting, simple, and portable. The immediate relief obtained from its use particularly recommends it to the notice of all who are much engaged in reading, writing, or designing; it has been employed with the most favourable results by patients under the care of Haynes Walton, Esq., Surgeon to the Central London Ophthalmic Hospital. Price 20s.; carriage paid to any railway station.

Manufactured by WILLIAM T. COOPER, 28, Oxford-street, London.

COOPER'S LAVEMENT APPARATUS is the most perfect ever invented; the possibility of air entering the bowels is prevented, and the labour of pumping is avoided; being constructed entirely of metal, without valves, it cannot become out of order, which renders it particularly suitable for use in the country or in foreign climates. Price 35s. Enema Apparatus from 10s.; Superior Reservoir Apparatus from 27s.—Each instrument in mahogany box with lock and key.

Manufactured by WILLIAM T. COOPER, 28, Oxford-street, London.

THE CORK RESPIRATOR is the lightest cheapest, and most efficacious ever produced; allows free respiration, and from being easily applied and removed, is specially adapted for the use of invalids, or Ladies attending evening meetings or places of amusement. Price 3s., free by post.

Wholesale only of WILLIAM T. COOPER, 28, Oxford-street, London.

Illustrated Catalogues free by post.

## Gas Horse-Singeing Lamps.—The

Nobility and Gentry are informed that SINGEING LAMPS, embracing the most recent improvements, with flexible Hose of any length, may be obtained at M. SALT and SON'S, Surgical Instrument Manufacturers and Cutlers to the Queen, Bull-street, Birmingham.

## Royal Polytechnic Gas Fire.—

BACHHOFFNER and DEFRIES'S PATENT.—The Public is respectfully informed that arrangements have now been made for the supply of this unique and beautiful mode of Warming Private Houses, Shops, Public Buildings, &c. Smoke, dust, ashes, and accidents from fire are effectually prevented by its use, while it presents all the comfort and appearance of an open coal fire, securing, at the same time, perfect ventilation. To be seen in action at DEFRIES'S Office, 145, Regent-street, London.

## Gas-heating Apparatus.—H. Mather

begs to call attention to his GAS-COOKING STOVES, which will cook dinner for Twenty Persons at a cost of Fourpence.—Gas Gridiracs, Broiling and Boiling in Five minutes.—Small Stoves to Boil and Fry, which can be put anywhere, Eight Shillings each.—Gas Stoves for Operative Chemists, Jewellers, and all purposes where heat is required.—Manufactured on the premises at 76, GRAY'S-INN-LANE, LONDON.

N.B.—Gas-fitting done in all its branches.

## Purification of Linen.—Prevention of

DISEASE.—J. BOILEVE, 55, King William-street, City, London, solicits the attention of the Nobility and Gentry to his CALORIFERE for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

69, Marylebone-lane, London, Feb. 2nd, 1854.

SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for warming my manufactory; it has been in operation for a month, and I believe it to be the best and most economical means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one bushel per day.

I am, Sir, yours truly,

SAMUEL HUBERT,

To J. Boileve, Esq.

Firm of JOHN WOOLLAWS and Co., Paper-stainers.

## Warming and Ventilating by Hot

AIR, CHURCHES, HOSPITALS, TOWN-HALLS, and other PUBLIC BUILDINGS.—J. BOILEVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

New Independent Chapel, Longsight, Manchester,  
January 10th, 1852.

SIR,—I am instructed by the building committee of the above Chapel to order one of your No. 3 Calorifere, for heating and ventilating the School in connexion therewith. As the sub-committee, upon examination of most of the public buildings, churches, and chapels in the town, find such general satisfaction with the existing apparatus and their imperfect heating and ventilation, they have examined your Calorifere as in operation, and believe it best adapted to meet their wants. It is intended, should it prove successful, to apply another apparatus to the chapel.

To J. Boileve, Esq.

SAMUEL RIGBY, Secretary.

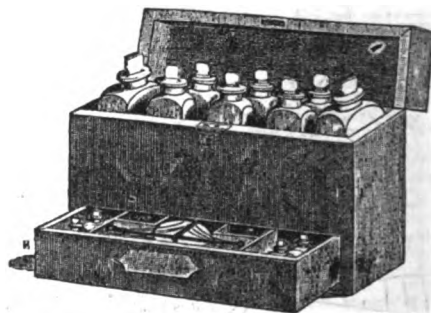
New Independent Chapel, Longsight, Manchester,  
April 12th, 1854.

DEAR SIR,—I am authorized to inform you that the No. 4 Calorifere, erected to warm the Longsight Independent Chapel, is in every respect satisfactory to the committee and the congregation.

To J. Boileve, Esq.

Yours respectfully,

ROBERT RUMFET, Chairman.



## John Harvey, Nephew and Successor

to the late Mr. ANDREW SPRINGWEILER, No. 2, Duke-street, Smithfield, London, Medicine Chest and Dressing Case Maker. Ship Medicine Chests according to Act of Parliament. Emigrant Chests, &c., for all Climates.

Chemical and Plate Chests, Toilette, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c., &c.

Wholesale and for Exportation.—Warranted to stand any Climate.

J. H., in soliciting of the medical profession and the trade generally a continuance of the liberal patronage enjoyed for so long a period by his late uncle, begs to inform them that the firm of Springweiler and Thompson (which existed in name only) was dissolved nearly two years prior to Mr. Springweiler's death, and that J. H., as successor and executor of the deceased, continues to carry on the business at the premises occupied for so many years by Mr. Springweiler.

**Recherché Wines.—Sherry:** A very fine Sherry, (Amontillado and Montilla.) Brown and Pale, for Cash, at 42s. per dozen; £21 per quarter-cask; £42 per hoghead; £24 per butt.  
**Port.**—Very fine old dry Wine (Vintage 1827, 1830, 1832, 1834), lately imported: from the Wood at 49s., 54s., 63s., and 68s. per dozen.  
**First Class Champagne**, (Ay, Avize, Pierry, Verzenay, and Sillery.) Sparkling and Still Moselle, Sparkling, Still, and Red Hocks, and Bordeaux Wines, at very moderate prices.

These Wines are patronized and recommended by several eminent Physicians, and are especially recommended to Connoisseurs. Samples and List of Prices forwarded on application.

H. H. HAMMICK, Importer, 11, Pall-mall, London, opposite the "Travellers' Club."

**Allsopp's Pale Ale in Bottle**, as supplied to the CRYSTAL PALACE; also in casks of 18 gallons Recommended by BARON LIEBIG.  
 Address, HARRINGTON PARKER and CO., 54, Pall-Mall, London.

**Pale India Ale and Stout, 4s. 6d.**  
 per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.  
 WOOD & WATSON, 16, Clement's-lane, City.

**Allsopp's Pale Ale.—Medical gentlemen** who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

**Soyer's Aromatic Mustard.—"M."**

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

**To Invalids and those desirous of**

**PRESERVING HEALTH.**—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMOEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## DOMESTIC ECONOMY

**H. Sparrow and Co. beg to announce**

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

**Pure as well as Fine Tea.**

Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in THE LANCET, and also in THE TIMES, (October 6th, 1852.) The fact, therefore, is now familiar to most, that artificial colour is used to give the Spring crop and the spent Autumn benefit would arise; first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by HORNIMAN and CO., London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the Spring product from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE Tea, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are REDUCED:—

Finest Congou, 3s. 8d. Finest Lapsang Souchong, 4s. and 4s. 8d.  
 Fine and Pure Green, 3s. 8d., 4s., and 4s. 8d.

HORNIMAN and CO., Wormwood-street, London, Importers of the most approved Teas in general use, but free from the objectionable artificial colour on the surface.

Agents in London, PURSSELL, 90, Cornhill; and ELPHINSTONE, 227, Regent-street, and 366, Oxford-street.  
 Sold by authorized Firms in all Towns, in 1 lb., ½ lb., and ¼ lb. packages only.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

**Robinson's Patent Barley, for making**

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and alternately with the Patent Barley, is an excellent food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

The proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest Tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets at 6d. and 1s., and in Family Cansisters at 2s., 6s., and 10s. each.

**Pure Country Bread, supplied every**

Day by Train by G. BILLINGS, of Sawbridgeworth, Herts.

Sawbridgeworth, Herts, 1852.

George Billings begs respectfully to call the attention of the Public to the subjoined Testimonial (vide THE LANCET, March 26th, 1852) as to the pure and unadulterated nature of Bread made by him.

Having been earnestly solicited by numerous parties in London to introduce it to the public, he has appointed as his agents:—Mr. DAVID BILLINGS, 7, Ivy-place, Hoxton; Mr. HOLLOWAY, 18, Liverpool-street, Bishopsgate.

N.B.—All Bread supplied to the London public is stamped,—G. BILLINGS, Sawbridgeworth."

London Hospital, March 17th, 1853.

I have made a careful analysis of the Bread manufactured by Mr. George Billings, Sawbridgeworth, Herts, and I find that it is perfectly free from everything of a deleterious nature: besides which it is of good colour and light texture, is pleasant to the taste, entirely free from acidity, easy of digestion, and apparently well suited to the wants of the dyspeptic.

HENRY LETHBRIDGE, M.B.,

Professor of Chemistry, &c., in the London Hospital.

18, Upper Seymour-street, Portman-square,

November 4th, 1853.

Having submitted to careful analysis a loaf of bread, manufactured by Mr. George Billings, of Sawbridgeworth, Herts, and placed in my hands for that purpose by Mr. D. Billings, of Ivy-place, Hoxton, I find the bread to be well made, free from acidity and all deleterious matter, and accordingly well adapted for the sustenance both of invalids and of persons in health.

ANDREW URE, M.D., F.R.S., Analytical Chemist.

\*.\* Orders by post punctually attended to.

AT THE CRYSTAL PALACE.

**"The Duobus," a cheap close Carriage**

for a "Country Practice," having all the comfort and convenience of a Brougham, with the weight of an ordinary Gig. Price £42. This Carriage can be seen at the new Crystal Palace, and sketch and particulars obtained on application to T. R. Starey, Coachmaker, Nottingham.

**Purify Sick Rooms, and give comfort**

to Patients and perfect Safety to Attendants.—The most offensive atmosphere is instantaneously purified, and the air impregnated with refreshing fragrance, by SAUNDERS' ANTI-MEPHITIC FLUID, prepared by J. T. Saunders, Perfumer, 315s, Oxford-street, Regent-circus. Sold by all Druggists and Perfumers. Price 1s.



**Metal Bed-Pan,**

Price 6s.—Acknowledged to be the most convenient in form, and much more durable than any now in use.

To be had of the Manufacturer, J. LAWRENCE, 20, Great Charlotte-street, Blackfriars; of Messrs. Gale, Baker, Warde, and Oldfield, Bouvée-street, Fleet-street; and of Messrs. Leadbitter and Hollon, York.

Orders from the Country must be accompanied by a Remittance.

**Poultices superseded by the use of**

MARKWICK'S PATENT SPONGIO PILINE.

As a substitute for common poultices and fomentations, the superiority of this article is unquestionable. It is strongly recommended by the most eminent of the Faculty for its cleanliness, economy, lightness, and general efficacy, and is now used in several of the hospitals. Also Markwick's Patent Piline, for Cholera Belts, Rheumatism, Chest Protectors, Respirators, Lumbar, &c.

Sold, retail, by Chemists and Druggists, and wholesale only by GEORGE TRIMBEY, 41, Queen-street, Chapside.

**HYGIENIC BATHS.**

JENSON'S TONIC

**DAPHNE MARINA SALT BATHS**

When dissolved in a Cold, Tepid, or Warm Bath, imparts an eminently strengthening and beneficial properties to the same, that, when once tried, a Bath will scarcely ever be taken without it. In the buoyancy and freshness it produces in the system, it is far superior to any known Sea Bath.

Sold at 6d. and 1s. per packet, by the Proprietor, C. MENING, 103, Leadenhall-street, and 213A, Piccadilly, (near Regent-circus,) and by all Chemists, and Bathing Establishments.

**Mr. G. Hind, F.R.C.S., resumed his**  
**DEMONSTRATIONS** on the morning of the 16th of September, at the usual hour.  
 Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-eccient, Bedford-square.

**The London and Provincial Medical**  
**PROTECTION and BENEVOLENT SOCIETY, 43, Lincoln's-inn-fields,**  
 London. Conducted by a responsible Committee of Medical Men.

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The objects of this Society are—  
 1st. To provide a safe and efficient medium by which the Medical Profession may secure more certain and regular payment for their services; with every consideration for the convenience of those who are willing, but unable directly to discharge their liabilities; with rigour for those who are able, but have not the disposition, to remunerate medical men.

2nd. With the machinery necessary for carrying out the foregoing purpose, to establish a means of privately negotiating the transfer of Practices and Partnerships.

3rd. A Register is kept for Assistants and Pupils.

4th. To raise a Benevolent Fund by devoting to that object the profits arising from the general operations of the Society.

The Members of this Society consist of qualified Practitioners only. Annual Subscription, One Guinea; a Firm, consisting of two Partners, a Guinea and a half; a Firm of three Partners, Two Guineas. Fixed rates of Commission are charged on Business transacted.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

**Brown's Cantharidine Blistering**

**TISSUE**, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lytta P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten square feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

**BROWN'S TISSUE DRESSING**.—An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a Companion to the above.—In Tin Cases, containing ten square feet, 1s. 6d. each.

"10, Finsbury-place South, March 16th, 1852.

"DEAR SIR,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks.

"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"To Mr. Brown," Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"June 24th, 1850.

"Mr. Dalrymple presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction.

"60, Grosvenor-street, London."

"The principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital,—has been found effective as a Vesicatory, when carefully applied, and has not been productive of any degree of Stranguary.

"ANDREW SMITH, M.D., Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared by Thomas B. Brown, Pharmaceutical Chemist, 42, Admiral-terrace, Vauxhall-bridge-road, London; and sold by the Sole Consignee, Mr. William Bailey, Wolverhampton, and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,**  
**LINCOLN'S-INN-FIELDS,** continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.  
 Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.  
 Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

MEDICAL.

**A Surgeon, residing in a small**

Market-town, wishes to Dispose of a PRACTICE of £200 per annum (£100 of which is from appointments that can be secured to a duly-qualified successor) for the value of the Household Furniture, £210. No more required. Rent of House, with large Garden, £32.—Apply to Mr. BOWMER, 50, Lincoln's-inn-fields.

**King's College, London.—Practical**

**DEMONSTRATIONS ON THE URINE,** by LIONEL BEALE, M.R., Professor of Physiology. Gentlemen desirous of attending the Course, which will commence on Friday, Dec. 1st, are requested to leave their names at the Secretary's office, or at Dr. Beale's Pathological Laboratory, in Carey-street. These Demonstrations take place on Monday and Friday evenings, from Eight to Half-past Ten. Fee, £2 2s.

**King's College, London.—The Chair**

of BOTANY being now vacant, the Council are ready to receive Applications from Gentlemen desirous of offering themselves as Candidates for the appointment.—For full particulars apply to

November 23rd, 1854.

J. W. CUNNINGHAM, Secretary.

**Royal Free Hospital, Gray's-inn-**

**ROAD.**—The Committee will meet on Wednesday next, the 29th instant, to Elect a HOUSE-SURGEON and an ASSISTANT HOUSE-SURGEON. Candidates must be Members of the College of Surgeons, London, and are requested to forward Testimonials on or before Tuesday next, the 28th instant.—Candidates are expected to attend on Wednesday, the 29th instant, at half-past four o'clock.

**Royal College of Surgeons of**

**ENGLAND.**—The Council having determined that a Member of the Board of Examiners in Midwifery of this College, in the Vacancy occasioned by the decease of Dr. JAMES REID, be elected in January next, Fellows or Members of this College, or Fellows or Licentiates of the Royal College of Physicians of London, practising Midwifery, desirous of the office of EXAMINER, are requested to transmit to the Secretary of the College, on or before Wednesday, the 13th December, a written notice that they are Candidates for a Seat in the Board, together with such proof as they may think proper of their qualification for the Office.—Further information relative to the appointment may be obtained from the Secretary at the College.

November 22nd, 1854.

EDMUND BELFOUT, Secretary.

TO MEDICAL GENTLEMEN.

**Middlesex Lunatic Asylum at**

**HANWELL.**—Wanted, at the above Institution, which contains about 1000 patients, an APOTHECARY to make up and to dispense all the Medicines as prescribed by the Medical Officers, and, under their direction, to assist in making entries in the Medical Books and Journals of the Establishment. The salary will be £90 per annum, with Board and Lodging in the Asylum. Candidates, who must be unmarried, and Members of the Apothecaries' Company, are requested to forward their application in writing, accompanied by Testimonials of character and eligibility, under cover, to me, at the Seasons House, Clerkenwell-green, on or before Wednesday, the 29th instant, and to attend the Committee of Visitors at the Asylum at Hanwell, on Thursday, the 30th instant, at Twelve o'clock precisely.

Dated this 16th day of November, 1854.

CHARLES WRIGHT,

Clerk to the Committee of Visitors.

**Brighton Sea-side Preparatory School**

**FOR YOUNG GENTLEMEN.** Conducted by the Widow of a Medical Practitioner.—The usual elementary branches of Education are taught, and all the comforts of a home are carefully provided, while special attention is paid to the physical well-being of the Pupils.

Prospectuses forwarded on application to Mrs. Thomson, 46, Grand-parade, Brighton.

**School for the Sons of Medical Men,**

**CLERGYMEN, OFFICERS of HER MAJESTY'S ARMY, NAVY, AND CIVIL SERVICE, &c.**

**ST. JOHN'S FOUNDATION-SCHOOL,** Greville-mount House, Kilburn, London. (The Foundation is confined to the Sons of Clergymen of limited income.)

**Head Master**—The Rev. Anthony F. Thomson, B.A. Lincoln College, Oxford, (eldest surviving son of the late Dr. Anthony Todd Thomson, of University College, London.)

**Mathematics**—Gowan Evans, Esq., M.A. Lincoln College, Oxford.

**German**—U. Green, Esq., (Newnwick College, Coblenz.)

**French**—Hy. Pottevin, Esq., (Paris.)

**Music**—Dr. Charles Steggall, Trinity College, Cambridge; Professor of the Royal Academy of Music, London.

The system of this School is particularly adapted to prepare Boys for the Medical Profession, the Army, whether Line or Artillery, the Navy, and Civil Service.

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## LECTURE III.

### THE MODES OF DEATH AND THE THERAPEUTICS IN DISEASES OF THE SPINAL SYSTEM.

GENTLEMEN,—In my lecture of yesterday I explained to you two modes in which spinal seizures may issue in death: the first, by apoplexy of the medulla oblongata and paralysis of the pneumogastric nerve; the second, by shock on the heart; the former, somewhat slowly—the latter, suddenly.

There is another mode of death in epilepsy. It is the result of sheer nervous exhaustion, from the rapid or constant repetition of severe paroxysms.

This subject will be best illustrated by an experiment:

I divided the cerebral from the spinal centre in this frog, and then dropped on its surface a few drops of a solution of the acetate of strychnine. It has become affected by the poison: the least touch, the least jar of the table throws it into a tetanoid paroxysm.

If I avoid excitement, the animal survives in its state of strychnism for a long time. But if I continue to repeat the excitation, the excitability and life soon become extinct.

I will suppose the frog without injury, but placed under the influence of strychnia; if it be secured from all excitation, it recovers; if it be exposed to repeated excitation, it dies.

So it is in the dog.

Even in tetanus in the human subject, I believe some patients would recover if preserved absolutely from excitation, who die under its exhausting influence.

The same event occurs in epilepsy. In a case detailed in THE LANCET for October 14th of this year, page 309, by Dr. Bucknill, in which tracheotomy had been performed, and in which, therefore, laryngismus had lost all its baneful influence, the patient died of pure exhaustion, "distinctly not of coma."

Death from nervous exhaustion must therefore be added to the other forms and modes of death in epilepsy.

There is still another source of danger and of death in epilepsy. It arises out of trachelismus assuming the form of torticollis, and attended with twisting of the body.

Some time ago a medical student, affected with epilepsy, called on me, and, whilst we engaged in conversation, uttered a fearful cry, became affected with twisting of the neck and body, and would have fallen had I not held him forcibly on his chair.

The next morning he was found dead in bed, with his face buried in his pillow!

He had doubtless had a fit in the night, which, assuming the form I had observed and have described, turned him in bed.

In this manner a patient has been suffocated in a fit of epilepsy, the face being found literally buried in the soft soil of a newly ploughed field, or submerged in shallow water.

Such, then, are the principal modes of death in epilepsy. Another topic which I must discuss briefly before I enter on the subject of the therapeutics of the spinal system, is, the mode and degree of recovery from attacks of epileptic or convulsive affection.

An epileptic fit probably ceases frequently from nervous exhaustion of the spinal centre, just as we observe the tetanoid spasm cease in the frog affected with strychnia.

From this exhaustion reaction usually takes place, and the spinal centre passes into a state of undue excitability, just as reaction follows repeated attacks of syncope in cases of loss of blood, passing into excess.

In this condition of excessive excitability, the slightest causes of the epileptic seizure are usually but too operative. It constitutes indeed the continued *predisposing* cause of epilepsy.

This undue excitability of the spinal centre is by no means incompatible with a shattered condition of the general system; and therefore we frequently observe the epileptic patient pale, thin, and feeble, though in other cases there are a florid complexion, a robust form, and much muscular power.

Besides the spinal centre, the cerebral centre is apt to be

affected in severe epilepsy, and the patient is left comatose, maniacal, or with loss of memory or intellect. These events appear sometimes to depend entirely on intra-vascular congestion, and sometimes on effusion, ecchymosis, softening, or other lesion.

You will not, gentlemen, be surprised that from any mode of treatment we look for success, not in cases with organic lesion, or of inveterate standing, but in the comparatively recent cases, of ex-centric inorganic origin, and still without organic change.

Now let us consider what may be accomplished in the treatment of epilepsy or other convulsive disease.

Once more I beg your attention to my Table. Look at this list of *causes*. The first part of our treatment depends on carefully avoiding all these.

The excitements, the irritations must be, as far as possible, avoided. The morbid conditions of the blood must be remedied. A low posture and deep sleep must be carefully shunned. The neck must be cautiously guarded against a tight collar.

One event we must constantly suspect: an undue acidity in the stomach. Against this, the bicarbonate of potass is the present remedy, and should be taken on every recurrence of a threatening symptom. Many patients have carried about with them a solution of twenty-five grains of this bicarbonate in two ounces of water, and taken it in such circumstances with the greatest advantage.

Another event to be suspected is the formation and retention of scybala in the colon. These are only effectually removed by an enema of three pints of warm water, slowly administered. But in this manner, too, the threatened attack has been averted.

One patient succeeded in replacing an attack by a fit of vomiting, taking for that purpose, on any threatening, half a drachm of ipecacuanha. To this I have sometimes added an equal quantity of the bicarbonate of potass.

The bowels should be kept well relieved daily; but I have known a dose of purgative medicine constantly to produce a seizure.

One patient took many remedies empirically. None did good. But the turpentine acted injuriously.

Of all our remedies, none is more important than a well-regulated, simple, digestible, nutritious diet.

Against the undue excitability of the spinal centre in epilepsy, well-appointed walking exercise is the specific remedy. But *effort* or *fatigue* adds to the evil.

I think there is as the cause of sleep a latent trachelismus. The usual posture during sleep is the recumbent. Both these must conduce to the epileptic seizure. I have constantly recommended a posture during sleep at an angle of fifty degrees. And I think that I have seen advantage from gentle movements and noises in the patient's room during the first sleep, to prevent deep sleep.

All empirical remedies may be safely discarded. It is very improbable that any individual agent should be able to accomplish all that is required in a case of epilepsy. We may well ask, now that this malady is somewhat understood, why epilepsy should be treated empirically more than apoplexy, or than infantile or puerperal convulsion?

It has appeared to me that the hyoscyamus may allay the nervous excitability so frequently observed in epilepsy. As a little spirit obviously does good in the undue cerebral excitement of delirium tremens, I have thought that minute doses of strychnia may be useful in the undue spinal excitability in epilepsy. For the organic changes induced by epilepsy, mercury is the remedy.

You will observe, in the Table, that after enumerating the remedies which I have briefly noticed, I have asked, is there any *specific* remedy in epilepsy? I am compelled to answer, No! And I must add, that the sooner the profession ceases from this derogatory mode of prescription the better, and the more honourable. Zinc, copper, silver, valerian, the cotyledon, the sambul, are all given in vain.

We must discard empiricism, and treat epilepsy as we do other diseases, on rational principles, tracing causes, effects, and, in a word, every link of the formidable chain, and act on science and common sense.

I must now, gentlemen, retrace my steps, and take up one of the topics which I have noticed briefly, and treat it at greater length. This topic is—*laryngismus*, and its remedy, and the remedy against its effects—*tracheotomy*.

I have already noticed the two kinds of laryngismus which occur in the first and last stages of a severe epileptic seizure, respectively—the *first* being *spasmodic*; the *second*, *paralytic*.

The former frequently closes the larynx perfectly, and a



*breath-struggle* is superadded, or there is simple suspension of respiration; the neck, face, eyes, become turgid and purple, the intra-cranial tissues being equally congested.

In proportion, in some degree, to this congestion is the damage inflicted on the cerebral faculties, coma, mania, dementia, being the melancholy effects—the lunatic asylum or the workhouse the melancholy doom.

All these are averted by timely and efficient tracheotomy.

I would strongly urge you to seize some opportunity, during the period of your studies—for I am addressing myself to the younger part of my audience—to witness and write down accurately, the phenomena of the epileptic seizure. It is *not* in any or every kind of epilepsy that I recommend tracheotomy, but solely and exclusively in the *epilepsia laryngea*. It is *not* for epilepsy, but for *laryngismus*, that tracheotomy is proposed.

It is necessary to state this emphatically, for a feeble and malevolent critic has either misunderstood or misrepresented this matter.

We must begin, in the administration of this, as in that of all cases of important remedies, by a most careful and accurate *Diagnosis*:—

1. The efficacy of the remedy is precisely proportionate to the degree of *laryngismus* and its effects;

2. The hope from the remedy is proportionate to the earliness of the period at which it is performed;

3. By the institution of this remedy, the *laryngeal* and most fearful form of the disease is *changed* into some milder or *abortive* form; or,

4. The seizures may cease, or decline and cease, altogether. The former was the happy result in the most interesting case of Mr. Cane.

There are many cases of epilepsy in which tracheotomy would be inappropriate. It would be inappropriate in cases involving *organic lesion*, original or induced, and in cases already become *inveterate*. It would be wrong to institute this operation in cases beyond *hope* of benefit; in the cases already deemed *incurable*; and therefore in most of the cases consigned to the lunatic asylum or the workhouse. In these, all that we ought to expect from this, or any remedy, is some *mitigation* of so dire a calamity.

In the cases in which tracheotomy has been performed, this preliminary *diagnosis* has not always been instituted. The result has been precisely what ought to have been anticipated; yet it has been such, when duly weighed and considered, as to confirm and raise all my hopes from this important and heroic remedy in this Herculean malady. In some the fits have been mitigated a hundredfold; in several a failing intellect has been greatly *restored*, the occupation of the patient, necessarily relinquished, being resumed!

I proceed to notice the second or *paralytic laryngismus*. This is the result of a severe attack of epilepsy—always, I think, the *epilepsia laryngea*. The *trachelismus*, the *laryngismus* especially, the *breath-struggles*, have congested the cerebrum, and left a deep coma; with this, stertor or *paralytic laryngismus* has been combined—an event which *reads* on the cerebral centre, augmenting the coma and the stertor. The patient is frequently seen to be in hourly jeopardy of his life from asphyxia. The countenance is livid, the veins of the neck distended, the integuments tumid. The respiration becomes more and more impaired and stertorous. A diffused bronchial rattle establishes itself.

The form of the asphyxia is, as I have already stated, twofold, *laryngeal* and *bronchial*; at first *laryngeal*, afterwards both *laryngeal* and *bronchial*.

If tracheotomy be now efficiently instituted, the *laryngismus* is disarmed of its danger. The lividity of the countenance, the distention of the veins, the tumefaction of the integuments disappear *à vue d'œil*. The respiration is free; the danger from *laryngeal asphyxia* averted!

I need scarcely repeat, that if this tracheotomy be not only efficiently but *timely* performed, the patient's life is saved. But if the operation be delayed, it will be performed too late: if the bronchia have become clogged and choked with mucus, it will *assuredly* be performed in vain. The patient, however rescued from *laryngeal*, will succumb to *bronchial asphyxia*.

These observations do not relate to epileptic coma or apoplexy alone, but to *simple apoplexy* in all its forms; that so well described by Abercrombie, the apoplexy of deep intoxication, of narcotic poisons, &c. It is the present remedy, and, if timely instituted, the effectual remedy, for the *laryngeal asphyxia* in all these cases!

Gentlemen, do not these views excite a deep interest in you? Examine them; judge them *for yourselves*; and be not misled by the ill-natured criticism of any superficial observer or thinker, who leaves *diagnosis* and every other just considera-

tion neglected, and wonders that a fistula, left by a cut-throat, is not a remedy for—*laryngismus*, and its effects? No! but—for epilepsy!

Having thus stated in *what* circumstances tracheotomy may be available in epilepsy, I will now beg your attention to *that* which I finally regard as the simplest, the safest, *mode* of performing of it.

I present you with a pair of scissors, so ground at the point as to leave a notch. (See THE LANCET, vol. i. for 1854, p. 645.) I propose that, having selected the point of the trachea at which the orifice should be made, you take up a fold of integument over it, and, by means of the scissors, make a vertical incision; that the scissors be now turned one-fourth round; that their points, brought together, be made to pierce the trachea, and then be separated, so as to *stretch* the tissues, and make an orifice of the proper extent.

The points of a little wire *cage*, such as I now show you, made of the proper size and strength, are then to be brought together, pressed into the orifice, and allowed to expand to the proper extent, in their turn; this being limited by a thread properly attached to it, and placed round it.

Not a minute of time, or a drop of blood has been lost, no danger has been incurred, and yet—the operation is performed!

The cage admits of being compressed, and easily removed, washed, and restored. No veil of viscid mucus will obstruct its aperture in any part, and the danger arising from such obstruction, hidden from observation, but detected by Dr. Edwards, will be effectually averted—a danger which I believe to have existed in many cases in which the ordinary *tube* has been long worn.

I will now, gentlemen, very briefly revert to the cases of epilepsy in which tracheotomy has been used. Mr. Cane's was the first, and the most splendid: life was immediately saved, and the fits were afterwards averted. Life was saved from a present danger in Dr. Herrick's and Dr. Williams' cases. The fits were reduced to a very mild and abortive form in Dr. Edwards' and Dr. Bucknill's cases.

Every event concurs to encourage the *benevolent* inquirer.

There are other applications of tracheotomy.

The patient afflicted with hydrophobia has hitherto fallen a victim to *laryngeal asphyxia* and to *nervous exhaustion*. If tracheotomy were performed the instant the *diagnosis* was made, the patient would *not* die, as he has hitherto, of this *laryngeal asphyxia*. Query, would he necessarily die? If the patient were, further, protected absolutely, like the frog rendered tetanoid by strychnine, from causes of excitement, he *might* not die of nervous exhaustion. Query, is it possible that even the poison of hydrophobia may be, if life were prolonged, as by tracheotomy and security from excitation, eventually eliminated from the system, and life saved?

There is still greater hope of good from these measures in certain cases of *laryngeal tetanus*. My friend, Dr. Webster, once performed tracheotomy in a case of this kind. The benefit was so marked as only to lead to a regret that it had not been performed earlier.

You will find, in a paper which I published in THE LANCET about two years ago, a list of cases in which tracheotomy might be necessary. It is of considerable extent. It demonstrates the value of this remedy, and the importance of being prepared to perform it; for almost *all* the cases requiring it are cases of *emergency*, life being in jeopardy. All that is really required is a pair of pointed scissors and a teaspoon! The former may keep the orifice patent horizontally, the latter vertically, until better instruments are procured—and life is spared: indeed, the very issues of life are in some instances fearfully held, as it were, in our fingers!

Here the lecturer paused, but shortly added,—Gentlemen, I thank your kind invitation to give these lectures, and for your kind attention to them. I trust the three hours have not been spent in vain, and especially that the younger part of my audience will long remember with advantage the principles of medical doctrine which I have inculcated.

The lecturer having been invited to take the chair, Mr. WILSON rose and said that he should propose a vote of thanks to Dr. Marshall Hall for the kindness and courtesy he had shown in coming amongst them to communicate information, illustrated by experiment, concerning the physiology and pathology of the nervous system, which it had been the great pursuit of his life to investigate. The students of the Chatham-street School of Medicine should, indeed, regard the present occasion as *red-letter days*. As for himself and the rest of his professional brethren who had attended this course of lectures, he could say with confidence that they deeply appreciated the philosophic views of Dr. Marshall Hall; and, when they contemplated the state of nervous physiology as it was in their

own early day, and looked at it now, they must be greatly impressed with the debt of gratitude due to those eminent men who had so perfected this branch of science; foremost amongst whom he had no hesitation in placing their distinguished visitor. He concluded by moving the cordial thanks of the assemblage to Dr. Marshall Hall.

Dr. NOBLE had great pleasure in seconding the motion so justly and so appropriately submitted by Mr. Wilson. Thanks, certainly, were eminently due to their distinguished visitor for his kindness in coming amongst them, and in thereby giving to the gentlemen present an important advantage. They had not only had the gratification of meeting the propounder and discoverer of great physiological truths, but that also of listening to his own exposition of them, and of witnessing some of the experiments and demonstrations by which they are substantiated. And here he would observe that, however accurately such doctrines might be learnt from books, by the aid of diagrams, and by repeating the experiments, there was always an especial benefit in drinking in knowledge and valuable precepts at their spring. Look at certain analogies in literary experience. How clear and effective was the appreciation of history by him who had gone for his knowledge to the sources,—to the old quartos and the big folios, instead of to modern duodecimos! He could speak with gratitude of his own experience. He supposed it was some twenty years since that he had first applied himself to the physiological discoveries and practical teachings of Dr. Marshall Hall; probably he soon acquired a fair appreciation of their nature and value. Seven or eight years ago, however, he had had the privilege, through Dr. Hall's kindness and courtesy, of witnessing at that gentleman's own house a long series of experiments made by him, and for several days of conversing with him upon all the allied topics; and from this experience he could tell how much more clear and decided was the apprehension of facts and conclusions learnt in this way. The brief course of lectures now terminated had, in some measure, furnished the students, and the numerous practitioners who had attended the course, with a similar advantage. He was sure that they would feel, as he had felt, in having been so privileged, delighted to have been taught the physiology, and much of the pathology, of the *Spinal System* by the eminent mind that conceived the same; and to have had demonstrations presented to them by the hand that first brought them out. For all these reasons, it was with pleasure, sincerity, and pride, that he seconded Mr. Wilson's motion.

Dr. MARSHALL HALL then rose and thanked the mover and seconder of this vote of thanks; and, after briefly observing that nearly a quarter of a century had elapsed since he first began the studies which led to the detection of the *Spinal System*, urged the students present to pursue their profession with enthusiasm, and early to select some special subject for study and investigation. Such a proceeding was sure, in due time, to bring its reward in reputation and in practice.

#### ON THE

### LAW OF MORTALITY AND SICKNESS OF THE LABOURING CLASSES OF ENGLAND.

By THOMAS ROWE EDMONDS, Esq.,

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(Concluded from p. 332.)

It has already been stated that sickness, in duration for each year of life, increases with the age, according to the same law which regulates the increasing proportion of deaths to the number living at successive ages. From the unity of law between sickness and death in relation to life, it necessarily follows that the sickness endured at any age bears a constant proportion to the deaths at any specified age. This proportion is commonly found to be, that of two years of sickness to one death. Occasionally this proportion is as low as one year and three-quarters, and as high as two years and a half, of sickness to each death. In addition to the law determining the duration of sickness at each age, there is another law which connects together the number of attacks or cases of sickness with the number of deaths, and consequently with the number of living, and with the duration of sickness at each year of age. The law which regulates the attacks of sickness was first communicated to the public in THE LANCET of the year 1836, (vol. i., p. 855), in an article wherein I showed, from recent observations, that the fatality of cases or attacks of sickness increased with the age according to the law which regulates the increase

of mortality and the increase of duration of sickness for each year of life. I then stated it to be an inevitable consequence of the identity of the numbers regulating the proportion of attacks of sickness to deaths, of duration of sickness to life, and of deaths to life at each age, that the number of annual attacks of sickness for a given number living was the same at all ages, and that the duration of each attack of sickness increased with the age in the same degree as the mortality increased.

The most interesting and remarkable of the above laws of sickness, is that which makes the proportion of annual attacks of sickness to the number living constant at all ages. Notwithstanding its extreme simplicity, the existence of such a law does not appear to have been suspected previous to its announcement; nor did there exist, at that time, any facts which could be appealed to as supplying direct evidence of its existence. The public were subsequently indebted to Dr. Farr for adducing facts directly proving the constancy of the proportion of the numbers attacked by sickness to the number living at various ages of adult life. In the returns from Friendly Societies published by Mr. Neison and Mr. Finlaison, a great multitude of facts have been collected in further corroboration of the proportion of attacks of sickness being constant, and independent of age—at least in the period of florescence. According to Mr. Neison, the constant proportion of living persons attacked by sickness, in any year between 20 and 50 years of age, is 22 per cent. According to Mr. Finlaison, the constant proportion is 24 per cent. in each year. In both observations there is a depression of about 2 per cent. in the attacks near the age of 33 years, which is the age at which the greatest number of admissions of new members occurs; and which consequently is the age at which "selection" might be expected to have the greatest disturbing effect, whether on sickness or on mortality.

In the period of senescence, or at ages exceeding 50 years, the facts bearing on the laws of sickness (whether of attacks or of duration) are everywhere imperfectly recorded, on account of the difficulty of distinguishing cases of sickness from cases of debility from old age. Judging from all observations hitherto made, there appears to be no ground for doubting that the law of attacks, like the law of duration, of sickness, is continuous throughout the two periods of "florescence" and "senescence," or from the earliest to the most advanced age of adult life. The returns of Mr. Neison are not available for the purpose of determining whether the proportion of attacks of sickness is constant at advanced ages, as well as at ages under 50 years, because no attempt has been made to distinguish therein sickness from old age. But the returns of Mr. Finlaison, which professedly represent pure sickness, free from cases of debility from old age, are sufficient for the present purpose. There is, however, a preliminary correction to be made in the numbers which Mr. Finlaison takes to represent attacks of sickness, which correction is of small amount at ages below 50 years, but is of great magnitude at very advanced ages. Mr. Finlaison assumes the number of persons who have been on the sick-list in the course of the year to represent the number of new attacks of sickness in the year. This assumption is obviously incorrect, for in such list is included the cases of sickness remaining at the end of the previous year, and transferred to the new year. The number of such transferred old cases of sickness is represented by the proportion of living constantly sick at the particular year of age, which is the correction to be applied in diminution of Mr. Finlaison's alleged numbers of attacks. For example, according to Mr. Finlaison's tables, and taking decennial intervals of age, the proportions constantly sick at the ages 50 and 80 years, respectively, are  $3\frac{1}{4}$  and 26 per cent. Also, according to the same tables, the annual proportion of persons on the sick-list is  $26\frac{1}{2}$  per cent. at the age of 50 years, and 56 per cent. at the age of 80 years. If we subtract from the latter numbers the corrections previously given, we obtain the numbers 23 and 30 per cent. as the corrected per-centage of new annual attacks at the respective ages of 50 years and 80 years. These two numbers approach sufficiently near to each other to warrant the presumption that a defect in the observation is the cause of the failure to obtain an exact coincidence. The apparent excess of attacks at the age of 80 years is in all probability owing to the complication of debility from old age with cases of sickness. Seven out of 30 cases of sickness would not have had the visible effect of producing incapacity for labour, if the man of 80 had not been subject to a debility from which the man aged 50 was comparatively free.

On inspection of Table III., it will be seen that at the mean age of 40 years, the rate of sickness obtained by combining all three observations, is 1.17 weeks to one year (or 52 weeks) of

life, which is the same thing as 2·24 years of sickness to 100 years of life, or 2·24 per cent. of the living constantly sick. From the same table it will be seen that the mean number of deaths at the same age, according to the same combined observations, was 1·02 in one year out of every 100 people

living. There was consequently 2·24 years of sickness to 1·02 deaths, or 2·20 years of sickness to one death. This relation of sickness to death remains constant when other ages are compared in the assumed observation representing the mean of all three observations.

TABLE III.

SHOWING, for Decennial Intervals of Age, the Rates of SICKNESS in Rural, Town, and City Districts, according to each of three Observers; also showing the Mean Rates of Sickness and Mortality in each of the same three Districts, for comparison with the results of Theoretical Tables, in all of which the period of "Senescence" commences at the age of 48 years.

AGE.	RURAL DISTRICTS.			TOWN DISTRICTS.			CITY DISTRICTS.			MEAN OF THREE OBSERVATIONS.		
	Finlaison.	Neison.	Ratcliffe.	Finlaison.	Neison.	Ratcliffe.	Finlaison.	Neison.	Ratcliffe.	Rural.	Town.	City.
	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.	Weeks.
25 to 35	1·02	·87	·78	·96	·89	·83	·90	1·11	·84	·89	·89	·95
35 — 45	1·19	1·08	·99	1·18	1·30	1·08	1·18	1·50	1·28	1·09	1·19	1·32
45 — 55	1·61	1·65	1·76	1·79	2·62	1·80	1·68	2·46	2·26	1·67	2·07	2·13
55 — 65	2·78	4·08	4·54	3·00	5·17	4·10	2·63	4·63	5·58	3·80	4·09	4·28

TABLE III.—(Continued.)

AGE.	Sickness Observed. Mean of Three Observations of all Three Districts.	Sickness. Theoretical. Corresponding to Mean of Three Observations.			Mortality Observed, being Mean of the Three Observations.				Mortality. Theoretical. Corresponding to Mean of Three Observations.			
		Rural.	Town.	City.	Rural.	Town.	City.	Three Districts.	Rural.	Town.	City.	Three Districts.
	Weeks.	Weeks.	Weeks.	Weeks.								
25 to 35	·90	·84	·92	1·02	·73	·77	·99	·80	·64	·77	1·02	·77
35 — 45	1·17	1·13	1·24	1·37	·86	1·04	1·45	1·02	·86	1·03	1·37	1·03
45 — 55	1·87	1·73	1·88	2·09	1·35	1·68	2·18	1·61	1·31	1·57	2·09	1·57
55 — 65	3·95	3·65	3·98	4·43	2·72	3·45	3·12	3·01	2·77	3·32	4·43	3·32

The relation of sickness to death, which is constant for different ages in the same observation, is subject to variation in different observations. For example, in rural districts, the proportion of sickness to one death, at every age, is found to be 2·52 years, when the average of all three observers is taken; whilst in town and city districts, the averages similarly obtained are 2·29 and 1·92 years of sickness to one death. This result, from combining the three observations on each of the three districts, is not, however, in accord with the separate observations, for Mr. Finlaison states the disproportion between rural and city sickness to one death to be much greater than the disproportion stated by the other two observers.

The present three observations, when closely investigated, do not, however, either of them make good the proposition, that the quantity of true sickness to one death is less in cities than it is in rural districts. Mr. Finlaison, in showing the effect of "heavy" labour in increasing the apparent sickness, has supplied a cause sufficient to account for the apparent excess of rural sickness over town and city sickness. The apparent sickness, according to Mr. Finlaison, depends in a great measure on the occupation or labour of members being "heavy" or "light." He has shown that, at any given age, whether in rural or city districts, whether the mortality is high or low, the apparent sickness is 20 per cent. greater for heavy than it is for light labour. In the two cases, the real amount of sickness is probably the same, but the incapacity for labour, or apparent sickness, is 20 per cent. greater in the case of heavy labour. This excess probably arises from minor degrees of sickness, which are sufficient to incapacitate for heavy, but not for light, labour. The proportion of "heavy" labour is much greater in rural than in city districts. We have thus a reason for expecting more apparent sickness in the former than in the latter districts. The cause now mentioned, when taken in combination with the opposite methods of treating superannuation, is also sufficient to account for the disproportion of rural to city sickness being greater, according to Mr. Finlaison, than it is according to the other two observers; for a considerable proportion (one-fourth part) of the sickness exhibited in the tables of Mr. Neison and Mr. Ratcliffe, consists of the life-time

of superannuated members, who do not engage in labour, whether heavy or light. On the other hand, Mr. Finlaison, in his tables, takes no account of superannuation, except to exclude it from any connexion with sickness. It thus happens that all Mr. Finlaison's recorded sickness is affected by the distinction of heavy and light labour; whilst three-fourths only of the sickness recorded by Mr. Neison and Mr. Ratcliffe is so affected.

The laws of mortality, of sickness, and of health, may be said to be the three chief regulators of human life. It has been already shown, that there exists such a parallelism between the two laws of mortality and sickness (in duration,) that when the mortality at any age is known, the sickness at the same age is also known, by means of the existing constant relation of sickness to death at all ages, (about two years of sickness to one death.) It remains to be seen that the degrees of health at different ages also bear a simple and constant relation to the mortality. It is first to be noticed that health-time, being that portion of a man's life-time which is not sick-time, will of course decrease with the age as sick-time increases; so that, at very advanced ages, sick-time and health-time will form nearly equal portions of a man's life-time. At the early ages, however, of adult life, the proportions of health-time to life-time decrease so slowly, that, for the purpose of estimating the amount of health enjoyed at any age between 20 and 50 years, the element of time may with propriety be neglected, and the degree or intensity of health be alone regarded. On reflection it will be easily perceived that the degree of health possessed at any age is identical or synonymous with the vital force possessed at that age. The mortality is the inverse measure of the vital force, and is consequently the inverse measure also of the intensity of health.

For the purpose of illustrating the combined effects of the laws of mortality, sickness, and health, let any two ages in the period of "floreence," differing from each other by the interval of 24 years, be taken, this being the interval in which the mortality doubles itself. For example: if the mortality, sickness, or health, be numerically expressed for the age 20 years, we have only to multiply such mortality or such sickness by 2, in

order to obtain the numbers expressing the mortality and sickness respectively as existing at the age 44 years. Similarly the intensity of health at the age 44 years, is obtained by dividing by 2 the number expressing intensity of health enjoyed at the age of 20 years. If, instead of comparing people of different ages in the same class of population, we compare people of the same age in different classes of population, whereof the mortalities differ in the proportion of 1 to 2, we obtain the same results as those just stated: if the mortality is increased 100 per cent., the sickness will be simultaneously increased 100 per cent., and the intensity of health reduced 50 per cent. Sickness and death are unquestionable evils, which increase as the force of life or health decreases. Additions to intensity of life or health are unquestionable benefits, because they have the effect of diminishing unquestionable evils. Independently of these unquestionably beneficial effects, there is ground for assuming that life or health is intrinsically a benefit: whence it would follow, that additions to intensity of life, or robustness of health, must also be benefits. If the intensity of life or health be doubled, there is nothing to oppose the conclusion that the intrinsic benefit, pleasure, or happiness is also doubled.

All three observers have devoted much of their attention to investigations of the mortality of members of Friendly Societies, classed according to occupation, with a view to discover the effect of any particular branch of labour or occupation in prolonging or shortening the duration of life. So far as regards the great majority of branches of labour examined, the comparative results elicited by the three observers are unsatisfactory, since they fail to exhibit any principle of classification applicable to trades in general. In one important respect, however, the three observers are nearly agreed, viz., as to the two classes which occupy the extremes of the scale of vitality. The highest rank is occupied by agricultural labourers; the lowest rank is occupied by those in the occupation of clerks. The highest degree of vitality belongs to the class whose corporeal powers are most exercised; the lowest degree of vitality belongs to the class whose corporeal powers are least exercised. According to the observations of both Mr. Neison and Mr. Ratcliffe, the vitality of clerks is lower than that of painters, potters, and miners; that is to say, an occupation involving no corporeal labour is apparently more detrimental to life than occupations involving corporeal labour in a poisoned atmosphere.

According to the observation of Mr. Finlaison, "heavy" labour in rural districts is attended by increased vitality, whilst in town and city districts heavy labour has no similar advantage over light labour. This opposition of results is open to question on the ground of imperfect classification of the trades taken as the constituents of heavy labour and light labour respectively. A large proportion of the trades carried on in towns and cities has been classed by Mr. Finlaison as heavy labour, although confined to the hands and arms, and involving little exercise of the chief or lower limbs of the body. Such labour cannot, with reason, be considered as the counterpart of the unmistakably "heavy" labour of the agriculturist. It is highly probable that, if the distinction between heavy labour and light labour were as well marked in towns and cities as it is in rural districts, a similar advantage would be shown to exist in all three cases in favour of the vitality of the classes whose labour is "heavy."

The amount of bodily labour undergone, or muscular force exerted, by any particular class of labourers, appears to afford a correct index of the vitality of that class. This principle, which has been shown to be applicable to the opposite extremes (agriculturists and clerks) in the scale of vitality, would probably be found applicable to the intermediate classes, if they could be arranged in well-marked grades of labour undergone. This principle, when applied to the aggregate of trades collected in rural, town, and city districts respectively, will serve to explain why the vitality of rural is greater than that of town populations, and that of town greater than the vitality of city populations. For it cannot be doubted that the average amount of labour undergone by each man is greater in rural than in town, and in town greater than in city, districts. The disparity in the vitalities of the rural, town, and city populations would be greater than that observed if the native residents alone of rural, town, and city districts had been compared; for there is a great interchange of population by migration between rural and town districts, and between rural and city districts, whilst at the same time the balance of gain by migration is always against rural districts, and in favour of town and city districts. This transfusion of the rural element unduly elevates the vitality belonging to the native populations of towns and cities, at the expense of the vitality belonging to natives of rural districts. If such recruiting from rural districts were stopped, the population of a large city, in how-

ever healthy a locality, would, in no long period of time, become unable to maintain its members by propagation.\*

When classes of people engaged in different occupations are compared, there appears to be no reason for doubting that the vitality of each class is proportional to the amount of labour performed by that class. It is only when single individuals of the same or different classes are compared that the principle is found to be inapplicable. The vitality of an average agricultural labourer is greatly superior to that of an average clerk; but there are many clerks who possess a greater degree of vitality than that of an average agricultural labourer. An agricultural labourer commonly exercises his power of labour to its full extent, whilst many a clerk, possessing a great power of labour, does not exercise that power. In the former case, labour undergone and capacity for labour are almost exact measures of one another; but in the latter case the labour of an individual is no index of his capacity for labour. Amongst individuals engaged in the same occupation, it may be said, with great appearance of truth, that the vital force of each is proportional to his capacity for labour. Having arrived at this principle, governing the vitality of the members of any one trade, there appears to be no obstacle to the extension of the principle to individuals of different trades when compared together, and to say generally, that the vitality of any individual is proportional to his capacity for labour. In the majority of occupations (excluding that of agricultural labourers) the capacity for labour is generally in excess of the labour actually performed; but the proportional excess is probably nearly the same in most trades, whilst the excess itself has a continual tendency to diminution. This tendency is a consequence of the general law, that capacity for labour increases with the full exercise of that capacity, but diminishes when that capacity is insufficiently exercised.

The vital force of any human being is closely and almost inseparably connected with the capacity for muscular exertion. The greater the muscular force, the greater the vital force; a conclusion which might be arrived at without the aid of statistical observations of the number living and dying. Nearly all the known elements of animal vitality are included or involved in the capacity for hard labour. The animal organization is tasked to its full extent by hard labour; if any of the principal organs be unsound, hard labour will prove the defect. The capacity for long continued hard labour cannot exist without powerful digestive and respiratory organs, a great strength of muscular fibre, and nearly all other known elements of strong vitality.

The vital force of mankind (and probably of animals in general) is subject to a composite law, consisting of three parts, one of which is immutable, and the other two variable, and capable of being influenced by human agency. The constant annual rate of increase of the vital force throughout the period of "childhood," the constant annual rate of decay of the vital force during the period of "florescence" or reproduction, and the greater constant annual rate of decay of the vital force during the period of "senescence," are in all probability immutable quantities which, like the law of gravitation, form part of the foundations of the universe. The second part of the composite law consists in the extent of the two periods of childhood and florescence respectively. In different masses of population, and in the same mass at different times, the extent of the period of childhood has been known to vary so much as three years, and the extent of the period of florescence so much as ten years. The cause of these variations is yet unknown. If the cause, when discovered, should prove to be under the control of human agency, the extent of these periods may be permanently prolonged, of which the effect would be more than a proportional prolongation of human life. The third and last part of the composite law of vital force, consists in the absolute amount of that force possessed at birth, or at any specified age, by the average individual of a class. This amount in England has been shown to vary so greatly, that there exist classes of population whose mortalities at the same age differ from each other in the high proportion of one to three. These great variations have been shown to have a close connexion with degrees of bodily labour, and are apparently, to a great extent, under the control of human agency. Without any interference of man, the laws of nature operate to promote the increase of the classes possessing the higher

\* Since the above remarks were written, the commissioners of the Census of 1861 have published their Report, exhibiting, for the first time, the birth-places of the English population. It is there shown, that out of every 100 adult persons resident in London and 61 other large towns of England, only 40 were resident in the towns wherein they were born; whilst of the remaining 60, immigrants, 20 were born in other parts of the counties in which they reside, 30 were born in other counties of England, and 10 were born in Ireland and Scotland.

degree of vitality, and to retard the increase of the classes possessing the lower degrees of vitality. It is, however, within the power of man greatly to aid the operations of nature, by offering additional rewards to the higher degrees of labour, and affording additional facilities for the increase of that part of the population which is now ascertained to possess the highest degree of vitality.

October, 1854.

## OBSERVATIONS ON CHOLERA.

By ROBERT MOLLOY, M.D.

AN attentive perusal of the many valuable papers on cholera which have appeared in *THE LANCET*, has forced me to conclude that we, as a professional body, have departed somewhat from the track of legitimate inquiry. In our anxiety to obtain a cure or antidote for this formidable disease, we have overlooked the Baconian rule of progression from the "better to the less known," and have forgotten that the surest way to secure available information is to study the antecedents and accompaniments of this, as well as of every other epidemic. The late outbreak afforded me an opportunity of making a few observations upon some of the phenomena which precede and attend upon cholera; and as no reference that I am aware of has been made to them by previous writers, I hasten to lay them before you as briefly as I may.

*Observation 1.*—During the prevalence of the cholera *no one was absolutely well*. All I came in contact with, with scarcely an exception, were suffering from furred tongue, mal-aise, languor, depression of spirits, pains in the back and limbs, with other symptoms of low fever; indicating the existence of "something" of general influence (predisposing).

*Observation 2.*—Universality of diarrhoea, even in persons usually least disposed to such attacks. When diarrhoea was not absolutely present, there were fugitive pains in the bowels, flatulent rumbling and roaring of intestines, to such an extent that it might be heard frequently several yards off; and the evacuations from the bowels, when examined, were lumpy, containing little or no bile. This condition almost invariably terminated in diarrhoea, and has been well described by "M.D." in *THE LANCET* of Nov. 4th.

*Observation 3.*—Tendency of diarrhoea when it first appeared, about the end of July and commencement of August, to pass into dysentery, with bloody motions, intense and distressing tenesmus, occasionally going on to prolapse of anus, both of which would persist for days after the intestinal secretions had been rendered healthy.

*Observation 4.*—The peculiar mode in which diarrhoea commonly made its appearance; the instantaneous nature of the attack, with the impossibility of resisting or even controlling it by any exertion of will; and the great force with which the secretions were ejected from the bowels.

*Observation 5.*—Singular manifestation of the cholera poison, wholly different from what we have seen before, (at least, I have never seen it.) Many patients in a state of collapse would seem to improve: vomiting, purging, cramps, would all leave, warmth and pulse return, reaction be established, and at the time when a favourable prognosis might fairly be given, and hope at the highest, they would quietly pass away in a painless sleep. Is this due to a compound poison—a narcotico-irritant? Like arsenic, giving rise to extreme irritation of the digestive mucous membrane primarily, and at length causing death by its narcotic action on the nervous centres?

*Observation 6.*—On the subsidence of cholera, typhus and other fevers of a low type resumed their influence; but it has been especially followed by an epidemic affection of the glands of the throat and mouth, external as well as internal, which become suddenly enlarged, and acutely painful, without any disposition to pass into suppuration or ulceration.

As the few remarks which succeed are intended to be speculative and suggestive rather than explanatory, I would venture to draw some deductions from the pre-announced observations, which I shall put interrogatively, in order the better to fix the attention and elicit the opinions of those of your correspondents who have had the greatest experience in the treatment of this virulent disease.

*Conclusion 1.*—That a stage preceding diarrhoea must be admitted? This may be caused by starvation, excess in drink, exhaustion, illness, mental anxiety, anything in short which reduces the constitutional powers below par.

The sequence may be thus stated:—Low fever, or other systemic derangement—diarrhoea—collapse.

*Conclusion 2.*—That the presumable seat of disease is the gastro-intestinal mucous membrane?

*Conclusion 3.*—That cholera is contagious? Using the term as synonymous with infectious. A peculiar poison in cholera is now very generally admitted, and if the preceding observations be correct, causation by predisposition is complete—a poison and a fit recipient.

*Conclusion 4.*—That the purgative or "eliminative" treatment is not the rational treatment may be clearly demonstrated by the following reasons:—That cholera has not unfrequently been caused by the use of aperients—that the excessive discharge does not cure itself—that it is inadmissible, and would be highly injurious in diarrhoea following fevers, the diarrhoea of phthisis, of exhaustion, or of dysentery—and by the nearly unanimous experience of the contrary practice adopted in the diarrhoea which almost invariably precedes cholera. Besides, if the truth of the fifth observation be conceded, it would tend to show that death does not necessarily result from the presumed drain of the serum of the blood, and its consequent thickening, but from the narcotic influence of the cholera poison upon the nervous centres.

November, 1854.

## EARLY OPERATION FOR HARE-LIP.

By ALEXANDER DOUGLAS, Esq., M.R.C.S., Stratford.

THE earliest operation on record for this malformation, I believe, was performed by me on a child now ten weeks old. I attended the mother in her labour, which was a natural but rather protracted one, it being her first. There was no tumefaction of the child's scalp or features, which were strong and healthy. Two hours after birth, finding the child tranquil, I operated in the usual manner, it being a case of single hare-lip, without fissure of the palate; instead of pins I used fine sewing needles, cutting off the points with pliers. There was but trifling hæmorrhage. The third day the child drew the breasts, and on the fourth I removed the needles. The case was very successful, having healed by the first intention.

My reasons for operating thus early were—Nature's law, that infants bear much injury during birth without fatal results, and their capability of fasting for the first three days after birth, milk being seldom secreted until then.

November, 1854.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

*Nulla est alia pro certo nocendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.*—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proæmium.

## GUY'S AND ST. MARY'S HOSPITALS.

### AMPUTATIONS AT THE ANKLE-JOINT.

(Performed by Mr. BIRKETT and Mr. URE.)

*CASE 1.*—This operation is now so frequently performed at the various hospitals of this metropolis, that putting them upon record can have but a statistical interest. It would, however, be very desirable, as to statistics, if the profession could learn, by well-arranged figures, the per centage of cases where the flap alongs, and also the proportion of patients who eventually are enabled to make a satisfactory use of the stump. But this is not this day our object, we wish merely to acquaint our readers with certain modifications in the operation which bears Mr. Syme's name. One of these consists in an attempt to render the plantar flap firmer and more resisting; the other in the sawing of the thin plate of bone on the lower portion of the tibia and fibula, without disarticulating, after the soft parts have been dissected into the proper flaps. The latter modification was lately introduced by Mr. Birkett at Guy's Hospital, the former by Mr. Ure at St. Mary's.

Mr. Birkett's patient is a young man, about twenty years of age, who has been suffering for some time from scrofulous caries of the metatarsus. An operation had been undertaken some



months before the one which we are going to describe, and consisted of the removal of almost the whole metatarsal bone of the great toe. The results of this measure had not been of a satisfactory kind, and the patient, wearied by suffering and debilitated by suppuration, requested amputation. On the 7th of November, Mr. Birkett proceeded to remove the foot in the following manner:—The usual incision was first made across the instep, and the soft parts dissected upwards to a short extent; the knife was then carried across the sole of the foot from one of the extremities of the upper incision to the other, and Mr. Birkett now began a dissection upwards and backwards at the back of the os calcis, until he arrived behind the tibio-tarsal articulation. He thus obtained a large and sufficient posterior flap, and then formed a complete anterior one, in dissecting upwards from the original line of incision until he had reached about half an inch above the upper articular surface of the astragalus. The saw was now applied across the malleoli, and these processes were removed with the thin plate of bone of the lower articular surface of the tibia, which is generally taken off in Syme's amputation at the ankle-joint.

It will be perceived that Mr. Birkett did not disarticulate at all, as is ordinarily done in this operation; and if we may be allowed to express the effect of this modified amputation upon the spectator, we would say that the whole proceeding looked very effective and secure. Of course this modification can hardly have any material influence on the ultimate results of the amputation; but it may perhaps be looked upon as a step towards simplifying the operation. Mr. Birkett, in examining the foot after the operation, drew attention to the work of repair which had been going on at the site where bone had originally been removed; union had taken place by means of firm, fibrous tissue. Some sloughing of the flap has since taken place, but the patient is now doing well, and likely to recover with an useful stump. Let us now turn to the second modification of Syme's amputation at the ankle-joint.

#### ST. MARY'S HOSPITAL.

##### AMPUTATION AT THE ANKLE-JOINT.

(Performed by Mr. URE.)

CASE 2.—Thomas P.—, aged nineteen years and a half, was admitted on 17th March, 1854. He has sandy hair, grey irides, and tumid upper lip. About eight months previously he was attacked with pain and swelling of the right instep. Eight weeks subsequently an abscess formed, and burst in two places, one near the inner side of the dorsum, the other near the ball of the great toe. He was confined to the house, but still followed his employment, that of a grocer's assistant, in spite of the discharge, till about a fortnight before his admission into the hospital, during which period he had attended, without benefit, at a dispensary. The patient was unable to assign any cause for the swelling of the foot, which was nearly double its natural size. There was a sinuous opening about one inch and a half from the angle between the first and second toes; and another near the tarsal end of the fifth metatarsal bone. Through both of these, carious bone could be detected by means of a probe. The man complained of pain at the instep when standing up; he was lethargic, subject to occipital headache, and his mind occasionally wandered during the night; his pulse was quick, tongue furred, and his bowels were costive.

Mr. Ure was led, from the general appearance and symptoms of this patient, to infer tubercular disease of the brain.

Fourth day after admission.—An abscess formed over the metatarsal end of the great toe, which was opened; at the bottom of it diseased bone was discoverable.

As there was no prospect of improvement, Mr. Ure, on the 22nd, amputated the great toe, removing, at the same time, about an inch of the adjoining portion of the metatarsal bone. This latter portion of bone, and the proximal phalanx, were both affected with caries. He likewise gouged out the carious surface of the fifth metatarsal bone.

Tenth day after the operation.—The patient complained of severe headache the preceding evening, which was relieved by the application of two leeches; after which he slept well. The skin was cool; pulse 120; bowels were open. He took with relish his daily allowance of food. The wound seemed healing, and was dressed with dilute solution of chloride of soda.

Towards the middle of April—namely, twenty-five days after the operation—the wounds were nearly cicatrized, but the foot continued swollen, and two sinuous ulcers formed a little below the instep.

A fortnight afterwards the man's appetite began to flag, having previously been good. There was no discharge from

the openings, but the surface appeared inflamed, at times tender and puffy.

As the disease had evidently extended to the tarsus, and his health and strength, about two months after the removal of the great toe, were manifestly giving way, it was determined, on consultation, to amputate the foot at the ankle-joint, which was done as follows, on the 24th of May, by Mr. Ure.

The patient having been rendered insensible by chloroform, an oval incision was made across the instep, from one ankle to the other, and the knife was then carried in a semicircular direction across the sole of the foot, the points of both incisions being made to meet in front, a little below the malleoli. The tibio-tarsal articulation was then opened at the outer side, the internal lateral ligament divided, and the astragalus luxated. As the os calcis was sound, Mr. Ure removed with the saw its anterior portion, thereby leaving a thin plate of the convex posterior surface of the bone in the heel. After sawing off the malleoli, together with a thin disc of the articular surface of the tibia, and securing the tibial arteries, the above-mentioned portion of os calcis was brought into as close apposition as possible with the cut surface of the tibia. This last step was not effected in a satisfactory manner, owing to the retractile agency of the tendo Achillis; and Mr. Ure conceives that advantage would be gained in any similar operation, by a preliminary subcutaneous division of that tendon. The edges of the wound were then placed in contact, and retained by means of sutures, a fold of wet lint laid over the stump, and the patient conveyed to bed. The ends of the metatarsal bones, and the bones of the tarsus, with the exception of the astragalus and os calcis, were extensively carious. The synovial membranes were in a state of pulpy degeneration. Both the diseased synovial membranes and the cancellous texture of the affected bones were infiltrated with tubercular corpuscles. These consisted of irregular ovoid corpuscles, containing from six to eight dark molecules.

First day after amputation at the ankle-joint.—Slept well the first part of the night, after having taken an opiate; pulse 80; tongue dry and rather glazed; no complaint of any kind; he enjoyed his breakfast; there is a slight oozing of sero-sanguinolent fluid from the wound.

Second day.—Slept tolerably well; took his dinner with relish, along with a pint of porter; pulse 120; tongue moist; there was a faint blush of red, extending about six inches up the limb from the stump; the stump itself was looking favourably.

Third day.—Slept well; pulse quick; tongue moist; appetite good; margins of the wound suppurating; dilute solution of chloride of soda as a dressing.

Fifth day.—Pulse 120, more firm than previously; enjoying his daily food; tongue clean; bowels open; edges of the wound somewhat sloughy; the end of the tibia can be felt. Erythematous blush was arrested by pencilling the margin with nitrate of silver.

Sixth day.—Pulse continued quick; wound was granulating at the outer angle; temperature of the under flap natural. Compound tincture of benzoin as a dressing under a linseed poultice.

Eighth day.—Has been several times sick; a good deal of the lower end of the tibia laid bare through partial destruction of the flap by sloughing; discharge copious. Mr. Ure ordered one minim of creosote in three drachms of compound galbanum pill to be taken thrice a day.

Eleventh day.—Edges of the wound looked healthier than before; discharge thick and yellow; tongue red; face flushed; bowels open; skin cool; pulse 108; passed a good night; vomiting was stopped by the creosote and galbanum pills.

Fifteenth day.—Pulse 120; about an inch of the surface of the tibia exposed, from which granulations are sprouting; discharge healthy, and diminished in quantity; painful sensation in the stomach after taking food. Mr. Ure ordered three grains of extract of conium and two of dried soda to be taken three times a day.

Sixteenth day.—Countenance improved; tongue clean; slept well; no return of vomiting or pain in the stomach; bowels rather costive; stump looked well; discharge still further diminished; granulations healthy.

Twenty-sixth day.—Stump has made favourable progress; discharge copious; pulse 120; countenance pale; expressed himself as on the whole improved in health; appetite was good; slept well; has latterly had six ounces of wine in the day, two ounces of brandy, together with a liberal allowance of food. He was now ordered five grains of citrate of iron and quinine in a pill, to be taken thrice a day; dilute solution of chloride of soda as a dressing.

Twenty-ninth day.—Much better in bodily health.

Thirty-second day.—Slight erythematous blush appeared at the lower part of the limb, for which a solution of acetate of lead with opium was ordered; the pulse, though quick, was amended in strength; appetite good; nights good; bowels regular; complained of headache. The pills of iron and quinine were discontinued.

Thirty-eighth day.—Granulations were healthy. He seemed improved in constitution, but the face was flushed, and the pulse quick. Soon after this, an abscess formed at the outer side of the stump, which was opened. On introducing a probe through the opening, it came in contact with a denuded portion of the plate of the os calcis. The wound was nearly cicatrized. Without any obvious cause, he had three fits of an epileptic character at intervals of a few days. The last occurred on the forty-first day after the operation, soon after he had eaten his dinner, and proved fatal within five minutes.

It was ascertained, on cadaveric inspection, that the edge of the lower and posterior part of the tibia was rough, that there were firm bands of adhesion between the tibia and os calcis externally, the base of the plate of the os calcis being situate behind and to the right side of the tibia. About one-half of the cut surface of the remnant of the os calcis was in a state of necrosis.

On removing the calvaria, the membranes and whole surface of the brain were dry, and the surface-vessels rather empty. About five ounces of fluid were found in the ventricles. The lower part of the right side of the cerebellum was in a soft, pulsatous state, containing tubercle in various degrees of softening, and which, in fact, infiltrated the cerebral mass. The thoracic viscera appeared natural. In the abdomen, traces of bygone tubercular peritonitis were discernible, and a highly congested condition of the left kidney.

CASE 3.—Wm. D—, a labourer, aged twenty-eight years, was admitted March 17th, 1854, with an enlargement of the left ankle-joint, which commenced about five weeks previously, and has increased in a very gradual manner. It has been the seat of occasional, but not of severe pain. The only treatment employed has been poulticing.

It was ascertained, on examination, that there was considerable effusion into the cavity of the ankle-joint, which was nearly double the size of the other, and that pain was produced by pressing the articular surface of the astragalus against that of the tibia. One of the sub-maxillary glands on the right side was enlarged to the size of a marble, adjoining which was an abscess that discharged a little. The glandular swelling began about a year anterior, after a cold. Mr. Ure ordered three grains of iodide of potassium, and ten of bicarbonate of potash, in infusion of quassia, to be taken thrice a day, and a blister over the tumour.

Seventh day.—Ankle much the same. Blister rose well, and is now healed. Repeat the blister.

Tenth day.—Ankle much the same in size. To be pencilled over every other day with tincture of iodine, and a roller applied.

The ankle continued to get worse up to the third month after admission, when considerable swelling over the outer ankle occurred, in which the fluctuation of fluid was perceptible, the superincumbent skin presenting a faint, red blush. An exploratory puncture having been made and pus detected, a crucial incision was made with a bistoury through the external wall of the abscess, just below the outer ankle, which gave egress to a quantity of blood and flaky matter.

A succession of abscesses now formed, up to the thirteenth week, and as the patient's health was rapidly declining, and as there was extensive disorganization of the structures composing the ankle-joint, amputation was performed on the 25th of June, thirteen weeks after admission, the patient having been previously rendered insensible by chloroform.

As there was an ulcerated opening on each side, communicating with the ankle-joint, Mr. Ure planned his incisions accordingly. Commencing behind the outer ankle, he carried the knife from below towards the external border of the foot, then passing it under the sole, prolonged the incision to the internal border, terminating about three quarters of an inch before the inner ankle. He next connected these two points by a somewhat transverse incision upon the back of the foot. His object was to preserve the artery in the flap. The operation was concluded by dividing and detaching the soft parts, so as to procure the removal of the foot, and, by applying the saw, to separate the malleoli and a thin plate of the articular surface of the tibia.

Three vessels were secured by ligature. Little blood was lost during the operation. By the above mode of procedure plenty of integument was saved, so that there was no lack of

flap. The edges of the wound were brought together and retained with sutures, and covered with a pledget of moistened lint.

On examining the affected structures, there were found pulpy degeneration of the synovial membrane, extensive erosion of the cartilages, and caries, with softening of the contiguous surfaces of the astragalus and tibia. The microscope revealed, in the juice of the morbid synovial membrane, degenerate cells, varying in size from that of a pus corpuscle to treble that magnitude, and containing granules, besides small oval, and some caudate, cells.

Hospital gangrene was at this time prevalent in the wards, and this patient did not escape the infection. On the fourth day after the operation, the anterior portion of the flap began to slough. The destructive process extended so as to expose the end of the tibia. By the employment of charcoal poultices, together with a generous diet and a liberal allowance of wine and brandy, the sloughs were all detached on the twelfth day from the operation. A dilute solution of chloride of soda was then substituted for the charcoal poultice. His pulse was 120, rather weak; the tongue was clean, and he was taking his food well.

Fourteenth day after the operation.—Wound clean, and granulating in a healthy manner; pulse 108; countenance good; tongue clean; appetite good; sleeps well.

Thirty-fourth day.—Granulations on the surface of the wound rather flabby; general health good. Sore to be dressed with a dilute solution of sulphate of zinc.

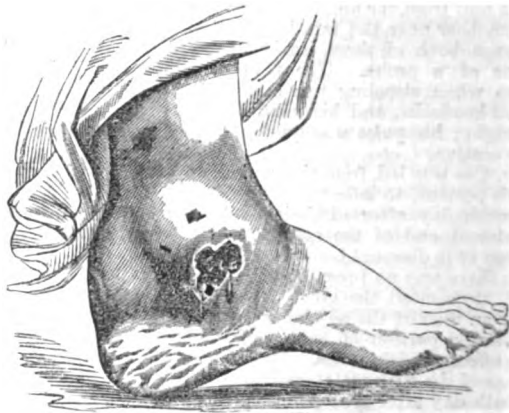
From the above date all went on favourably, and by the latter part of September, three months after the operation, the granulating surface was completely cicatrized. The result has been an excellent stump.

Being on the subject of scrofulous affections of the bones of the foot, and having given examples of the obstinacy with which the disease often resists the best-directed therapeutical efforts, we may as well throw a little light on the dark picture, and close our account by quoting a case in which Mr. Coulson succeeded in arresting the progress of caries by complete gouging of the affected portion of bone.

Bridgett S—, aged eleven years, was admitted into St. Mary's Hospital, March 31st, 1854.

About two years previously, in consequence of exposing the naked feet to cold and damp, she became affected with pain and swelling in the right foot, which ended in the formation of matter. This passed off; but about four months before her admission, a small blister was perceived a little above the outer ankle, which ran on to inflammation, and ended in the formation of matter. Three weeks before the child came to this hospital, inflammation about the external malleolus set in, and an abscess formed, which was opened.

There is at present a swelling over the outer malleolus, fungoid granulations beneath, and three unhealthy openings communicating with each other:—



Has been accustomed to poor fare, and the pain in the part is increased on exposure to cold. She has been taking cod-liver oil for the last three weeks, but with no very marked benefit.

Mr. Coulson ordered castor oil, a poultice to the part, and one ounce of cod-liver oil three times a day.

Fifth day.—On probing, dead bone was detected, most likely about the astragalus; and on the thirteenth day, portions of dead bone were taken away from the outer side of the os calcis. A cavity was now discovered between the calcaneum

and astragalus, from which some portions of bone were likewise removed.

Fifteenth day after the operation.—Has much better colour; wound looks well; some motion in the joint. Ordered to be dressed with iodide of mercury, and to be well bandaged.

Sixth week.—Has been rapidly improving; moves the ankle freely, and without pain; wound is covered with healthy granulations.

Third month.—Discharged to-day for the purpose of getting her down to the Margate Infirmary. Walks perfectly well; the wound on the foot entirely healed, with the exception of a small superficial ulcer.

### Medical Societies.

#### MEDICAL SOCIETY OF LONDON.

MR. HEADLAND, PRESIDENT.

SATURDAY, NOVEMBER 25TH, 1854.

MR. I. B. BROWN briefly referred to a case of

#### INVERSION OF THE UTERUS,

which occurred in the practice of a friend in the country. The patient had remained eight hours before she was seen by the medical attendant, during all which time a six months' fetus, with the uterus inverted, and the placenta attached, had lain between the thighs of the woman, who was found in a state of collapse. The placenta having been detached, the uterus was replaced, and the woman got well without a bad symptom.

Several fellows having expressed a wish that further particulars respecting this unusual case should be obtained, Mr. Brown promised to procure them and lay them before the Society.

#### INJECTION OF OVARIAN CYSTS WITH IODINE.

Dr. TYLER SMITH referred to the remarks recently made by Professor Simpson, at the Medico-Chirurgical Society of Edinburgh, on the successful injection of single ovarian cysts with the tincture of iodine, after tapping. Dr. Simpson had now performed the operation many times, and in one case, at the end of a year and a half, there had been no return of the disease. Dr. T. Smith described a case of ovarian dropsy, under his care, in which he had, on the previous Tuesday, with the assistance of Mr. Nunn, drawn off the fluid, and injected four ounces of the tincture of iodine into the cyst. As regards any danger from the operation, the patient had done remarkably well, quite as well as if only ordinary tapping had been performed. The pulse had not at any time exceeded 100. The smell of iodine had been very powerful in the secretions. Both the urine and saliva had darkened silver very readily, showing that iodine had been absorbed, and probably from the peritoneal surface, as it was difficult to understand that the cyst could absorb, or that its injection could be effected without the entrance of some portion of the tincture of iodine into the peritoneal cavity. The injection of the cyst certainly offered another method of dealing with this formidable affection.

Mr. I. B. BROWN remarked that the plan mentioned had been resorted to in Paris in several cases; in only one instance he believed had inflammation, followed by suppuration, supervened, proving fatal to the patient, showing the little liability of the living cyst to be affected by dangerous inflammatory action. Cases so operated upon should be of the simple kind, such as were generally amenable to treatment by tapping, pressure, &c.

Mr. HANCOCK had known of one case, in which a French surgeon had resorted to the operation in question, the pain resulting from which was so agonizing, that for fourteen hours the patient had to be held by four men; but the patient was ultimately cured of the disease.

Dr. TYLER SMITH had not been aware of this operation having been resorted to by the French, but he knew that they had injected iodine in cases of ascites.

The PRESIDENT referred to a case in which Lugol's tincture of iodine had been injected into an ovarian cyst with a successful result.

Mr. DENDY read a paper "On Counteraction," which will be published in THE LANCET.

A somewhat desultory discussion followed, in which many points in the paper were referred to. One of these had reference to the influence of pregnancy in arresting phthisis.

Mr. HIRD thought that facts were against such an arrestment. His own observation had led him to the opinion that

pregnancy tended to hasten the progress of phthisis. Dr. M'Cintock had arrived at the same conclusion from a very large experience. Such was also the opinion of Dr. Chambers. Mr. HIRD mentioned two cases of phthisis, which terminated fatally during the period of pregnancy.

Mr. ALDER FISHER believed that one source of fallacy on the subject under discussion arose from cases of what had been called "hysterical phthisis" having been mistaken for the true disease. In the former cases matrimony would do good; in true phthisis, pregnancy, he believed, hastened the fatal result.

Mr. I. B. BROWN believed that pregnancy arrested phthisis in the early stage of disease, in the later stages it accelerated it. He referred to the effects of pregnancy and lactation in arresting attacks of asthma, several of which cases had come under his notice.

Mr. ROSS thought pregnancy arrested phthisis in the early, though not so in the more advanced, stages of the disease.

Dr. SEMPLE observed that pregnancy retarded the progress of phthisis, the life of the mother appearing to be prolonged until the ovum reached maturity. After delivery the disease progressed more rapidly.

Dr. RICHARDSON remarked that many cases of bronchorrhea, and other diseases which had been arrested by pregnancy, were regarded at the time as cases of phthisis, hence a source of fallacy. In its early stages, however, phthisis was probably retarded by pregnancy, which, by diverting the blood to another part of the body, relieved the congestion of the lungs, in the same way as digitalis or bleeding might relieve the disease.

Dr. EDWARD SMITH remarked that when phthisical persons died rapidly after delivery, the fatal result might have been due to concomitant circumstances, such as the loss of blood consequent upon delivery, and not to the fact of the disease having been arrested by the pregnancy.

The PRESIDENT, out of a pretty large experience, only recollected the case of one phthisical woman dying during pregnancy.

Some other points were hinted in the discussion, which were not available for report.

#### WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

DR. SEATON, Vice-President, in the Chair.

FRIDAY, NOVEMBER 17TH, 1854.

Dr. PETTIGREW having glanced at the difficulties in the way of successful classification of tumours, proceeded to speak of diagnosis, and dwelt strongly upon its importance, and related some sad and melancholy results of false diagnosis. The difficulty of diagnosing abdominal tumours was dwelt upon at some length. How frequently were impacted faeces mistaken for diseases of the liver, pancreas, mesentery, or ovary, by some of our best practitioners; large doses of calomel alone being sufficient for the removal of this state. Easy as the diagnosis of the uterus being gravid might appear to the inexperienced, yet how often the really experienced practitioner has been deceived. A puzzling case of tumour in the lumbar region was mentioned by the author, which after death proved to be Bright's disease, occurring in a horse-shoe kidney, producing during life contraction of the lower limbs upon the abdomen, from pressure upon the nerves supplying them. He passed rapidly on to speak of the causes of tumours, and stated that they depended upon extra vascular supply, from irritation, local or distant, and congenital. Thus, in cases of polypoid tumour, probably resulting from irritation of mucous membrane, the author seldom resorted to operation, which did not eradicate the disease; but he as seldom failed to effect this object by the use of an ointment, composed of equal parts of sulphate of zinc and lard, applied twice daily. Troublesome polypi of the nose were by this means speedily removed. Three cases were related as arising from blows, and occurring on divers parts of the body, which, upon due exploration, were found to contain echinococci. Irritation producing near or distant tumours was dwelt upon, and the author related several cases in illustration: one in which some glands in the spermatic cord had enlarged, and had been subjected to treatment for several years, but without avail. These tumours were the result of distant irritation; for the urine, upon examination, was found to be loaded with crystals of oxalate of lime. The mineral acids, and abstinence from saccharine matters, restored the patient to his usual health, and the tumours eventually disappeared. An instance of tumour from immediate local irritation was pre-

sented in the case of a young lady, who having cut three of her wisdom teeth, all in irregular places, was waiting the appearance of the fourth, when an osseous tumour developed itself, involving the whole of the angle of the jaw as high as the condyle. It was deemed advisable that this tumour should be removed. No tooth was found in it, but a pulpy substance existed in the centre, and gave rise to the supposition that it was either the degenerated pulp of the tooth, or a malignant disease. The patient speedily recovered the operation, and three months ago the wisdom tooth appeared opposite the second bicuspid on the inner side of the jaw. Operations and observations upon congenital tumours were referred to, and an interesting and original method of operating upon a nœvus of the tongue was demonstrated; and the removal of small nœvi by the pressure exerted by the peculiar stringent property of collodion was mentioned. The author then related three cases of removal of cerebral tumours, arising from arrest of development: one in the parietal region, where there was deficiency of bone and protrusion of brain, nine years ago. The child is still living, and perfectly cured. The second arose from deficiency of occipital bone, and consisted merely of fluid and membranes. The operation was successful, and the child died fifteen months afterwards of scarlatina. The third, also in the occipital region, which was removed, the sac containing the whole of the cerebellum. The child lived seventeen days, not a symptom of disease occurring. The wound healed; the child could cry, feed, had power over all its movements, but suddenly, on the seventeenth night after the operation, died in a convulsive fit. Our limited space does not permit us to dwell further upon this paper, but many more interesting cases were related; and, in conclusion, the author offered some observations upon the local, constitutional, and operative treatment of tumours, and also upon the question whether it is expedient to operate upon malignant tumours or not, himself evidently leaning to the operative side.

The meeting adjourned to Friday, the 1st of December, when Dr. Baines was announced to read a paper "On Diuretics and their Uses."

## Reviews and Notices of Books.

*A Practical Compendium of the Recent Statutes, Cases, and Decisions affecting the office of Coroner; comprising the New Enactments relating to the Poor, Police, Registration, General Board of Health, Removal of Nuisances, Prevention of Disease, Scurvy, &c.; also the Laws and Decisions in relation to Burial Clubs, Riotous Assemblies, Steam-boat Navigation, Railroad Travelling, Collisions, &c.; the Explosions of Steam-boilers, Mines, and Gas; and Cases of Poisoning. With Precedents of Inquisitions and Practical Forms.* By WILLIAM BAKER, Esq., one of the Coroners for Middlesex. London: Butterworths; Dublin: Hodges and Smith. 12mo, pp. 702.

*The Parish; its Obligations and Powers, its Officers and their Duties: with Illustrations of the Practical Working of this Institution in all Secular Affairs.* By TOULMIN SMITH, Esq., of Lincoln's-inn, Barrister-at-Law. London: Sweet, 1854. 12mo, pp. 611.

THE works of Sir John Jervis, of Sewell, Umfreville, &c., have been for many years the text-books of coroners in what relates to the duties of their office. That of Mr. Baker, one of the present coroners for Middlesex, is, as he tells us in his preface, to be regarded "in many respects as a supplement" to those digests of the laws regulating the functions of the coroner's court. But we may award to Mr. Baker's work a higher merit than this, inasmuch as of itself it will serve as a text-book for medical practitioners and others to whom a knowledge of the rules governing the proceedings of coroners may be requisite. It points out particularly that in which the elder works are unavoidably deficient—viz., the new duties incumbent upon coroners, and upon medical practitioners as well, which have arisen out of recent Acts of Parliament, chiefly as having reference to sanitary measures, and other means for promoting and securing the public health, and safety of life and limb.

It would naturally be expected,—from the nature of the localities in which a large proportion of Mr. Baker's judicial functions are exercised, consisting of the densely-populated

quarters and suburbs on the eastern side of the metropolis, which not only abound with the sources of disease, but are inhabited in a great part by a fluctuating population, subject to privation and exposure, and frequently of very irregular habits,—that the attention of the coroner should have been forcibly directed to the means of carrying out the intentions and purposes of the General Board of Health. It is obvious to every person acquainted with those localities—Wapping, Shadwell, Stepney, Spitalfields, Limehouse, &c.—that Mr. Baker, in the course of his laborious career, must have acquired a large amount of experience in all kinds of cases which become subjects for inquiry on the part of a coroner. He correctly and very graphically remarks:—

"The experience of twenty years in one of the most busy portions of the metropolitan district, containing a dense and, for the most part, a poor population, abounding in works of very considerable extent and magnitude, comprising almost every species of manufacture, a frontage to the river Thames for a distance of six miles, the whole of the collier pool, and near all the great docks for shipping, has enabled the author to collate, from time to time, some valuable information on the duties of coroner, whilst the practical execution of his office has brought under his notice almost every species of death arising from felonious, accidental, and other causes."—*Preface*, p. iv.

No rational doubt can exist that Mr. Baker, during so lengthened a tenure of office in a district not surpassed, if equalled, in the United Kingdom, for containing within itself the sources of death from disease, violence, crime, and negligence, has become eminently fitted to write a work having for its object to convey information on the sphere, powers, and duties of the coroner's office, and the advantages rendered to the community by that ancient institution, which has descended to us from the times of the Heptarchy.

Accordingly, we have presented, in the treatise before us, a very complete summary of the matters engaging the attention of coroners and medical jurists, alphabetically arranged, and of which the following are some of the principal heads:—Assault; Burial Clubs; Destitution; Drunkenness; Drowning; Fires and Gas Explosions; Homœopathy; Hydropathy; Infanticide; Insanity; Murder; Manslaughter; Poisons; Railroad Accidents, &c. &c.; and at the end of this portion of the work is a copious Appendix, consisting of the Acts of Parliament relating to Coroners, Medical Witnesses, Steam Navigation, Coal Mines, Poor-Law Relief, Contagious Diseases, and numerous other matters; and a very large portion of print appropriated to the consideration of measures calculated to assist the sanitary endeavours of the General Board of Health. It will be seen, therefore, that a great share of the work is devoted to medical topics. The classification of the subjects might indeed, in a future edition, which we hope soon to see, admit of some alteration. The work of Mr. Baker will be found to contain, together with the standard works on medical jurisprudence, all that is necessary for the guidance of the members of our profession as to the duties they are called upon to fulfil in reference to evidence given by them in the Coroner's Court. The work contains a vast fund of useful information on the subjects of which it treats.

Mr. Toulmin Smith has highly distinguished himself as an uncompromising champion of ancient Anglo-Saxon institutions, amongst which the Coroner's Court holds a prominent place. His work, entitled "The Parish," is a remarkable protest against a centralizing spirit, which is one of the characteristics of modern legislation; and he inveighs with great earnestness and boldness against what he considers to be unconstitutional innovations on the old local customs and time-honoured laws of the country. His book displays considerable erudition, and is admirably written in an energetic, "sharp, short, and decisive" style. With the whole of the sentiments entertained, and the conclusions drawn by him, we certainly cannot agree; but in a great many particulars we consider his reasoning and the domestic policy he advocates sound and trustworthy. We quote here the major portion of Mr. Toulmin Smith's

remarks on the Coroner's Court, which will afford a very good specimen of the contents of his book:—

"One form of the courts and habitual inquiries that have been alluded to, does indeed still exist in active vigour; though not without many attempts having been lately made at its emasculation. The coroner's court remains in daily use; and there is no institution in England of more essential importance and value.

"The coroner himself is an elected magistrate. He holds the next rank in the county to the sheriff; and is, indeed, in many cases, substituted for the latter. It is greatly to be regretted that the true character and dignity of this office are not better understood. The coroners are the principal conservators or justices of the peace within the county; and so ought to take precedence of all other justices, all of whom are of far more modern origin."—p. 333.

"The coroners ought, by law, to hold their inquests more frequently than they do, and in a wider range of matters.\* But, though their office is a far more ancient one, and of far higher dignity, than that of ordinary justices of the peace, modern legislation has done all it can to destroy the value of the institution, by making the payment of the coroner's fees subject to the supervision of the latter justices.† A greater absurdity cannot well be conceived: a thing more diametrically opposed to the very spirit of the institution it were impossible to devise. The great object of the common law, in this institution, is, that no man shall die otherwise than by the clearly ordinary course of natural disease, without searching inquiry as to the causes:—and this, whether or not there be any actual suspicion of foul play. Every case of sudden death, or of death by force of any kind, ought, without exception, to be inquired into. Besides this, all cases of death under special circumstances—such as of persons in prison; or in hospitals—ought to be inquired into. The common law of England sets so much value on human life that it requires this. It is needless to point out how the true principle of watch and ward is thus carried practically out, and the public protection served. In addition to these instances, every case of suspicion or doubt should be inquired into. The result that may happen to be found in any case is no test of the propriety of inquiry;—as the marvellous wisdom of justices would often endeavour to represent. If the result could be known beforehand, no inquiry, on any subject, need ever be held. It ought to be satisfactory to find that there has been no foul play. It is a most unwholesome state of mind and reasoning which seeks to make out that, in every case, there must be a foregone conclusion of foul play; and which only considers inquiry satisfactory when such is the result. This is the very opposite of the spirit and principle of the institution itself. It is, in fact, only offering a premium to the bad, when the searchingness and inevitableness of inquiry are checked, by the practical threat that the payment of fees will be disputed, unless the verdict in every case tallies with a foregone conclusion.

"Many other unlawful and most mischievous attempts have been of late years made, and are being continually made, to tamper with the institution of the coroner's inquest. Every such tampering is a premium upon crime; a publication of the determination,—however disguised, and even not consciously intended by the promoters of it,—to shelter and so foster crime. There is no one of our existing criminal courts so valuable as is that of the coroner's inquest; serving so many public interests; so great and daily a protection alike against private crime and malice, and against the carelessness (not to say recklessness) of public companies, and the risks arising from competitive enterprise."—334-6.

"It must always be remembered that the coroner's court is not a court for prosecution. It is a court simply of inquiry how the person dead (or wounded) came by his death (or wounds). It is to find out whether there has been any wrongdoing or foul play—not to try a charge of wrongdoing, and put an accused on his defence. It is this speciality and impartiality that constitute its characteristics and its value. He is an enemy to the institutions of his country, and the safety of the citizens, who, either by fettering the action of this court, or otherwise

tampering with its due and ordinary course, would impart to it a different tone, or destroy these its principles and characteristics."—p. 337-8.

## INTERMENT OF THE BODIES OF CHOLERA PATIENTS.

To the Editor of THE LANCET.

SIR,—I beg to lay before you the following copy of a correspondence with the General Board of Health on the interment of the corpses of cholera patients, and request its insertion in THE LANCET.—I am, Sir, your obedient servant,  
Dewsbury, Nov. 1864. JOHN N. RADCLIFFE.

To the General Board of Health.

GENTLEMEN,—I request most respectfully an expression of your opinion on the following custom, practised by some of the clergy of the established church and ministers of other denominations, in the interment of those who have died from cholera. During the epidemic of 1848-49 the corpses of those who died from cholera were in many places refused admission to the churches and chapels used for public worship, and to which were attached burial-grounds, and were immediately conveyed to the grave. Often also they were interred in a plot of ground set apart for those dying of the disease, none being allowed to be interred in family graves. This course has been adopted by the clergy and other ministers of this town since the present outbreak of cholera in it, and the effect is that of confirming the great fear which all classes entertain of the virulently contagious character of the disease—an opinion upon which the measure itself seems to have been founded. The same result was witnessed in the epidemic of 1848-9; and it is evident that so long as this opinion of the disease is entertained, so long it will be difficult to obtain proper attention to the sick. Several painful instances of desertion and neglect from this cause have already come under my notice in this town, and I could refer to many examples which occurred in Leeds during the prevalence of the epidemic in that town in 1849.

As the late General Board of Health and other authorities have taught that the cholera is not virulently contagious, and, indeed, generally speaking that it is not so at all, and as the directions issued for the early burial of the dead do not repose upon the doctrine of contagion, but upon the evil effects which may arise hygienically in crowded houses from the presence of a corpse; and as the rendering of the same duties to the dead from cholera as to the dead from scarlet or typhus fever or small-pox would, I believe, materially appease the great alarm felt by all classes during the prevalence of the disease, and facilitate the adoption of measures for its prevention or cure, I most respectfully request an expression of your opinion upon the point.—I am, Gentlemen, your most obedient servant,  
Dewsbury, Nov. 1864. JOHN N. RADCLIFFE.

The General Board of Health, Whitehall, Nov. 16th, 1864.

SIR,—In reply to your letter of the 14th inst., in which you request to have the opinion of the General Board of Health as to the expediency or necessity of excluding the corpses of cholera patients from churches and chapels during the performance of the burial service, and also of interring such corpses in plots of ground set apart for the purpose, I am directed to state that the Board, while they strongly recommend the speedy removal from dwellings and the early interment of corpses during the prevalence of epidemic, (whatever may have been the cause of death,) do not consider that such precautionary measures as your letter refers to are at all necessary for the protection of the public health.

I am, Sir, your obedient servant,  
J. N. Radcliffe, Esq., Dewsbury. T. TAYLOR, Secretary.

\* "In 1854 occurred a case of unconstitutional interference with the coroner's court, which, however good the motives that prompted it, deserves the strongest reprobation, and is of most dangerous precedent. Upon *ex parte* representations made to him, the Secretary of State for the Home Department took upon himself to order the Coroner for Middlesex to hold an inquest on a child (Alfred Richardson). The Home Secretary has no sort of lawful authority or power to interfere in the slightest manner with the Coroner's jurisdiction. If the Coroner fails to hold inquest upon notice, he is both severely punishable, and can be compelled by *mandamus* to hold it. Nothing can be more reprehensible or alarming than such entirely illegal, and, in fact, purely arbitrary and despotic tamperings with our institutions, under cover of whatever pretences of humanity. There was a lawful, extremely simple, and regular course to have taken, in order to ensure the holding of this (or any other) inquest. The taking, instead, an illegal and irregular one, is strong proof that the case was not a fair one. The whole course pursued on that inquest was, indeed, so grossly irregular, and so highly unconstitutional, that such an inference is strengthened. Counsel was allowed to prosecute and to defend! and even to assume to appear as 'assessor' for the Crown!! Nothing more monstrous was ever heard of."

\* "Where any be slain, or suddenly dead, or wounded, or where houses are broken, or where treasure is said to be found," are the express words of the 4 Edw. I.

† "7 Will. IV. and 1 Vict. cap. 68. There are other attempts continually going on, on the part of justices—that is, of some few of the body who are unable to appreciate the institutions of their country—to undermine the office of coroner altogether;—by illegally detaining accused persons from attending the inquests, and by various other means as contrary to law and right as they are to the common interests of the public and of justice.

‡ "An illustration of the importance of this was afforded in the year 1863; when, solely owing to an inquest held on a death within the prison, certain tyrannical and illegal proceedings of the prison authorities of Birmingham were exposed, and so put an end to.



## UNIVERSITY OF EDINBURGH.

## Clinical Lectures in Surgery,

DELIVERED IN

THE ROYAL INFIRMARY.

BY JAMES SYME, F.R.S.,

Professor of Clinical Surgery.

THE subject of Clinical Instruction in Medicine and Surgery has recently engaged much of the attention of the profession, and the complaints are universal, that Clinical Lectures are very much neglected in many of the national hospitals of this metropolis. It is quite certain that wherever this mode of instruction is carried out in the largest and broadest sense, students obtain advantages infinitely greater than can be derived in places where no such system prevails. In this matter the press have a duty to perform, and we have no right to complain of the neglect of others, unless we at the same time contribute, by every means at our disposal, to aid the efforts of those teachers who devote themselves most energetically to Clinical Instruction.

It has long been proverbial in the profession, that Edinburgh holds the most distinguished place in British Medicine with respect to the admirable clinique carried on in that renowned Medical and Surgical School. The Clinical Lectures of Professor SYME, especially, have acquired a celebrity equal to the practical lectures which Sir A. COOPER formerly delivered in St. Thomas's Hospital. Placing, as we do, the highest value on instruction of this description, and anxious to give an impulse to the cause of Clinical Teaching, our attention has been naturally directed to the Surgical Chair of Edinburgh, in consequence of the great reputation which Mr. SYME has acquired, both as a practical surgeon and clinical instructor. We resolved, therefore, to apply for permission to publish reports of his Lectures in Clinical Surgery. Our application was accompanied by an expression of regret at the reception which some of the contributions of Mr. SYME to the improvements of Surgery have met with from some of the journals of this metropolis. We felt assured that any differences

which had existed between Mr. SYME and ourselves, would not prevent that gentleman from seeing the question in its true light, and that his desire to aid the cause which he so zealously supports would be paramount to every other consideration. We were not disappointed: Mr. SYME, in a spirit of perfect candour and liberality, unhesitatingly complied with our request. The profession will learn, we are sure, with feelings of satisfaction, that correct reports of the lectures given by Mr. SYME to the class of Clinical Surgery in Edinburgh, will appear in the pages of the ensuing volumes of THE LANCET, and that the first of the series will be published in No. I. of THE LANCET for 1855, on

SATURDAY, THE 6TH OF JANUARY NEXT.

The readiness displayed by Mr. SYME in acceding to our request, furnishes indisputable proof that his own opinion of his knowledge of Surgery is such that he has nothing to fear from the just criticism of the civilized medical world. Occasionally there has been some sharp fighting between Mr. SYME and portions of the English medical press, and it must be admitted, that on many occasions the opinions expressed by Mr. SYME have not been discussed by his opponents with that dignified spirit of forbearance and toleration which ought to form one of the highest ornaments of our profession. On this subject, however, whatever ground of complaint may have hitherto existed, will, we trust, have no substantial basis in the case of Mr. SYME, after his real acquirements and capabilities as a practical surgeon, and an original thinker, shall have become fully known to the profession of this and of all other countries.

The subjects of the Lectures will be illustrated, when necessary, by carefully-executed engravings.

## THE LANCET.

LONDON: SATURDAY, DECEMBER 2, 1854.

THE magistrates of Norwich and of the county of Norfolk have lately evinced considerable zeal in questioning the management of one of the best-conducted private asylums in the kingdom. They have been, at the same time, strangely oblivious of the fact that they themselves are the responsible

managers of certain public asylums which have for a long time past been pointed at by official and public censure as deserving unqualified reprobation. The Justices in whom is vested the sacred duty of providing humane treatment and efficient medical care for the pauper lunatics of the city and county, might, with some advantage to the public interest and their own credit, look to Heigham for many lessons in improvement that are sadly needed at the Infirmary Bethel, and at Thorpe. The magistrates who have so long neglected an imperative duty require to be reminded that it is the public asylums which ought to lead the way in the rapid progress of improvement; that it is their duty so to watch over the asylums they

conduct that they shall exhibit the fruit of all the improvements that modern science and experience have approved, and stand out as establishments which the world may acknowledge to be worthy to replace the private asylums. It cannot be unknown to them that there is a growing feeling in the minds of those who are competent judges and influential actors in matters relating to lunacy legislation, that the care and treatment of *all* those whose personal liberty is restrained on account of insanity should cease to be objects of private commercial interest. This great reform can only be brought about by the gradual extension and improvement of public asylums, so that these shall in time, both in capacity and superiority of resources, render private establishments unnecessary. Magistrates who, having ample authority and means at their command, suffer their asylums to fall so far behind the requirements of the age as to exhibit an unfavourable contrast to the private asylums, are justly chargeable with a most disgraceful neglect of their public duties, by indefinitely postponing, or rendering impossible, a revolution that is urgently called for, alike by the voice of humanity and the principles of sound government.

The magistrates have not wanted warnings to remind them of their duty. We may, in the first place, observe that it is plainly incumbent upon those gentlemen who undertake the office of Visiting Justices to qualify themselves for the efficient discharge of their functions by diligent inquiry, by means of study and personal observation, of all that relates to the proper construction and regulation of Lunatic Asylums. We are entitled to presume that the magistrates whom we are now addressing have done this. But having assumed so much, we find ourselves in this position: we have assumed what it would be injurious to the magistrates not to assume—namely, that they have conscientiously possessed themselves of all the knowledge and experience necessary to enable them to act efficiently; we then find that they have *not* acted efficiently; we find the asylums under their care shamefully defective in all that is essential to the care and protection of the insane. What is the alternative? Knowing their duty, the magistrates have not performed it. But they have not been abandoned to the feeble stimulus of their own sense of duty. They have not wanted repeated admonitions from others. Out of the many intelligent men who have made the care and treatment of the insane the subject of their study, and who, bringing the light of great experience, have visited the Norfolk and Norwich Asylums, not one has been able to speak in terms of praise of those benighted institutions. On the 23rd of April of last year we ourselves called the attention of the Norfolk magistrates to the deplorable condition of their asylum. Whilst we gave them credit for having been amongst the first to erect a County Asylum in 1814, we took occasion to remind them that they were not by that circumstance exempted from the duty of carrying improvement further. Their buildings are still defective; their internal arrangements of the most obsolete and barbarous kind; their administration, the administration of half a century ago; their superintendent is still a promoted workhouse steward, looking forward to the governorship of a gaol as the natural pinnacle of his career; their medical officer is still a subordinate officer, under the control of the promoted BUMBLE; and, as a natural consequence, their asylum still continues to exhibit the most defective arrangements for the cure and treatment of the insane, and to be the scene of deeds of violence that rouse the indignation of the country. The last event that has added to the unhappy notoriety of this asylum

we have purposely delayed commenting upon, indulging the hope that the magistrates could not fail to be roused by it to institute a rigorous public inquiry, and to evince a resolution to carry out such reforms as would render the recurrence of similar enormities impossible. That hope, we are informed, is vain.

A patient named WILLIAM SIZER was found one morning unable to rise from his bed. The fact was reported to the surgeon? No! to the superintendent, who “directs” the surgeon to examine him. It was found that the poor lunatic’s “ribs were badly broken.” Inflammation of the chest set in, and he died shortly after. It was then discovered that *four ribs on each side* were fractured. How did this occur? A coroner’s jury, making the best they could out of what information was vouchsafed them by the people of the asylum, came to the verdict that—“WILLIAM SIZER died from the effect of a serious “injury he received; but how, or by what means, the same “was inflicted, there is no evidence to prove; and the jury “consider *there is some mystery in the case!*” And well may they say there is some mystery; and well may any one say, where there is some mystery in a case of this kind, there is something that will not bear the light. The tale put forward by the attendants is, that the patient must have broken four ribs *on each side* by letting his bedstead fall upon his chest! This will hardly be believed out of the asylum. The circumstances hardly leave a doubt that SIZER had actually received his mortal injuries some days before he was seen by the resident medical officer. What a comment is such a case upon the government of the asylum! What an illustration of the expediency of that policy so cherished by the magistrates, of depriving the resident medical officer of all authority, and centering it in a non-professional superintendent! Such is the Norfolk Asylum now. The magistrates had but recently driven away a medical officer, qualified by his zeal and abilities to redeem the character of the asylum, and who had, in spite of every adverse circumstance, initiated some useful reforms. He had dared to assert his claim to direct the medical and physical treatment of the patients. He was looked upon with the same sort of dread as is a red republican. The supremacy of Beadledom must not be questioned. He resigned. Well is it for Dr. FOOTE that this catastrophe did not happen in his time.

Let us look in at the City Asylum; let us hear what the Commissioners in Lunacy have to say about that. Their recent report contains the following passages:—

“In our last annual report we stated, that should the Justices of the city of Norwich persist in neglecting to make a fit provision for their pauper lunatics, we should feel it our duty to bring the subject under the notice of the Secretary of State.”.....“Owing to the illness and absence of the medical officer, the books had not been duly kept, and there existed a great want of regular or systematic employment.”.....“High boundary walls still remain, the system of drainage is still imperfect.”.....“We think that the authorities of the city of Norwich should be compelled, without further delay, to make a proper provision for all their lunatic paupers.”.....“Few or none of the improvements now existing in well-conducted asylums are practicable in the present building.”

According to our observation, the Commissioners do not usually condemn defective asylums with undue haste or severity. We have little doubt, therefore, that all they have urged is amply justified.

But Norwich possesses yet another public asylum, for the defects of which the Visiting Justices are, to a great extent, responsible. The Norwich Bethel has long been a disgrace to

the town. The Commissioners, referring to this establishment, "regret to state, that as yet no effective steps have been taken by the Governors to promote the removal of the "Bethel Hospital, Norwich, to a more suitable site."

It thus appears that the city of Norwich and the county of Norfolk enjoy the unenviable distinction of obstinately upholding three public asylums of such a character as to give occasion to grave reflection upon the intelligence, the humanity, and the public spirit of the inhabitants.

We have already, on several distinct occasions, directed the attention of the local authorities to the construction and conduct of their asylums. We have hitherto done this in a spirit of friendly warning, willing to believe that temporary obstacles to improvement existed, which the Justices were labouring to overcome. The strange perversity of the county magistrates in adhering to a system of government condemned alike by science and humanity, compels us at length to abandon this opinion. Deaf to reason, they must be made amenable to the persuasions of the law. Let them reflect, that if the Commissioners do their duty, another session of Parliament cannot pass over without public animadversion upon their conduct, nor, we hope, without reforms being dictated in a tone that can neither be misconstrued nor evaded.

The following resolution has been adopted by the Court of Examiners of the Society of Apothecaries:—

"The Court of Examiners of the Society of Apothecaries having learned that many gentlemen desirous of entering the public medical service are prevented doing so by their inability to present themselves for examination before the termination of their curriculum, have resolved:—That candidates whose term of study would terminate in April, 1855, will be admitted to examination before this Court, after the 1st of January, 1855, provided they bring testimonials from competent authority that they have entered, or are about to enter, the public medical service, together with certificates from their teachers, of general diligence and good conduct."

The system of secrecy still prevails in the government of Bethlehem. The *Daily News* informs us that a reporter presenting himself at the last quarterly meeting of Governors, was excluded on the ground that the proceedings were *strictly private*. That a body of men should, by virtue of the payment of an inconsiderable sum of money and self-nomination, assume the right of secretly controlling large revenues, derived from public and Parliamentary sources, and which are destined to the maintenance of a public institution admitting State lunatics, is one of those anomalies which cannot be reconciled with common sense and propriety. When men dealing with public funds think it necessary to meet with closed doors, it is high time for the Charitable Estates Commission, or Parliament, to force the locks.

THE LATE DR. D. ANDERSON.—Letters from Constantinople report that Second Staff-Surgeon DAVID ANDERSON, M.D., Edinburgh, son of A. Anderson, Esq., of Whiteside, Dumfriesshire, N.B., died at the Military Hospital, Scutari, on the 4th ult. Dr. Anderson, whose premature death is deeply lamented, was an accomplished physician, a skilful surgeon, a dexterous operator; zealous, humane, and unremitting in his attention to the sick and wounded. In performing an operation he sustained an injury of the hand, in consequence of which his general health suffered, and inflammation of the chest following soon after, carried him off in the prime of life, and from a sphere of usefulness in which his services of late have been invaluable. He may be said to have fallen on the professional battle-field—after having escaped the dangers and privations of the Sulej campaign, in which he served at Moodkee, Ferozshah, and Sobraon, as assistant-surgeon of the 9th Foot.

## THE ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF  
MICROSCOPICAL AND CHEMICAL ANALYSES  
OF THE  
SOLIDS AND FLUIDS  
CONSUMED BY ALL CLASSES OF THE PUBLIC.

### GIN, AND ITS ADULTERATIONS.

GIN was made originally in Holland, in the distilleries of Sohiedam, and hence that which is brought to this country is termed Hollands Gin. At one time, when the duty was low, it used to be largely imported, but owing to the high rate of duty levied upon it for some years past, which was, until 1846, £1 2s. 10d. per imperial gallon, and since that period has remained at 15s.,—but little now reaches this country.

In Holland it is made solely from unmalted rye and barley-malt, rectified with juniper berries. In Britain, gin is for the most part obtained from a mixture of malt and barley, molasses and corn being sometimes employed, particularly when there is a scarcity of grain, and it is usually flavoured not only with juniper berries, but with certain other substances, most of which are aromatics, and amongst which are the following: coriander seeds, cardamom seeds, caraway seeds, grains of paradise, angelica root, calamus root, crushed almond-cake, liquorice powder, and orange-peel. These ingredients, variously combined, form what are known in the trade as gin-flavouring.

In Dr. Muspratt's "Chemistry, Theoretical, Practical, and Analytical," the following receipts from the note-book of an extensive distilling rectifier are given.

"For a *Fine Gin*, take  
960 gallons of spirit, hydrometer proof.  
96 lbs. German juniper berries.  
6 lbs. coriander seeds.  
4 lbs. grains of paradise.  
4 lbs. angelica root.  
2 lbs. orris root.  
2 lbs. calamus root.  
2 lbs. orange peel.

Eighty or ninety pounds of liquorice powder are occasionally added to impart colour and sweetness.

*Plain or London Gin* is made as follows:—

700 gallons of the second rectification.  
70 lbs. German juniper berries.  
70 lbs. coriander seeds.  
3½ lbs. almond cake.  
1½ lbs. angelica root.  
6 lbs. liquorice powder.

For the manufacture of *West Country Gin*, the annexed is the process:—Introduce into the still 700 gallons of the second rectification, and flavour with—

14 lbs. German juniper berries,  
1½ lb. calamus root, cut, and  
8 lbs. sulphuric acid.

This gin is much used in Cornwall, and particularly in the western counties of England; it is also used in making British Hollands, and in that case is mixed with about five per cent. of fine gin, reduced to twenty-two under-proof with liquor.

For *Geneva*, charge of still being 950 gallons of second rectification, the proportions are—

84 lbs. juniper berries.  
112 lbs. coriander seeds.  
6 lbs. cassia buds.  
4 lbs. angelica root.  
6 lbs. calamus root.  
6 lbs. almond cake.  
½ lb. cardamoms.

*Plain Geneva*.—For 950 gallons of spirit of second rectification, take—

84 lbs. juniper berries.  
84 lbs. coriander seeds.  
2 lbs. almond cake.  
2 lbs. orris root.  
2 lbs. calamus."

Another prescription for making Geneva, and one which is much esteemed, is the following:—"Add to 950 gallons—

14 lbs. grey salts, and  
4 lbs. white salts.

The rectification to be conducted with the usual care.  
At the second operation, add—

168 lbs. juniper berries.  
74 lbs. coriander seeds.  
12 lbs. almond cake.  
8 lbs. grains of paradise.  
8 lbs. angelica root.  
1 lb. cardamoms.  
2 lbs. calamus."

#### ON THE ADULTERATION OF GIN.

Turning to our earliest great authority, Accum, on the adulteration of spirituous liquors, including gin, we, as usual, meet with much valuable and important information. "If we examine gin as retailed," states Accum, "we shall soon be convinced that it is a custom, pretty prevalent amongst dealers, to weaken this liquor considerably with water, and to sweeten it with sugar. This fraud may readily be detected by evaporating a quantity of the liquor in a tablespoon over a candle to dryness; the sugar will thus be rendered obvious, in the form of a gum-like substance, when the spirit is volatilized.

"One hundred and twenty gallons of genuine gin, as obtained from the wholesale manufacturers, are usually made up by fraudulent retailers into a saleable commodity, with fourteen gallons of water, and twenty-six pounds of sugar. Now this dilution of the liquor produces a turbidness, because the oil of juniper and other flavouring substances which the spirit holds in solution become precipitated by virtue of the water, and thus cause the liquor to assume an opaline colour; and the spirit thus weakened cannot readily be rendered clear again by subsidence. Several expedients are had recourse to to clarify the liquor in an expeditious manner; some of which are harmless, others criminal, because they render the liquor poisonous.

"One of the methods, which is innocent, consists in adding to the weakened liquor first, a portion of alum dissolved in water, and then a solution of sub-carbonate of potash. The whole is stirred together, and left undisturbed for twenty-four hours. The precipitated alumina thus produced from the alum by virtue of the sub-carbonate of potash, acts as a strainer upon the milky liquor, and carries down with it the finely divided oily matter which produces the blue colour of the diluted liquor. Roche or Roman alum is also employed, without any other addition, for clarifying spirituous liquors."

Further on Accum writes—"Another method of fining spirituous liquors consists in adding to it first a solution of sub-acetate of lead, and then a solution of alum. This practice is highly dangerous, because part of the sulphate of lead produced remains dissolved in the liquor, which it thus renders poisonous. Unfortunately this method of clarifying spirituous liquors, I have good reason to believe, is more frequently practised than the preceding method, because its action is more rapid, and it imparts to the liquor a fine complexion, or great refractive power; hence some vestiges of lead may often be detected in malt spirit.

"The weakened spirit is then sweetened with sugar, and, to cover the raw taste of the malt spirit, a false strength is given to it with grains of paradise, Guinea pepper, capsicum, and other acrid and aromatic substances."—pp. 271, 272.

Under the head, "Spirituous Liquors and their Adulterations," Mitchell writes—"Spirituous liquids, as brandy, rum, gin, &c., being unfortunately in such common use, and bearing so high a price, are peculiarly adapted for the purposes of adulteration, which may be of various kinds; the most general, however, is the addition of water. Were this the only adulteration practised, it would be rather productive of good than harm, for obvious reasons; yet, in reality, it has the very opposite effect; for in order to disguise the dilution, it is necessary to add some substance, capable, by its pungency or other similar property, of completely counteracting the addition of water; such substances are capsicum, Guinea pepper, oil of turpentine, &c., all of which, when taken in combination with spirit, affect the stomach very injuriously."

Again, at page 144, Mr. Mitchell remarks—"Gin is usually adulterated with water in considerable quantity; sugar is also added, and a mixture, composed of alum, carbonate of potash, almond oil, sulphuric acid, and spirits of wine; this compound not only fines the gin, but communicates to it the property of 'beading,' or hanging in pearly drops or beads on the sides of

the glass containing it. When gin does this, it is generally supposed to be strong in proportion as it beads, and the above mixture communicates to weak gin that property, so that it will be evident gin can be considerably diluted with water, and yet, by the addition of the above, appear of its proper strength."

On the detection of the adulterations of gin with capsicum, cherry-laurel water, &c., Mr. Mitchell makes the following observations:—

"*Detection of Capsicum, &c.*—If the spirit suspected to contain capsicum, guinea-pepper, or grains of paradise be evaporated to dryness in a water-bath, the residual matter will, if the sample had been adulterated, taste of the above-mentioned substances, and in proportion to the quantity present.

"*Detection of Cherry-laurel Water, or Spirit of Almond-cakes.*—Take a portion of the suspected spirit, and distil it nearly to dryness; add to the distilled liquid a slight excess of caustic potash, and evaporate until the bulk of the liquid is considerably diminished. Divide the evaporated liquid into two equal portions; to the one add a few drops of a solution, obtained by dissolving protosulphate of iron (green vitriol) in water, and exposing the so-made solution to the action of the air for a short time, (ten or twelve hours,) and a few drops of a solution of potash. If, now, a little hydrochloric acid be added, and the liquid acquires a blue tinge, the spirit under examination has been falsified with cherry-laurel water, or spirit of almond-cake.

"The rationale of the above process is as follows:—Both cherry-laurel water and spirit of bitter almond-cake contain hydrocyanic (prussic) acid. When spirit thus adulterated is distilled, hydrocyanic acid passes over with the spirit, and on the addition of caustic potash is converted into cyanide of potassium. It is then concentrated by evaporation, and the addition of the salt of iron and hydrochloric acid causes the formation of prussian blue, which is a certain indication of the presence of hydrocyanic acid, and consequently of cherry-laurel water, or spirit of almond-cakes.

"The following process can be performed on the other half of the liquid. This method has been lately described by Liebig, and is far more sensitive than the above, so that smaller quantities of the substances in question can be detected.

"Hydrochloric acid in slight excess, must be added to the reserved portion of the liquid, and then a drop of sulphide of ammonium added, and the whole heated until colourless. If, now, a little perchloride of iron be added, a blood-red colouration will immediately ensue. This depends on sulpho-cyanide of ammonium being formed by the reaction of sulphide of ammonium on hydrocyanic acid, which strikes a blood-red colour with a persalt of iron, in common with all the soluble sulpho-cyanides."

In Shannon's work, "On Brewing and Distilling," we meet with the following instructions for reducing unsweetened gin, and for preparing and sweetening British gin:—

#### "To Reduce Unsweetened Gin.

"A tun of fine gin.....	252 gallons
Water .....	36 "

which, added together, make...	288 "
The Doctor is now put on, and it is further reduced with water }	19 "

which gives ..... 307 gallons of gin.

"This done, let one pound of alum be just covered with water, and dissolved by boiling; rummage the whole well together, and pour in the alum, and the whole will be fine in a few hours.

"*To Prepare and Sweeten British Gin.*—Get from your distiller an empty puncheon or cask, which will contain about 133 gallons. Then take a cask of clear rectified spirits—120 gallons—of the usual strength as rectifiers sell their goods at; put the 120 gallons of spirits into your empty cask.

"Then take a quarter of an ounce of oil of vitriol, half an ounce of oil of almonds, a quarter of an ounce of oil of turpentine, one ounce of oil of juniper berries, half a pint of spirit of wine, and half a pound of lump sugar. Beat or rub the above in a mortar. When well rubbed together, have ready prepared half a gallon of lime-water, one gallon of rose water: mix the whole in either a pail or cask, with a stick, till every particle shall be dissolved; then add to the foregoing, twenty-five pounds of sugar dissolved in about nine gallons of rain or Thames water, or water that has been boiled: mix the whole well together, and stir them carefully with a stick in the 133 gallon cask.

"To force down the same, take and boil eight ounces of alum

\* Treatise, page 265.

† On the Falsification of Food, p. 140.

in three quarts of water for three quarters of an hour: take it from the fire, and dissolve by degrees six or seven ounces of salt of tartar. When the same is milk-warm, pour it into your gin, and stir it well together as before, for five minutes, the same as you would a butt of beer newly fined. Let your cask stand as you mean to draw it. At every time you purpose to sweeten again, that cask must be well washed out, and take great care never to shake your cask while it is drawing."

But it appears there are other little practices, beside those connected with adulteration, which are sometimes had recourse to by retailers of spirits. Mr. Shannon, from whose work "On Brewing and Distilling" we have just quoted, gives the following advice and recommendations as to certain manipulations and particulars which should be observed in retailing spirits over the counter.

"When you are to draw a sample of goods to show a person that has judgment in the proof, do not draw your goods into a phial to be tasted, or make experiment of the strength thereof that way, because the proof will not hold except the goods be exceedingly strong; but draw the pattern of goods either into a glass from the cask, to run very small, or rather draw off a small quantity into a little pewter pot, and pour it into your glass, extending your pot as high above the glass as you can without wasting it, which makes the goods carry a better head abundantly, than if the same goods were to be put and tried in a phial.

"You must be so prudent as to make a distinction of the persons you have to deal with; what goods you sell to gentlemen for their own use who require a great deal of attendance, and as much for time of payment, you must take a considerably greater price than of others; what goods you sell to persons where you believe there is a manifest, or at least some hazard of your money, you may safely sell for more than common profit; what goods you sell to the poor, especially medicinally, (as many of your goods are sanative,) be as compassionate as the cases require."

#### *Method of Estimating the Quantity of Alcohol present in any Spirituous Liquid.*

There are several methods by which the amount of alcohol contained in any spirituous liquid may be determined with greater or less accuracy. One of the readiest of these means is to ascertain the specific gravity of the spirit by a specific-gravity instrument for liquids. Of these instruments, many different kinds have been invented, with scales adapted to the range of the liquids for the determination of the density of which they have been constructed: thus we have urinometers, saccharometers, hydrometers, alcoholometers, &c.; but the principle on which these instruments are constructed is alike in all cases.

The instrument in general use for determining the specific gravity of spirituous liquids in this country is what is known as Sykes' hydrometer. It differs, however, from the ordinary hydrometer in the division of its scale, and also in the use of weights. The hydrometer is calculated to show the strength in spirit either above or below a certain fixed standard, denominated "proof." The stem of the instrument is graduated and subdivided, so as to meet the extremes of variation in the strength of the liquors examined by it.

Sykes' hydrometer is the instrument mostly used by the excise, by brewers, distillers, and publicans.

Since the specific gravity of a spirituous liquid is subject to great variations at different temperatures, it is necessary that the temperature of the spirit at the time of taking its weight should be noted, and corrections made for this by means of certain tables which have been constructed for the purpose. The temperature at which the specific gravity of the spirit is referred as the standard is usually 60° Fahrenheit.

The specific gravity test for determining the amount of alcohol present in liquids is applicable only when they are free from any solid substance, as extractive, sugar, &c., the presence of which, by affecting their weight, of course influences their specific gravity. When, therefore, any liquid contains saccharine or any other solid matter, it is requisite that the spirit should be separated by distillation, and that the specific gravity of the alcohol thus obtained should be taken. Where strict accuracy is required, it will be necessary to have recourse to distillation in almost all cases, since there are but few spirits which do not contain more or less solid matter.

A considerable improvement on Sykes' hydrometer is the instrument invented by M. Gay Lussac many years since, called the centesimal alcoholometer. This instrument, when immersed in any spirituous liquid at the temperature of 15° centigrade, equal to 59° Fahr., at once indicates the quantity of alcohol by measure present. As its name implies, the stem is divided

into a hundred parts or degrees, and is so contrived that each degree represents one hundredth part of anhydrous or pure alcohol; thus the point at which it floats, when immersed in any spirit at a certain temperature, indicates exactly the per centage of absolute alcohol contained in that spirit. The great value of this instrument is, that it shows at once the per centage of alcohol, all subsequent calculations, with the loss of time involved, and the possibility of inaccuracies, being thereby avoided.

Another instrument, constructed on a totally different principle to the ordinary densimeters, is the ebullioscope or ebullition alcoholometer. This instrument is based upon the fact that the boiling point of spirituous liquids varies according to the amount of alcohol contained in them, (a discovery made by the Abbé Brossard-Vidal, of Toulon,) without its being essentially modified, like the other instruments, by the presence and nature of any solid ingredients which may be contained in them.

There are several forms of this instrument; there is the original one of M. Brossard-Vidal, and the modifications by M. Conaty, by MM. Lerebours and Secretan, and by Dr. Ure.

The mercurial thermometer used in the modification of the instrument by MM. Lerebours and Secretan is graduated centesimally in degrees, which correspond to those of the centesimal alcoholometer of M. Gay Lussac, and its bulb is plunged in the liquid to be proved. The liquid is carefully heated by means of a spirit lamp, the flame of which should not be strong, lest it occasion the too rapid ebullition of the spirit. Before using the instrument, it is necessary to determine the boiling point of pure water, and the barometrical pressure of the atmosphere on the day on which the experiments are made.

In Dr. Ure's modification of the instrument, the scale is adapted to that of Sykes' hydrometer.

It would be of the greatest possible advantage—would save immense time and trouble—if densimeters of all kinds were revised, and were reduced to one uniform centesimal scale, as is done, in fact, in many of the instruments in use on the Continent.

The ebullioscope is probably sufficiently accurate in the results which it furnishes as to be of considerable service to the distiller, the rectifier, the wine-maker, and the brewer; but is certainly not so where strict accuracy is required.

Dr. Ure's modification of the ebullioscope, together with a full description of its principles and application, may be obtained of Mr. Joseph Young, Little Tower-street.

Another instrument which has been invented for the determination of the proportion of alcohol in spirituous liquids is the alcoholometric dilatometer of M. Silbermann. By this instrument, the amount of spirit is determined by the dilation of the spirituous liquid at various temperatures.

A still more accurate method of determining the quantity of alcohol contained in spirituous liquids from their specific gravity, is by means of the specific-gravity bottle. In using this, the same precaution with regard to temperature and the presence of any solid substance in the spirit must be observed.

For ordinary purposes, in the hands of manufacturers and dealers, of all the instruments for determining the strength of spirituous liquors, the centesimal alcoholometer of M. Gay Lussac is the safest and best, and, next to that, Sykes' hydrometer. But the chemist, when any solid matter is contained in the liquid to be examined, should, in all cases, separate the alcohol by distillation, and determine its amount from the distilled liquid, and this is the method by which we have proceeded in the determination of the alcohol contained in the samples of gin the results of the analyses of which we are about to make known. The exact steps adopted were as follows:—

The temperature of the several spirits was reduced in all cases, by means of a solution of ice and salt, to one uniform degree—viz., 60° Fahr., and their specific gravities at that temperature determined by means of the specific gravity bottle; 1500 grains by measure were next distilled, and the distillation carried nearly to dryness; the distilled liquor was cooled down to 60° Fahr., weighed, and its specific gravity again taken. These particulars being determined, the per centage of alcohol was ascertained by the alcoholometrical table of Tralles.—(See opposite page.)

The third column of this table exhibits the differences of the specific gravities which give the denominator of the fraction for such densities as are not found sufficiently near in the table, and the difference of their numerators is the next greatest to the density found in the table; for example, if the specific gravity of the liquor found for 60° Fahr. = 9.605, (the per centage will be between 33 and 34,) the difference from 9.609 (which is the next greatest number in the table) = 4, and



the fraction is  $\frac{1}{3}$ , therefore the true per-centage is  $33\frac{1}{3}$ , or, decimally, thus, 33.31. In order to ascertain the amount, by volume, of alcohol in the gin or other spirit under examination, it is necessary to proceed as follows:—In order to find the per-centage of absolute alcohol of 7.939 specific gravity in a sample of spirit, divide the number of grains distilled over by the specific gravity of the distilled spirit. Multiply this quotient by the per-centage according to Tralles, and divide this sum by the bulk of the original sample taken; the quotient is the per-centage. This per-centage multiplied by 700 gives the number of grains of absolute alcohol by volume in the gallon. The above comprise all the calculations necessary for arriving at this result. The following is a statement of the several sums:—

1500 gr. by volume yield 1334.6 gr. by weight; sp. gr. .9484; per centage, 41.62

The bulk of the distilled spirit is obtained by  
As .9484 : 1 :: 1334.6 : A

The volume of absolute alcohol obtained by  
As 100 : A :: 41.62 : B

The per centage by volume in the sample by  
As 1500 : B :: 100 : C = 39.09

To find the quantity of absolute alcohol in a gallon,  
As 100 : C :: 700 : D  
the quantity required.

From the construction of Tralles' table, the per-centage of alcohol by weight may also be found—for instance, multiply the number representing the volumes of alcohol given in the table for any determinate specific gravity of the mixture by the specific gravity of the pure alcohol—that is, by 7.939, and the product is the number of pounds of alcohol in so many pounds, as the specific gravity multiplied by 100 gives. Thus, in the mixture, 9.510 specific gravity, there are 40 measures of alcohol; hence there are also in 95.100 lbs. of this spirit  $7.939 + 40 = 31.756$  lbs. of alcohol; and in 100 lbs. of the spirit of 0.9510 specific gravity 33.39 lbs. of alcohol are contained.

#### Method of Determining the Amount of Sugar in Gin.

This is readily determined in either of the two following

ways:—The syrupy liquid contained in the retort after distillation should be removed and evaporated with a gentle heat, until the water has been driven off, and the sugar crystallized. Or a fresh weighed portion of the gin may be evaporated in the same manner, and the weight of the sugar furnished by it ascertained. The latter is the more accurate method, because the heat employed in distilling off the spirit not unfrequently modifies the sugar considerably, so that in all cases it will not crystallize properly.

#### Method of Detecting the Presence of Capsicum, Grains of Paradise, and other fixed Acrid Substances in Gin.

The presence of these may usually be ascertained by simply tasting a portion of the syrupy extract left after distillation. The acrid principle of capsicum is a fixed one, and no part of it passes over during distillation. Of the two acrid principles contained in grains of paradise, one is volatile, and the other fixed. The taste of the fixed principle very closely resembles that of Cayenne pepper, but may be usually distinguished with a little care. The plant which furnishes Malaguella pepper, or grains of paradise, is the *Amomum Granum Paradisi*.

#### On the Detection of Cinnamon or Cassia in Gin.

As the flavour of these depends upon the presence of essential oils, they of course readily pass off during distillation, and the extract, therefore, does not usually furnish any evidence characteristic of their presence. For the purpose of detecting these oils, the spirit should be gently evaporated, and at such a temperature as does not occasion the volatilization of the oils.

#### On the Detection of Sulphate of Zinc in Gin.

The sugar, having been dried, and its weight determined, is to be re-dissolved in distilled water. Half of the solution is to be tested with acid nitrate of baryta for sulphuric acid, and the other half treated with sulphuretted hydrogen, by which means the zinc will be thrown down as a white hydrated sulphuret.

If sulphuric acid be contained in gin, either in a free or combined state, its presence will be indicated by the baryta test, added to a small quantity of the gin, a drachm or so, in a test tube.

(To be continued.)

ALCOHOMETRICAL TABLE OF TRALLES.

Alcohol in 100 Measures of Spirit.	Specific Gravity at 60° Fahr.	Difference of the Specific Gravity.	Alcohol in 100 Measures of Spirit.	Specific Gravity at 60° Fahr.	Difference of the Specific Gravity.	Alcohol in 100 Measures of Spirit.	Specific Gravity at 60° Fahr.	Difference of the Specific Gravity.	Alcohol in 100 Measures of Spirit.	Specific Gravity at 60° Fahr.	Difference of the Specific Gravity.
Sp. gr. 7.939			Sp. gr. 7.939			Sp. gr. 7.939			Sp. gr. 7.939		
0	9.991	...	26	9.689	11	51	9.315	20	76	8.739	26
1	9.976	15	27	9.679	10	52	9.295	20	77	8.712	27
2	9.961	15	28	9.668	11	53	9.275	20	78	8.685	27
3	9.947	14	29	9.657	11	54	9.254	21	79	8.658	27
4	9.933	14	30	9.646	11	55	9.234	20	80	8.631	27
5	9.919	14	31	9.634	12	56	9.213	21	81	8.603	28
6	9.906	13	32	9.622	12	57	9.192	21	82	8.575	28
7	9.893	13	33	9.609	13	58	9.170	22	83	8.547	28
8	9.881	12	34	9.596	13	59	9.148	22	84	8.518	29
9	9.869	12	35	9.583	13	60	9.126	22	85	8.488	30
10	9.857	12	36	9.570	13	61	9.104	22	86	8.458	30
11	9.845	12	37	9.556	14	62	9.082	22	87	8.428	30
12	9.834	11	38	9.541	15	63	9.059	23	88	8.397	31
13	9.823	11	39	9.526	15	64	9.036	23	89	8.365	32
14	9.812	11	40	9.510	16	65	9.013	23	90	8.332	33
15	9.802	10	41	9.494	16	66	8.989	24	91	8.299	33
16	9.791	11	42	9.478	16	67	8.965	24	92	8.265	34
17	9.781	10	43	9.461	17	68	8.941	24	93	8.230	35
18	9.771	10	44	9.444	17	69	8.917	24	94	8.194	36
19	9.761	10	45	9.427	17	70	8.892	25	95	8.157	37
20	9.751	10	46	9.409	18	71	8.867	25	96	8.118	39
21	9.741	10	47	9.391	18	72	8.842	25	97	8.077	41
22	9.731	10	48	9.373	18	73	8.817	25	98	8.034	43
23	9.720	11	49	9.354	19	74	8.791	26	99	7.988	46
24	9.710	10	50	9.335	19	75	8.765	26	100	7.939	49
25	9.700	10									

QUEEN'S COLLEGE, BIRMINGHAM.—At the last monthly board, held on the 14th ult., the Rev. Charles Law, the Vice-President, in the Chair, it was proposed by the Dean and Faculty that the prize of ten guineas, offered to the students by Charles Ratcliffe, Esq., should be given for the best essay "On the Means of Preventing Epidemic, Endemic, and Contagious

Diseases amongst the Working Classes." The prizes for the sessions 1854-55 were then agreed to, and the principal one, the interest of £1000, it was determined should be given for the best treatise "On the Anatomy and Physiology of the Human Eye," the subject to be handled in a practical and professional manner, according to the evidences of fact and phenomena.

## Correspondence.

"Audi alteram partem."

## MICROSCOPICAL RECOGNITION OF TUBERCULOUS MATTER.

To the Editor of THE LANCET.

SIR,—In an excellent review of Jones and Sieveking's "Pathological Anatomy," which appeared in last week's LANCET, the following sentence occurs:—

"With regard to the microscopic recognition of tuberculous matter in early phthisical sputa, as stated by many sanguine histologists, our own opinion is, that it is impossible."

I respect highly that judicial caution which induces your reviewer to speak with suspicion of what is merely new and flashy; and to reject with vigour the results of occasional, hasty, and crude observations. At the same time an excess of this quality may lead to the repudiation of important truths; and in this case I conceive has led, inadvertently, to an error of ratiocination as well as of fact.

Had this matter been one simply of opinion, I would not have presumed to offer mine in opposition to that of your reviewer; but as it has risen to a question of fact, I hope you will afford me a portion of your valuable space to say a few words upon the subject, and to propose a practical test for the decision of the dispute.

During five years that I held the office of pathologist at Haslar, I devoted several hours daily to the investigation of this subject, and examined, figured, and described expectoration from upwards of a thousand patients. The conclusions at which I arrived were embodied in one of a series of lectures on Pathological Histology; and these conclusions were frequently and practically tested by Sir John Richardson and other senior medical officers of the hospital.

One of these indeed became himself the subject of investigation; and as his case bears upon the question, I shall relate it.

This gentleman was dyspeptic, had wandering pains about his shoulders, "*hemmed*" frequently, expectorated occasionally little gelatinous or solid purulent-looking pellets, which, as he described, leaped into his mouth without effort. I examined the expectoration on various occasions, and found it to contain the elements of tubercle in scattered heaps. One specimen, which I preserved, could scarcely be distinguished microscopically from soft yellow tubercle removed from the dead body. Some months after this he became worse, and was attended by Sir John Richardson. To him I communicated my opinion, and he to his patient, who ridiculed the idea. Some time after this he consulted Dr. Williams and other eminent men in the metropolis, who declared his lungs to be free from disease. Not many months from the time of his return, however, he had slight hæmoptysis, and the hem and expectoration increased. He recovered, and remained pretty well, till he took a slight cold, and had another slight hæmoptysis. At last serious pulmonary symptoms set in; the disease became no longer doubtful, and he sunk I think about two years and a half from the time I first examined his expectoration.

It was on cases such as the above that I based one of the conclusions embodied in my lectures—"That the presence of the process of tuberculization can often be recognised during life in the characters of the sputum, when the physical signs and general symptoms are too obscure of themselves to justify that conclusion."

I think your reviewer has been led into an error of ratiocination in declaring the recognition of tuberculous matter in early phthisical sputa to be impossible. It has been satisfactorily demonstrated that the expectoration in certain stages of pneumonia contains the same histological elements as are found in the hepatized air-vesicles after death. The products of tuberculosis occupy the same seat as the products of pneumonia—that is, the free surface of the membrane lining the air-vesicles, the inter-vesicular passages, or the lobular bronchi. Now if the products of pneumonia can, during life, be extruded from the lung, and recognised in the sputum, why may not the products of tuberculosis be so extruded and recognised likewise?

It is not, however, as a matter of ratiocination that I desire to deal with this question, but as a matter of fact. I do not wish to appeal even to drawings, which may be distorted, but to actual preparations, which must collectively constitute the means of an *experimentum crucis*.

I believe that the specimens of early phthisical sputum in my possession clearly prove this point; and that the tubercular matter present in them may be readily recognised by an observer of ordinary experience and skill. To these preparations

I appeal; and I am so far anxious for the truth, that I shall gladly, with your reviewer's permission, wait upon him with my preparations on any day that he may appoint. He will thus, without the toil of investigation, be placed in nearly the same favourable condition as myself for judging of the truth or error of the conclusion at which I have arrived.

I have the honour to be, Sir, your obedient servant,

ANDREW CLARK,  
Assistant-Physician and Pathologist  
to the London Hospital.

Montague-place, Russell-square,  
November, 1854.

## TREATMENT OF DELIRIUM TREMENS WITHOUT OPIUM.

To the Editor of THE LANCET.

SIR,—I read with much interest Mr. Dixon's case of "Delirium Tremens treated without Opium." There is no doubt that delirium tremens may be, and has been, treated and cured without opium, just as scabies has been cured without resorting to sulphur. But the question is, whether we are at liberty to attempt the treatment of a malady for which we believe we have a specific medicine, without using that medicine at the moment when it appears to be most wanted?

And this brings me to the point of my letter. The statement which occurs at the close of Mr. Dixon's communication, that "those cases treated successfully with opium get better in spite of it, and not by its assistance," certainly reads very contradictorily; for a disease cannot be cured with a remedy in spite of which it disappears; and, further, it involves an assertion which not only does not logically follow upon the recital of the case, but is not sanctioned by experience.

We all gladly welcome simple ungarlished facts which in any way enlarge our resources of the *materia medica*, or our knowledge of the history of disease. But all inferences and hypotheses are useful only so far as they help to establish laws. A bare assertion, unsupported by evidence, is what anybody can make, but it can never meet with intellectual approval. In all branches of science, students must be content with a plain and faithful statement of what immediately falls under their observation.

Now, there is every *a priori* ground for supposing that opium would be a valuable medicine in delirium tremens. It is a narcotic, with a very small amount of stimulant; and Dr. Billing has defined a narcotic to be a thing which *impedes the transmission of nervous force*, which is just the desideratum we require in cases of excessive sensibility, which, in fact, is the essence of delirium tremens. By diminishing that excessive sensibility, opium indirectly procures sleep, and sleep often removes this hyper-sensibility altogether.

I would ask now, where is the evidence for supposing that delirium tremens gets well in spite of opium, instead of by its assistance? Do not all *a priori* reasoning and actual experience point the other way?

I remain, Sir, your obedient servant,

Bath, Nov. 1854.

JOHN K. SPENDER.

## TREATMENT OF STRICTURE OF THE URETHRA BY EXTERNAL INCISION.

[MR. SYME'S OPERATION.]

To the Editor of THE LANCET.

SIR,—In the last number of THE LANCET (Nov. 25th) are given the details of a case of stricture of the urethra, in which the stricture was divided by external incision, in King's College Hospital, on the 14th of October, and in regard to which, it is stated that the man has since died of purulent deposit.

In the remarks upon this case, the operation is said to have been "*emphatically Mr. Syme's*." But, Sir, there are several points mentioned in the details of the operation which differ so essentially from Mr. Syme's operation, that I think it right to call attention to them.

In the first and principal place, then, the grooved staff which Mr. Syme recommends to be passed through the stricture previous to the incision, and which he always employs himself, was not introduced, but, in place of it, a silver catheter. It may be observed that Mr. Syme insists strongly on the use of this staff, so as to enable the surgeon to divide the walls of the urethra accurately in the mesial line. Secondly, the catheter, which was introduced after the operation, in place of being allowed to remain in the bladder thirty-six or forty-eight hours, as recommended by Mr. Syme, "*was left for eleven days, when it was found to be incrustated with calcareous de-*

posita." And thirdly, it is stated that all the "fistulous tracts," of which there were several, "were largely incised." I have seen Mr. Syme operate in many cases of stricture of the urethra complicated with fistula in perineo, but we have never seen him incise the fistulous tracts, when these lay out of the mesial plane, and for the reason recorded by himself, that fistula in perineo "requires for its remedy nothing more than removal of the stricture connected with it."

I am the more inclined to call attention to this matter, as on a previous occasion (November 13th, 1852) I saw what was called Mr. Syme's operation performed in King's College Hospital, in a manner similar to the above, viz., by the substitution of a silver catheter for the grooved staff, and I cannot help thinking that want of attention to the instructions laid down by Mr. Syme may in some measure account for the fact that London surgeons, in performing this operation, have not met with the same great success with which we know the operation has been attended in the hands of the Edinburgh Professor.

I am far from making these remarks in any party spirit, or with a wish to enter into any angry discussion, of which there has already been too much; but I think, Sir, that the members of the profession, before they decide against the merits of a new operation, should observe the results in cases in which the operation of the propounder has really been performed.

I have the honour to remain, Sir,  
Your very obedient servant,

ONE WHO HAS SEEN MANY  
SUCCESSFUL CASES OF THE  
EXTERNAL INCISION.

November, 1854.

## THE COLLEGE OF SURGEONS AND SURGEONS FOR THE ARMY.

To the Editor of THE LANCET.

SIR,—I do not fear that, with the love of fair play displayed in your excellent motto, "*audi alteram partem*," you will find space for a few remarks, although widely differing from those of your correspondents of last week.

"One who has seen Foreign Service" is "astounded" by what I should call the first step in the right direction by the College of Surgeons. He declares "a two-year-and-a-half student of the highest capabilities is not fit for service;" and then proceeds to the deliberate mis-statement, that "for two years he is not engaged in practical studies at all," while he ought to know that the College requires him to attend surgical practice during the whole three years of his attendance. In my opinion, the curriculum is already too long, and any attempt to relieve the student should be hailed with gratitude. No advantage results from the greater portion of his time, and the only reason for keeping it up must be to provide comfortable berths for lecturers and tutors.

The only way in which the College is injurious to the profession is by its illiberal conservatism, which shuts out from its ranks many an ornament to science. I do not object to stringent examinations, but if a man is able to pass them, it matters not whether he obtained his knowledge from the lecture-room or the study.

Your own political career must sympathise, when we say that "Whig expediency" must triumph. Free-trade in science—fair competition—will yet be the cry of the nation.

At present a poor student is compelled to ruin his health by inhaling for three years the air of the dissecting-room and the sick wards, because "two years and a half" are not enough. I venture to say that much less would prove enough for many an industrious student, who under the present system too often sinks and dies early, or lays the foundation of disease which will embitter all his after life. One student will acquire in three months as much information as another in three years. One will learn far easier from books than lectures. Why not, then, fix the examinations at the necessary amount, and admit all who are able to pass? Let the College pursue the good work; they will thus encourage industry, and put an end to illegal practice.

Whence, Sir, do you suppose the *illegals* come from? Many, I am sure, from the very threshold of our colleges and halls. They commence without any other idea than belonging to the *legal* bodies, but, meeting insuperable obstacles, often turn aside. I myself commenced my career by apprenticeship, which is a great shame to a learned profession. Being one case in a thousand, I had opportunities of inquiring knowledge in this time. My next step was to enter at an hospital. The money paid, I attended regularly; but it soon became obvious to all

that I was injuring my health, and at the close of the first summer session my physicians plainly told me I must relinquish all hospital study, or make up my mind to die. Well, Sir, what could be done? I had not fulfilled the curriculum. I applied to the College—I applied to the Hall, but their portals were closed; and after years of application I must abandon all hopes of a qualification. My case is not singular, or if it is, why will they not make an exception in my favour? Hundreds are thus driven from a calling they would otherwise adorn, while the professed charlatan survives, and becomes wealthy. They may possibly become assistants; but these places are not easy, probably would not suit their health; and if they would, who can brook, after receiving an education worthy of the profession, to be limited to a paltry £50 or £60 per annum? They are driven then to practise without a licence, and who is to blame but those who so liberally drive them? I do not blush to say that on any good opening that occurs, I shall not scruple to enter into practice without the bit of paper which the examining boards refuse. Let them raise the standard of their examinations, if they please, but let them admit to it all who, like myself, are willing to undergo the ordeal. Illegal practice would then be unknown, for no person of education would refuse to become candidates, and amongst the grossly ignorant little harm would be done, for none would apply for their aid; or when the portals of our colleges and halls were thus thrown open, it would be easy to prevent those from practising who refused to become members. Hoping you will thus let both sides be heard.

I am, Sir, your obedient servant,

V. T. R.

Nov. 1854.

## MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers inform the large body of militia surgeons how they are likely to be affected by the new Militia Act? We ought not to be taken by surprise. We have all found our expenses to have been far beyond our pay up to the present time, and many of us might be enabled to retain the surgeoncy if we were allowed time to make the arrangements. I know that the emergency as to troops is great; but a great country and government should have the welfare of the few cared for, whose interests are involved in the greater public affairs. The militia surgeons, in a quiet way, have done great service to the country, and I hope Government will not swamp them by a *laissez faire* policy, or by ungenerous provisions.

I am, Sir, your obedient servant,

AN OLD AND WILLING HAND.

Nov. 1854.

## THE ARMY AND NAVY MEDICAL DEPARTMENTS.

To the Editor of THE LANCET.

SIR,—It would almost appear to be the rule to censure the medical department of the army after a battle; at all events Mr. Guthrie tells us that, after the battle of Salamanca, he found himself without conveyance, without stores, except those that the panniers of the regimental surgeons contained, and encumbered with near three thousand wounded in the village of Valverde. "The doctors all worked as no men ever worked before; the toil was incessant, we thought ourselves happy in the improvement of many around us, and that our reward would follow in the approbation of the higher authorities; when lo! to our astonishment, comes a letter from the Adjutant-General, through the Deputy-Inspector of Hospitals at Elvas, informing him that he had been acquainted, by an officer deserving credit, of the neglect, &c., with which the wounded had been treated; of his great disapprobation, &c. You may conceive our anger; but that is not the way to meet an attack of this sort; when a man errs on the wrong side of truth, the only way to settle the matter is to convict him. I therefore read the letter to the Commandant, the late Sir Aretas Young, and to all the wounded officers, and then desired them to tell the Adjutant-General the truth; this I forwarded, with a request that the person who was now shown to be a villifier might be brought to justice; but no, the Adjutant-General was pleased to express, in reply, his happiness at finding he had been mistaken as to the wounded of Valverde, but thought the word villifier was too strong. I entreated the Deputy-Inspector to go and insist upon an apology from the officer, or a reprimand for him from the Adjutant-General, but it was of no use; the Deputy was a worthy man, but who would as soon have faced the devil as an Adjutant-General, and he

gravely wrote me word back, we had got remarkably well out of the scrape, and to be quiet. I was not at all contented, but I could not move him. He is long since dead, and I believe with the most profound dread of both these potentates. Well, gentlemen, the matter ended thus; the English papers were full of our valour; our courage and our difficulties were the theme of every tongue, the humanity-men were even satisfied; the generals and staff officers obtained stars and ribbons, the officers commanding regiments, whether in or out of action, received medals, many of them were promoted, the regiments inscribed Albuhera on their colours in letters of gold; some few persons of inferior note, who had disappeared and had been reported dead, returned to life; the poor doctors alone got nothing. Do you wonder now, gentlemen, that a staff surgeon even might prefer a comfortable bed and a good dinner at Santarem or Abrantes, at Portalegre or at Elvas, to the field of Albuhera or the trenches of Badajoz?"

I am, Sir, your obedient servant,

J. H.

## THE CHOLERA IN THE WEST INDIES.

To the Editor of THE LANCET.

SIR,—Perhaps the following may interest some of the numerous readers of THE LANCET. Trinidad is at present suffering much from that great scourge, cholera, and in a letter from a lady, the wife of a physician, to her relative in this island, she states that the monkeys, both wild and those kept as pets, have suffered much from cholera; that persons travelling through the woods meet them in all stages of the disease; some dying, and some dead; those living showing symptoms of most malignant cholera. The lady also writes, that when, some time since, small-pox was prevalent there, it was observed that they suffered also from the disease. The husband of the lady is one of the first physicians in the island. It would seem, by THE LANCET, that the profession in England is coming round to the contagion doctrine, as regards cholera. The evidence for it possessing the property is, in my opinion, as strong as that regarding variola. St. Kitt's, within less, in some parts, than a mile from Nevis, has escaped, by carrying out most stringent quarantine regulations, and the authorities have therein shown their wisdom. We here have hitherto escaped, but whether we are destined to be visited by the epidemic, God only knows. Our quarantine is not as rigid as it ought to be. The governor (son of the late Sir James Macintosh) is a staunch non-contagionist, and with him (by law) and his privy council rest the formation and carrying out the quarantine regulations, instead of being controlled as they ought to be by a board of medical men.

I am, Sir, yours &c.,

JOHN FURLONGE, M.D., Health Officer, &c.

Antigua, October, 1854.

## Medical News.

**ROYAL COLLEGE OF SURGEONS**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 24th ult. :—

BIRD, SAMUEL DOUGAN, Birkenhead, Cheshire.  
CORNER, FRANCIS MEAD, Whitby, Yorkshire.  
DANIELL, CYRUS OCTAVIUS, Army.  
DYMCK, WILLIAM, Willisborough, Ashford, Kent.  
GROWSE, JOHN LAWRENCE, Bildistown, Suffolk.  
HALL, JOHN, Sheffield Infirmary.  
HAMMOND, EDWARD BECK, Ipswich.  
LAWTON, SAMUEL, Sheffield.  
NESFIELD, STEPHEN, Whitby, Yorkshire.  
SARGINT, EDWARD HENRY, Australia.  
SEITZ, HARTWIG LUDWIG CHRISTOPHER, Bombay.

At the same meeting of the Court, Mr. CHARLES EDWARD PLAYFAIR passed his examination for naval surgeon. This gentleman had previously been admitted a Member of the Royal College of Surgeons, his diploma bearing date 25th of June, 1850.

At a special meeting of the Court on the 25th ult., Messrs.

BEAUFOY, CHARLES, Oxford,  
CAMPELL, EDWARD WILLIS, Woolwich,

having undergone the necessary examinations, were admitted Members of the College.

At another special meeting, on the 30th ult., Messrs.

MARSHALL, FRANCIS, Hackney.  
MEYER, JOHN, India.

**APOTHECARIES' HALL**.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, November 23rd, 1854.

BALY, GEORGE, Warwick.  
HICKMAN, JOHN LOCKLEY, Wolverhampton.  
WATTS, WILLIAM EDWARD MOCKTON, Battle, Sussex.  
WEST, HENRY ROGER, Clavering, Bishop's-stortford.  
YORK, GEORGE BILLING, St. John's-wood-road.

**FELLOWSHIP EXAMINATIONS**.—The following were the questions on anatomy and physiology submitted to the senior candidates for the Fellowship of the Royal College of Surgeons, at a meeting of the Court on the 28th ult. :—

1. The anatomy of the knee-joint, and the muscles and tendons around it.
2. The course of the arteries of the upper extremity, from the commencement of the subclavian to their termination in the fingers.
3. The muscles, nerves, and bloodvessels of the face.
4. The situation, structure, and function of the kidney.
2. The composition and chemical qualities of urine in health, and, as far as possible, in disease.
6. Describe the form, situation, and structure of the salivary glands, with the chemical qualities of their secretions.

The following were submitted to the junior candidates :—

1. Describe the medulla oblongata from its uppermost part to its junction with the spinal cord, distinguishing all the points in the medulla usually named, together with the nerves proceeding from it to their termination.
2. Describe the structure of the wrist-joint, together with the origin and termination of the muscles or tendons which pass in front and behind it.
3. Describe the larynx, its cartilages and muscles, ligaments and nerves, with the manner in which its functions are performed.
4. Describe the retina, its connexions, peculiarities, extent, appearances before and after death.
5. Describe the uterus, its ligaments, with their contents; the changes, as far as known, which take place in that organ from infancy to old age.
6. Describe the minute structure of the stomach and intestines, as connected with the physiology of digestion.

The following questions on pathology and surgery were submitted to the senior candidates, on the 30th ult., viz :—

1. The diseases of the testis, non-malignant, malignant, and their treatment.
2. The treatment of umbilical hernia in the female, when incarcerated or strangulated.
3. The application of caustics in cancer, when advisable, and to what parts?
4. The symptoms and treatment of internal hæmorrhoids by operation or otherwise, more particularly when complicated by a large descent of the internal membrane of the rectum.
5. Describe the distinction presumed to exist between the various kinds of syphilitic ulcers of the penis and their treatment.
6. Describe the first set of secondary symptoms.

The following were submitted to the junior candidates :—

1. Symptoms and treatment of rheumatic iritis.
2. In what cases of strangulated femoral hernia is it advisable to leave the hernial sac unopened? and describe the operation.
3. In what cases of mortification, impending or complete, of the extremities is amputation imperatively demanded, with the preceding symptoms?
4. What operation is to be done on the calf of the leg in the case of a wound of one of the great arteries, the injury of which cannot in the first instance be accurately determined?
5. What is the best manner of amputating the thigh at the hip-joint when the soft parts are much injured in the vicinity? and name all the parts to be divided.
6. The symptoms and treatment of calculus vesicæ in the female.

**MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN**.—The following Medical Degrees were conferred during the Autumn Examination Term, after the usual examinations, viz :—The degree of M.D. on THOMAS MATHER ASHTON,

Lancashire; JAMES DIXON, Cheshire; WILLIAM PHILIP HARRISON, Manchester; HENRY KINGSLEY, Warwickshire; WILLIAM JOHNSTON LONG, H.E.I.C.S.; THOMAS THOMSON, Aberdeenshire; WILLIAM (THOMSON), Kincardineshire.—And the degree of M.B. on JOHN FELIX JOHNSON, Surgeon R.N.

**EPIDEMIOLOGICAL SOCIETY.**—At the meeting of this Society to be held on Monday next, the 4th of December, a paper by George Bodington, Esq., "On the Causes of Exemption of Birmingham from Cholera and other Epidemic Diseases," will be read.

**ST. MARY'S HOSPITAL.**—We recently announced the fact of the recognition of the new school established in connexion with this hospital, by the Council College of Surgeons. Through the energy of the medical staff, aided by the co-operation of the governors, a building larger than the school of St. George's Hospital in Kinnerton-street, has been erected in less than four months. It contains accommodation for nearly three hundred students, and there is every promise that in a few years it will become one of the most flourishing schools in the metropolis. The museum has been already furnished with a large number of valuable and interesting preparations. The best specimens of Mr. Lane's extensive anatomical and surgical collection have been transferred from Grosvenor-place to the new school. In the obstetric department the museum, too, is particularly rich. Mr. North, for many years the able teacher of midwifery at the Middlesex Hospital, has presented the whole of his splendid museum, the collection of which occupied him nearly fifty years, to St. Mary's. Dr. James Bird has also made a gift of a complete set of Thibert's models of uterine disease.

**PRESENTATION OF PLATE TO MR. B. HUNT, OF THE QUEEN'S COLLEGE, BIRMINGHAM, BY THE STUDENTS.**—On Friday, the 17th ult., the students of the Queen's College, Birmingham, gave a grand entertainment, at the Swan Hotel, to the Professors and other superiors of the College, on the occasion of the retirement of Mr. B. Hunt, late surgeon to the hospital. Amongst the guests were Dr. Birt Davies, Dr. Healop, Dr. Fife, Dr. Jordan, and the Vice-President of the College, Mr. B. Hall. After the disposal of the usual loyal toasts, the Vice-President handed over to Mr. B. Hunt a suitable testimonial, in the shape of a service of plate, as a mark of respect from the students, on his retirement from office; as also an elegant address, drawn up by the students, expressive of their great and deep regret at Mr. Hunt's retirement. Upwards of forty gentlemen sat down to dinner, and the utmost harmony and cordiality evidenced itself throughout the proceedings, and the company did not break up until a late hour.

**MUNIFICENT BEQUESTS.**—In the will of John Hinchcliffe, Esq., late of Notting-hill-terrace, aged ninety-five at the time of his death, and which has just been proved at Doctors' Commons, the following unusually liberal bequests are contained in favour of the undermentioned charitable institutions for the relief of suffering and afflicted poor persons:—Indigent Blind Asylum, £1000; Journeymen Tailors' Institution, £1000; Magdalen Hospital, £1000; Lock Hospital, £1000; London Truss Society, £1000; Middlesex Hospital, £1000; St. Mary's Hospital, Westbourne-terrace, £1000; Houseless Poor, Broad-street, London, £500; Deaf and Dumb Institution, £1000; Westminster Hospital, £1000; London Fever Hospital, Liverpool-road, Islington, £1000; Charing-cross Hospital, £1000; Asylum for Idiots, £1000; Cancer Hospital, £1000; Prevention of Cruelty to Animals' Society, £500. The above princely legacies, amounting to £14,000, are payable by the executors upon the death of Mrs. Hinchcliffe, who is at present of very great age.

**ADULTERATION OF FOOD AND DRUGS.**—A meeting of medical and scientific gentlemen was recently held, at Birmingham, to consider what measures should be adopted by the Legislature to prevent the adulteration of food and drugs. The chair was filled by Mr. Scholefield, M.P., who described the progress of the movement for diminishing, if not of entirely eradicating, the great evil of adulteration; and stated his intention of moving, early in the next session of Parliament, for a select committee on the subject. The hon. gentleman at some length pointed out the practices of bakers and others in the adulteration of flour and other articles of food, and the way in which guano and other commodities were rendered worthless by the admixture of deleterious and cheap ingredients. Mr. Postgate stated the results of the analyses he had made of flour, milk, &c., and the danger which arose from adulteration. A discussion followed, in which the statements were corroborated by several gentlemen. After a vote of thanks to the chairman, the meeting separated.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, NOVEMBER 25.**—The deaths of 1262 persons, namely, 618 males and 644 females, were registered in London in the week that ended last Saturday. This is a high mortality as compared with the returns of ten corresponding weeks of the years 1844-53, in which the average number of deaths was 1021, or as compared with this average raised in proportion to increase of population, which is 1123. A hundred and thirty-nine persons died last week above the number thus estimated. Although the aggregate number of deaths last week was less than that of the previous week, (when it was 1309,) it will be seen that fatal cases arising from zymotic diseases remained exactly the same, having been 332 in each return, while those from diseases of the organs of respiration suffered a considerable increase, rising from 240 to 292. Both these classes of diseases exhibit at present an excess above the ordinary mortality. The deaths from scarlatina rose to 118; there were 23 from small-pox, 33 from measles, 37 from whooping-cough, 6 from influenza, 50 from fever, 8 from cholera, and 21 from diarrhoea. From bronchitis 144 persons died, the corrected average being 73, and from pneumonia 121, the average being 103.

## Obituary.

On the 24th ult., HENRY DAVIS, Esq., surgeon, Worcester, aged forty. He was highly respected in this city and neighbourhood.

At Balairic View, Belfast, JAMES THOMSON, M.D., R.N., aged ninety-one.

At Leeds, JONATHAN WHITE, Esq., surgeon, aged eighty-three.

Near Neath, WILLIAM LEYSON, Esq., surgeon R.N.

At West Bromwich, JOHN W. SAVAGE, Esq., surgeon, aged forty.

At Bampton, Devon, THOMAS LANGDON, Esq., surgeon, aged sixty-nine.

On the 28th ult., at his residence, Blackfriars-road, from an attack of laryngitis, CHARLES BRADY, Esq., M.R.C.S., in the forty-eighth year of his age, deeply regretted by all who knew him.

At Toronto, Upper Canada, THOMAS DEASELY, M.D., of Tyrone, Ireland, and late a professor of Trinity College, Toronto.

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## TO CORRESPONDENTS.

*The Rev. E. Holmes.*—In the event of our recurring to the subject, the facts detailed will receive every attention; but we now trust that Mr. Holmes will perceive that our immediate object having been to discuss the question as to the alleged infractions of the Lunacy Laws, it was unnecessary to dwell upon circumstances having but an incidental bearing upon that question.

*To the Editor of THE LANCET.*

SIR,—I beg to call the attention of your scientific readers to a small physiological fact which has not, to my knowledge, been previously noticed by any one. It is simply the existence of the *spheroidal* form of ciliated epithelium on the lips of the oyster. Perhaps I may be better understood if I use the common term, and say "beard," meaning those thin, flat muscles, through which it appears to draw its nourishment. Anatomists state that this variety is only known in the frog's mouth, on the surface of the ovum, and the choroid plexuses of fetal quadrupeds; but in the above-mentioned structure I have lately discovered their existence, and may add that it is a source for obtaining examples of ciliated epithelium so convenient for demonstration that I need scarcely apologise for calling the attention of students and others to the subject.

I am, Sir, your obedient servant, J. HAWKES, House-Surgeon,

The Infirmary, Bolton-le-Moors, Nov. 1864.



**A Friend.**—We have perused the article on the "Grievances of Naval Assistant-Surgeons," which appeared in the last number of the *Illustrated News*, with much pleasure. The writer thoroughly understands the subject of which he treats. The position of the assistant-surgeons of the navy is altogether so unsatisfactory, and there are so many anomalies with respect to the medical public service generally, that an inquiry before Parliament is urgently necessary. The service has been so deteriorated by the mismanagement of lay officials, that a thorough reform is absolutely necessary.

**THE MESSRS. POWER AND THEIR CLASSES.**  
To the Editor of THE LANCET.

SIR,—I fear that a misapprehension might arise from the latter part of your report of the presentation of the "Power Testimonial," which I wish to correct.

I stated that my statistics referred only to our "general or Hall class" in comparison with the rejections at the Apothecaries' Hall. Of the statistics of the College of Surgeons it is next to impossible to obtain a regular and correct report; but my brother and myself have for many years kept an accurate weekly account of those of the Hall, which we are able to verify.

I stated also that from our general class, during a certain time, 1080 gentlemen had passed, and 54 had been rejected—i.e., 20 to 1; not that there were only 4 per cent. of rejections, as given in your report—while from all other sources, 1050 gentlemen had passed the Hall, and 256 had been rejected—i.e., about 4 to 1. The latter number, or rather 105 to 25, is very nearly accurate for the years 1847 to 1853 inclusive.

I put the statement in this way, and did not make out the *per centage*, and have no doubt that the error arose from mistaking the numbers 20 and 4 for per centages.

I have the honour to be, Sir, yours obediently,  
Royston Hall, Kilburn, Nov. 1854. WM. HENRY POWER.

**A Reader and Controvertist.**—Certainly not "purely white."

**A Dispensary Surgeon, (Bath.)**—Inquiry shall be made into the subject, and the omission rectified.

**Mrs. Caroline Welchman.**—No such practice is allowed. The fee would not be accepted under any circumstances. Information of the description required is never given.

**REWARDS TO MEDICAL PRACTITIONERS.**  
To the Editor of THE LANCET.

SIR,—As it is somewhat a rare circumstance for the services of medical officers to be appreciated, and as I observed in your last number some notices of that character on the part of parochial authorities, perhaps you will not think it improper to give publicity to what the trustees of the poor of this parish of St. Leonard, Shoreditch, have lately done. They confirmed a resolution of the previous board meeting, to give each of their surgeons £50 for the extra services rendered during the late epidemic. This (as it may be considered) liberally might be held up as a good example to boards of guardians presiding over very much richer parishes than our own. The names of the medical officers are—Mr. James Clarke, Mr. G. W. H. Coward, Dr. P. L. Burchell, Mr. T. P. Collier, Dr. Nicol.

I am, Sir, truly yours  
Kingsland-road, Nov. 1854. P. L. BURCHELL, M.B.

**S. B.**—We know nothing of the person in question.

**A Member.**—The subject might be brought forward with advantage.

**A. B.**—Whatever may be the result of such a proceeding, our correspondent will at all events have the satisfaction of knowing he has done a good action.

**UNQUALIFIED PRACTITIONERS.**  
To the Editor of THE LANCET.

SIR,—You may think me perhaps troublesome; but now that the Iron is hot, let us strike it. In THE LANCET of November 18th is a letter from "M.R.C.S.E. and L.A.C.," respecting unqualified practitioners. Now, pray let me state my case:—"An individual, without any qualification, is practising in my neighbourhood," holding two clubs, one the Foresters, the other a Temperance Club, and having several very excellent patients, "and I blush to add that qualified medical men meet him in consultation," but this case differs from the preceding one, inasmuch as this man's father-in-law resides in the same place, and is one of the most wealthy in the town, so that we could not say here "Poor fellow!" All I can say about this is, that it is a great shame that we are not better protected. There is no wonder that so many of our fraternity are poor when they are being daily robbed by impostors and quacks.

I am, Sir, yours obediently,  
November, 1854. SINOM.

**Frederika.**—An answer appeared in the last number of THE LANCET.

**N.**—The meetings are held weekly from October to May.

**A Student.**—The preliminary examination at Apothecaries' Hall is not compulsory.

**THE CRYSTAL PALACE.**  
To the Editor of THE LANCET.

SIR,—I have seen the Crystal Palace, and perused pages 142 to 148 of the "Guide." Let me beg of you to do so too. You will find great names of every art and every age, the bright examples whom the authorities of this quasi-national enterprise hold up for the imitation of our sons and daughters.

Of the great amongst those of our brothers who have been, Hippocrates represents the Greeks, while Hufeland alone from the glorious ranks of Continental Medicine, and Hunter alone from those of England, have been found worthy to illustrate the past; and Skye, of whom you may perhaps have heard, (he was the author of certain lectures published not long since), has alone won the honours of the living. Such glory is too weighty for one man to bear, even for Skye; and in the full zeal of brotherhood, such as animates all members of our profession, I boldly offer myself as his companion in the immortal phalanx.

Now for the ladies. Pray keep your daughters from the Palace; their ambition will be roused by contemplating the effigies of the glorious dead, and they will labour to deserve a place upon the roll of honour in one of the three classes of women, who at the Crystal Palace are alone deemed illustrious, queens, actresses, and (see 28, 217, 235, 301) courtizans! Does the "Handbook," to which "visitors are referred for the lives," enter fully "into the claims to renown of these nobilities?"

I am, Sir,  
November, 1854. THE SHADE OF ROMEO'S APOTHECARY.

**J. P. and J. E., (Manchester.)**—The term "general practitioner" is vague and almost absurd. The laws regulating the medical profession are most unsatisfactory, and often antagonistic to each other. A "general practitioner," in the common acceptance of the word, is a medical gentleman who dispenses medicine for his own patients. To be "legally qualified" to practise all branches of the profession, it is necessary that he should possess the licence of the Society of Apothecaries, and the diploma of the College of Surgeons.

**TREATMENT OF CHOLERA BY ACIDS.**  
To the Editor of THE LANCET.

SIR,—I cannot agree with Mr. Bodington that I have no right to sign merely the letters "R. W." I cannot agree with him that he laid no claim to originality in "having suggested" the use of acids in the treatment of cholera. These are his words, to be found in THE LANCET of the 14th of October:—"There is a letter with the signature 'R.' headed 'Causes of Cholera,' which I wrote..... It was only when I saw parties making statements in your journal of their having first suggested the treatment by acids, that I wrote to you, Sir, in my own name, in vindication of my prior claim. Previously I had written anonymously....."

It was this assertion I answered. I certainly never read his pamphlet. We all read THE LANCET with a view to information, and he who contributes to it must expect, if he cannot corroborate his statements, to have them refuted. I wage no war with Mr. Bodington. I will not therefore say anything harsh on his assertion, that I said, directly or indirectly, that Asiatic cholera was known 260 years ago. Those who think my letter of the 28th of October worth reading can soon see what I did say.

Cholera appears to afford the fairest field in the world for discussion. Scarcely anyone fears to write nonsense, when this disease is his theme. Even I may venture to state, that when the mysterious cause of cholera is hovering around and about us, the poison affects us all in different degrees, from the slightest nervous sensations upwards through the stages of diarrhoea, cholera, to Asiatic cholera itself; and who can after all say that Asiatic cholera is not merely a more severe form of what we call English cholera? At all events, the treatment of nearly every medical man is founded on such a supposition. "Stop the diarrhoea and you escape the cholera," has become a maxim; "stop the diarrhoea, stop the vomiting, and you have no collapse." Now, Sir, it was to fulfil this indication that sulphuric acid was proposed; and without going back to *musty old books*, I will just quote from a text-book, which was in the hands of all the class when I was a student (in the year 1836):—"Two writers on the Diseases of India (Curtis and Johnson) mention that a very severe and fatal spasmodic cholera, proceeding from acrid bile, is a very prevalent disease on the coast of Malabar, where it is known by the name of *mort de chien*...... I have been informed by a medical friend that he found large doses of diluted sulphuric acid to abate the irritation of the stomach more readily than even opium." I have done. I go back to my *cloisters to scrape and fumble over musty books*, in one of which I read something like the following:—

"Hoc ego versiculos feci, tulit alter honores."

I am, Sir, your obedient servant,  
November, 1854. R. W.

**Mr. S. Brownridge, (Hull.)**—In acknowledging the receipt of Mr. Brownridge's letter of the 26th ult., we beg to inquire if it still be his wish that we should publish his communication of the 20th ult. just as we received it?

**Unqualified, (New-road.)**—It is probable that an appointment as dresser might be obtained.

THE admirable sketch forwarded by Dr. Conolly is unavoidably postponed.

**Aspic Finem** says:—

"Giving advice gratis brings before the practitioner many forms of disease which otherwise he would not see, and by extending his experience increases his knowledge. It enables him to effect a pecuniary saving, by giving merely a prescription to those whom he would otherwise be obliged to supply with medicine, if he attended them at all. If the applicants who are apparently well to do are rejected, it cannot be said to rob the profession, at least wittingly. It puts the prescribing into the hands of the medical man, and merely allows the druggist the opportunity of selling the drugs; thus it indirectly tends to dissipate the idea that druggists are acquainted with medicine. It causes those to obtain a medical opinion who would not wish to be attended on the parish account, yet who from poverty cannot pay a medical man, and must either go to a druggist or remain without advice. The system of giving advice gratuitously is so general at charitable institutions, that unless the private unattached general practitioner adopts it, he can see none of the interesting cases amongst the poorer classes, by which his attached brother surgeon gains his experience and becomes known to the public; and hence, on the ground of self-defence, the system holds out many inducements for adoption. Is not the informing of the public by means of brass plate a preferable method to making a confidant of a druggist?"

\*.\* Insertion is readily given to the above, the writer being a highly respectable member of the profession.

**A Constant Subscriber.**—1. Application should be made to Dr. Andrew Smith, Principal of the Medical Department of the Army.—2. Assistant-surgeon.—3. The Apothecaries to the Forces will be appointed from those already engaged in the service.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. France; Mr. Humble; A Reader and Controvertist; A Dispensary Surgeon, (Bath); J. B.; Such is Life; One who has seen many Successful Cases of External Incision; Secretary of the Empire Assurance Company; Mr. Tucker; N.; R. W.; An Old Subscriber, (Brighton); An Old and Willing Hand; Mr. Brownridge, (Hull); X. Y. Z.; Mr. Roper, (Worcester); J. P. and J. E., (Manchester); Mr. Jackson; Mr. T. Hopgood, (Chipping Norton, with enclosure); Mr. J. Nance, (Ecclestone, with enclosure); Messrs. Fowler, (Manchester, with enclosure); Mr. R. Richardson, (Rhayader, with enclosure); Mr. W. J. Jameson, (Ponteland, with enclosure); Mr. John Day, (with enclosure); Dr. Wallis, (with enclosure); Mr. Huxley, (with enclosure); Mr. T. Dixon, (with enclosure); Mr. M. Ingle, (Ashby-de-la-Zouch, with enclosure); The Rev. E. Holmes; Frederika; A Constant Subscriber; S. B.; Mrs. Caroline Welchman; Mr. Wm. Henry Power; A Friend; A. B.; Sinom; A Student; Unqualified, (New-road); A Member; Aspic Finem; An Inquirer; &c. &c.

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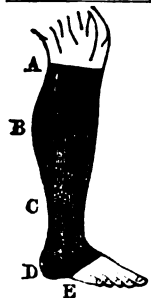
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 The above stand with lever stage, extra eye-piece, double mirrors, animalcule cage, &c., 2s.; or with Pillischer's glasses, 2s 10s.  
 A list of prices will be sent free on application to M. Pillischer, 88, New Bond-street.

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TO THE MEDICAL PROFESSION.  
**Fr. G. Ernst, Anatomical Machinist**  
 and MANUFACTURER OF SURGICAL INSTRUMENTS, 43, Lamb's Conduit-street, Foundling Hospital, begs to inform the Faculty that he makes every kind of **APPARATUS for the CURE and RELIEF of BODILY DEFORMITIES**, and all Diseases requiring Mechanical Assistance; Trusses of every description upon the newest principles; Elastic Bandages, Stockings, Knee-caps, and Riding-belts; Artificial Legs, Arms, and Hands, Crutches, &c. Every article warranted of the best materials and at moderate prices. Surgical Instruments supplied to order, repaired, &c. Madam Ernst (late Miss Hunt), who has been for many years engaged in the business, waits upon Ladies, and begs to recommend her improved Utero-abdominal Bandages, adapted to every kind of weakness or relaxation; Accouchment-belts, &c.



**Every excellence which the**  
 Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by **HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.**  
 H. and Co. have much pleasure in informing the Profession that they have perfected an **ABDOMINAL BELT** of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D, and D to E.

**HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.**

**Mr. Bourjeaud's Registered Elastic**  
**APPLIANCES**, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mirart's Hotel, London; and 17, Rue des Beaux Arts, Paris.

FIG. 1. At home from One till Five.

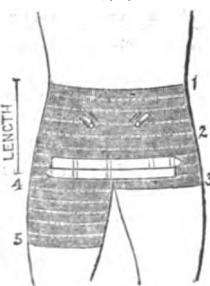
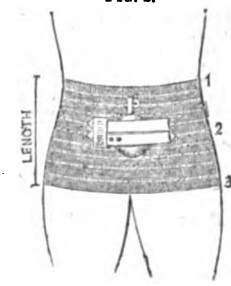


FIG. 2.



**FIG. 1. THE BELT AND AIR-PAD FOR FEMORAL HERNIA.**—Mr. Bourjeaud begs to state that this has been extensively tried, and has met with great approbation, especially at Guy's and St. Bartholomew's Hospitals. (See THE LANCET, Jan. 10th, 1852, page 43; and March 13th, 1852, page 287.) The air-pad is carefully adjusted, so that it may exactly rest on the femoral ring, the tube and stopcock being free, to allow of the pad being subjected to more or less insufflation. The belts in all these apparatuses possess the great advantage of encompassing the abdomen without distressing the patient, and of giving such support to the intestines as to lessen the chance of hernial protrusion. It is, in fact, extremely erroneous to confine the pressure to the rings; the whole abdominal mass should be well supported, and the pressure on the rings will then be effectual, without being exerted with the violence so often connected with the steel trusses.

**FIG. 2.—APPARATUS FOR UMBILICAL HERNIA.**—The belt is of the same kind as those figured in the other diagrams, but an air-pad sufficiently large is here fixed to the centre of the belt, and has the advantage, by its yielding and resilient properties, to fill, in some degree, the umbilical ring; thereby preventing protrusion, and leading the way, especially in children, to the final closure of the ring. Mr. Bourjeaud has had several cases of radical cure with young subjects. (See THE LANCET, July 12th, 1851, page 33; and Feb. 12th, 1853, page 153.)

**Mr. Edwin Osborne, of 24, Savile-**  
 ROW, LONDON, the Sole Licensee and Maker of **PALMER'S PATENT LEG**, adapts this beautiful substitute to every form of amputation and having had great experience in its manufacture, feels confident of giving comfort and satisfaction to those persons who may favour him with their patronage. References given, (if required.)

**Army and Navy Surgeons can be**  
 supplied with the best **SURGICAL INSTRUMENTS** cheaper than any other house in the trade, at **PRATT'S**, 420, Oxford-street. Travelling Urinals, from 12s.; Brass Enema Syringe in Case, 7s. 6d.; Elastic Stockings, 5s.; Case of Amputating Instruments, £3 15s.; Pocket Case, 30s.; Tooth Instruments, from 25s.  
**PRATT, Surgical Instrument Maker, 420, Oxford-street.**

**Henry Bigg, 9, St. Thomas's-street,**  
 Borough, Surgical Instrument-maker to Guy's and St. Thomas's Hospitals, begs to call the attention of the Medical Profession to the following valuable Instruments, made from designs and suggestions kindly given by the Gentlemen whose names are attached—viz., Mr. Le Gros Clark's Talipes Instrument; Mr. Bransby Cooper's Ovarian Trocar; Mr. Cock's Recto-Vesical Trocar; Mr. Cooper Forster's Ear Speculum; Mr. Hilton's Speculum Ani; Dr. Lever's Midwifery Instruments; Mr. Solly's Elastic Catheter, with Catgut Director. These Instruments being constructed on the premises secure their excellence and perfect finish.  
 9, St. Thomas's-street, Borough, London.

**Dr. Lever's Improved Elastic Utero-**  
**ABDOMINAL BELT** being constructed by Mr. H. Bigg, 29, Leicester-square, under the immediate suggestion of Dr. Lever, will be found to combine every advantage possible to obtain. It upholds the parietes of the abdomen, secures support to the uterus, and admits of the elastic force immediately above the pubes being increased by the patient after the Belt is applied.  
 To be had only of Mr. H. BIGG, 29, Leicester-square.

**Spinal Curvature.—Mr. H. Bigg, 29,**  
 Leicester-square, particularly invites the attention of the Faculty to two new and distinct forms of **SPINAL APPARATUS** he has recently invented. The principle on which they are constructed, thoroughly supplants the "brute force" of the screw, yielding instead an elastic power analogous to muscular motion; it also encourages respiration, admits of the spine being moved in any direction, and possesses a weight so trifling as hardly to be felt by the wearer.—PATENTED.  
 To be had only of the Patentee, 29, Leicester-square.

**Treatment of Club Feet, Spinal**  
**CURVATURE, &c., WITHOUT THE EMPLOYMENT OF THE SCREW.**—MR. HEATHER BIGG, 29, Leicester-square, begs to invite the attention of the Faculty to an entirely new principle he has discovered for constructing the various apparatus for deformities of the feet and spine.  
 "The living structures do not with impunity tolerate the brute force of the screw." In any case in which the force of the screw is employed, unless for a very brief period, excoriation, sloughing, intolerable pain in the parts compressed will inevitably result." \* \* \* Dr. LITTLE, on "Deformities," pp. 34, 35.  
 Mr. H. Bigg has recently invented four distinct forms of Orthopedic Instruments for Talipes Varus, T. Valgus, T. Equinus, Lateral Curvature, &c., in all of which the principle of muscular elasticity is simulated and the "brute force" of the screw ignored.—PATENTED.  
 29, LEICESTER-SQUARE.

TO THE SURGICAL AND MEDICAL PROFESSION.  
**W. F. Dürroch, late Smith, begs to**  
 inform the Profession, that he continues to MANUFACTURE **SURGICAL INSTRUMENTS** of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent practitioners and lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their instruments finished in the best and most modern style. Surgical and Medical Instruments made to drawings, and kept in repair. Established 1798. No. 2, New-street, St. Thomas's-street, (near the Hospital,) in Southwark.  
 Superior dissecting instruments and equally moderate in price, well worth the inspection of the student.  
**SPECULUM ANI**, made by W. Dürroch, for John Hilton, Esq., may be had at a moderate price.

## ELECTRICITY.

FOR NERVOUS, FUNCTIONAL, AND RHEUMATIC DISEASES.



**MEINIG'S New and Greatly Improved GALVANIC ELECTRO-GENERATOR**, for supplying vito-functional energy to any organ in want of the same, and to the system generally, may now be had at the Establishments, 103, Leadenhall-street, and at 213A, Piccadilly. All wet and metallic contact with the body is entirely obviated; it acts with water alone, without acid, the action lasts more than twenty-four hours after each damping, and can be renewed and regulated without undressing, the Generator, enclosed in an envelope, being carried in the pocket or suspended from the neck.

THE EXTRAORDINARY CURATIVE VIRTUES OF THESE MILD CURRENTS OF ELECTRICITY ARE NOW FULLY ESTABLISHED BY EXPERIENCE. The Prospectus (to be had gratis, or by post for two stamps) contains the names of more than 600 persons cured within the last eighteen months, and this remedy is now adopted in nearly all the Hospitals, and by the most eminent practitioners. Sold at 6s. and upwards, according to power, at C. MEINIG'S, 103, Leadenhall-street, and 213A, Piccadilly.

N.B.—In the first stages of CHOLERA the continuous current from the colon to the abdomen has been found eminently successful in checking the further progress of the disease.

**POCKET-BATTERIES** for Medical Practice on the same principle. (Intensity of 120 cells within the space of a small pocket-book.)  
 103, LEADENHALL-STREET and 213A, PICCADILLY (near Regent-circus.)  
 Prospectus gratis, or by post for two stamps.

## Recherché Wines.—Sherry: A very

fine Sherry, (Amontillado and Montilla.) Brown and Pale, for Cash, at 42s. per dozen; £21 per quarter-cask; £42 per hogshead; £84 per butt.  
**Port.**—Very fine old dry Wine (Vintages 1827, 1830, 1832, 1834), lately imported: from the Wood at 48s., 54s., 63s., and 68s. per dozen.

First Class Champagne, (Ay, Arize, Pierry, Verzenay, and Sillery,) Sparkling and Still Moselle, Sparkling, Still, and Red Hocks, and Bordeaux Wines, at very moderate prices.

These Wines are patronized and recommended by several eminent Physicians, and are especially recommended to Connoisseurs. Samples and List of Prices forwarded on application.

H. H. HAMMICK, Importer, 11, Pall-mall, London, opposite the "Travellers' Club."

## Allsopp's Pale Ale in Bottle, as

supplied to the CRYSTAL PALACE; also in casks of 18 gallons. Recommended by BARON LIEBIG.

Address, HARRINGTON PARKER and CO., 51, Pall-Mall, London.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

WOOD & WATSON, 16, Clement's-lane, City.

## Allsopp's Pale Ale.—Medical gentle-

men who recommend this ale as an article of diet to their patients are respectfully requested to inform them at the same time, that they may rely on procuring ALLSOPP'S PALE ALE in its genuine state, in either cask or bottle, by addressing their orders to NATHANIEL EASTTY, wine and beer merchant, 132, Upper Thames-street.

The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S. University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 16, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BOTTLE PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTTY, 132, Upper Thames-street, London.

## Soyer's Aromatic Mustard.—"M.

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO'S HOMEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## DOMESTIC ECONOMY

## H. Sparrow and Co. beg to announce

that in consequence of the late reduction of duty, and the present depressed state of the Tea market, they are enabled to offer

Good Breakfast Congou at 2s. 8d., 3s., 3s. 4d., and 3s. 8d. per lb.

Fine Souchong, 3s. 4d., 3s. 8d., and 4s.

Young Hyson, 3s. 4d., 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Gunpowder, 3s. 8d., 4s., 4s. 4d., 4s. 8d., and 5s.

Fresh Roasted Coffee, 11d., 1s., 1s. 4d., and 1s. 6d.

With every other article in the trade proportionately cheap, and of that sterling quality for which they have been celebrated for the last Twenty Years; a price-list of which may be had on application, post free, and parcels of £2 value and upwards, rail paid, to any station in the kingdom.

Address, HENRY SPARROW and CO., Wholesale Dealers in Tea, 372, Oxford-street, London.

## Pure as well as Fine Tea.—

Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in THE LANCET, and also in THE TIMES, (October 6th, 1852.) The fact, therefore, is now familiar to most; that artificial colour is used to give the Spring crop and the spent Autumn picking the same appearance. If this practice were discontinued, a twofold benefit would arise; first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by HORNIMAN and Co., London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the Spring product from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE Tea, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are REDUCED:—

Finest Congou, 3s. 8d. Finest Lapsang Souchong, 4s. and 4s. 8d.  
 Fine and Pure Green, 3s. 8d., 4s., and 4s. 8d.

HORNIMAN and CO., Wormwood-street, London, Importers of the most approved Teas in general use, but free from the objectionable artificial colour on the surface.

Agents in London, PURSELL, 80, Cornhill; and ELPHINSTONE, 227, Regent-street, and 368, Oxford-street.

Sold by authorized Firms in all Towns, in 1 lb., ½ lb., and ¼ lb. packages only

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and alternately with the Patent Barley, is an excellent food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

The proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest Tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets at 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Royal Polytechnic Gas Fire.—

BACHHOFFNER and DEFRIES'S PATENT.—The Public is respectfully informed that arrangements have now been made for the supply of this unique and beautiful mode of Warming Private Houses, Shops, Public Buildings, &c. Smoke, dust, ashes, and accidents from fire are effectually prevented by its use, while it presents all the comfort and appearance of an open coal fire, securing, at the same time, perfect ventilation. To be seen in action at DEFRIES'S Office, 145, Regent-street, London.

## Ten Thousand Stoves.—The Tenth

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DEAY, and CO., 46, King William-street, London-bridge, and may be obtained of most ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.

## Warming and Ventilating, by Hot

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILEVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

Eardiston House Worcestershire, March 1st, 1854.

SIR,—I am much pleased in being able to give you a justifying account of your Calorifere. Since I burn nothing but coke in it, the change has been quite surprising. I must say, that now I have a very high opinion of your machine, and find it a great comfort in my house, the cost of warming it was one shilling per day.

To J. Boileve, Esq.

WM. SMITH. (Sir, Baronet.)

## Purification of Linen.—Prevention of

Disease.—J. BOILEVE, 55, King William-street, City, London, solicits the attention of the nobility and gentry to his CALORIFERE, for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1853.

SIR,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) just up in the Laundry at Woburn Abbey in May, 1852, by Mr. Boileve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy. I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

I am, Sir, your obedient servant,

J. Boileve, Esq.

J. PALFREMAN, House Steward.

## A New Discovery.—Mr. Howard,

Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR OR DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication.

52, Fleet-street. At home from Ten till Five.

## Teeth.—Mr. Alfred Jones, of Gros-

venor-street, has recently completed a new and important improvement in the construction of ARTIFICIAL TEETH. The superiority of their appearance, and the unerring accuracy with which they are fitted to the mouth, without wires, springs, or ligatures, and the lightness of their construction, gives greater facility in mastication and freedom to the speech, and imparts a more youthful appearance to the countenance than has hitherto been attained; they support any teeth that may be loose, and have been tested by many of the first medical men, the nobility, and gentry, from whom he has received the most flattering acknowledgments of success. Supplied only by Mr. ALFRED JONES, Surgeon-Dentist to Her Royal Highness the Duchess of Gloucester, her late Royal Highness the Princess Augusta, and his late Majesty Louis Philippe, the ex-King of the French, &c.—64, Grosvenor-street, Grosvenor-square.—At home from Eleven until Five.

**Water Filter for the Pocket, with**  
**DRINKING-CUP and INSTRUCTIONS,** and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.  
**J. SOLOMON,** Wholesale Optician, and Photographic Dépôt, 22, Red Lion-square.

**Infants' New Feeding Bottles.—These**  
 celebrated Nursing Bottles, the best Artificial Mother ever invented, enabling the most delicate infant to feed from its birth with the greatest comfort and ease, are adapted to milk, biscuits, and all kinds of food. The Nipple, of novel material, is elastic, soft, durable, very clean, and so beautiful an imitation of nature, that no infant ever refuses it.—**BENJAMIN ELAM,** 193, Oxford-street.—7s. 6d.—Each is stamped with my name and address.

**Anatomical and Dental Repository,**  
 45, Museum-street, Bloomsbury, London.—**JOHN HARNETT** begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

**Important Saving, by Pre-payment,**  
 in the PURCHASE of

**NEW WHITE MOULDED VIALS.**  
**APSLEY PELLATT and CO.** submit the following PRICES of VIALS, for PRE-PAYMENT only—  

1 oz., 1 oz., & 1 1/2 oz. per Gross, 6s.	In quantities of not less than
2 oz. " 7s.	Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London.
3 oz. " 8s.	No charge for Package.
4 oz. " 10s.	Breakage at risk of Purchaser.
6 oz. " 15s.	
8 oz. " 18s.	

 4 1/2 oz. graduated in 3 doses 12s. 6d.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

**APSLEY PELLATT & CO.,**  
**FALCON GLASS WORKS, LONDON.**

**Surgical Instruments, and every**  
 Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), Retail as well as Wholesale, from the Manufacturer, **JAMES ARNOLD,** 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Trusses .....	2 6	On Cole's Expired Patent .....	2 6
Double ditto .....	5 0	Double ditto .....	10 0
On Salmon's Expired Patent ...	4 6	Cotton Net Suspensory .....	0 10
Double ditto .....	9 0	Elastic Stocking Net Bandage, per yard .....	0 4
Case of Tooth Instruments .....			£1 0 0
Case of Cupping Instruments .....			2 13 6
Case of Pocket Instruments .....			1 0 0
Brass Enema Syringe, complete in mahogany case .....			0 10 0
Case of Dissecting Instruments, Ivory handles .....			0 12 0
Best Bleeding Lancets, per dozen .....			0 15 0
			0 18 0

**The Eye Douche, for applying Lotion**  
 to or bathing the Eye, is self-acting, simple, and portable. The immediate relief obtained from its use particularly recommends it to the notice of all who are much engaged in reading, writing, or designing; it has been employed with the most favourable results by patients under the care of **Haynes Walton, Esq., Surgeon to the Central London Ophthalmic Hospital.** Price 20s.; carriage paid to any railway station.  
 Manufactured by **WILLIAM T. COOPER,** 26, Oxford-street, London.

**COOPER'S LAVEMENT APPARATUS** is the most perfect ever invented; the possibility of air entering the bowels is prevented, and the labour of pumping is avoided; being constructed entirely of metal, without valves, it cannot become out of order, which renders it particularly suitable for use in the country or in foreign climates. Price 35s. Enema Apparatus from 10s.; Superior Reservoir Apparatus from 27s.—Each instrument in mahogany box with lock and key.  
 Manufactured by **WILLIAM T. COOPER,** 26, Oxford-street, London.

**THE CORK RESPIRATOR** is the lightest cheapest, and most efficacious ever produced; allows free respiration, and from being easily applied and removed, is specially adapted for the use of Invalids, or Ladies attending evening meetings or places of amusement. Price 3s., free by post.  
 Wholesale only of **WILLIAM T. COOPER,** 26, Oxford-street, London.  
 Illustrated Catalogues free by post.

**Mathey Caylus' Gluten Capsules**  
 contain the purest Cofeiba, either simple or combined with Citrate of Iron, Ratanhy, Cubebs, &c.; acknowledged by the London and Paris Hospitals; also by the Looch Hospital; M. Leseur, chef de Travaux Chimiques à l'Académie de Médecine; Drs. Bloor, Cullerier, &c., who have granted written attestations, to be the best prepared Medicine for the cure of certain diseases.

*Extract of a Letter from Dr. Cullerier:—*  
 "I cannot induce you too much to extend the use of your preparations; by so doing you will render a valuable service to the therapeutic of hemorrhagic affections."  
 "I am, &c.,  
 "CULLERIER,  
 "Chirurgien de l'Hôpital de Lourcine."

Sold in Bottles, at 2s. 9d. and 4s. 6d., sealed and stamped with the Government stamp, bearing the name of the Patentee. To be had wholesale and retail of **Robert King, French and English Pharmaceutical Chemist,** 21, Princes-street, Hanover-square; and all respectable Chemists in the United Kingdom.—Country agents required.

**King's College, London.—The Chair**  
 of BOTANY being now vacant, the Council are ready to receive Applications from Gentlemen desirous of offering themselves as Candidates for the appointment.—For full particulars apply to  
 November 23rd, 1854. **J. W. CUNNINGHAM, Secretary.**

**Mr. G. Hind, F.R.C.S., resumed his**  
**DEMONSTRATIONS** on the morning of the 15th of September, at the usual hour.  
 Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

**Brighton Sea-side Preparatory School**  
 FOR YOUNG GENTLEMEN. Conducted by the Widow of a Medical Practitioner.—The usual elementary branches of Education are taught, and all the comforts of a home are carefully provided, while special attention is paid to the physical well-being of the Pupils.  
 Prospectuses forwarded on application to **Mrs. Thomson, 43, Grand-parade, Brighton.**

**University College, London.—**  
 A Course of Lectures on the "INTELLECTUAL POWERS AND LOGIC," such as the Army Medical Board require Gentlemen seeking employment in the Medical Department of the Army to have attended, will be commenced by **PROFESSOR HOPKINS**, on Friday, the 9th of December. Lectures at Quarter-past Ten a.m., on Tuesdays, Wednesdays, and Fridays, (Christmas Vacation excepted,) until the middle of April. Fee, £4.  
**G. VINER ELLIS, Dean of the Faculty of Medicine.**  
**A. DE MORGAN, Dean of the Faculty of Arts and Laws.**  
**CHARLES C. ATKINSON, Secretary to the Council.**  
 November 27th, 1854.

**London Temperance League.—**  
 The Committee have great pleasure in informing the Public, that **HENRY MUDGE, Esq., M.R.C.S.** of Bodmin, Cornwall, will deliver an **ILLUSTRATED PHYSIOLOGICAL LECTURE**, in the Hall of the **YOUNG MEN'S CHRISTIAN ASSOCIATION**, Aldersgate-street, on **FRIDAY** Evening, December 8th, 1854.—Admission free.

**Mr. Mudge** will also deliver Lectures during his visit to the Metropolis, at the following places:—  
 December 1st, Carlisle-street Hall, Paddington.  
 " 4th, Temperance Hall, Weir's-passage, Somers-town.  
 " 5th, Infant School-room, York-street, Walworth.  
 " 6th, Temperance Hall, Broadway, Westminster.  
 " 7th, New Tabernacle School-room, Old-street, Shoreditch.  
 The Chair to be taken each Evening at Eight o'clock.

**A Resident Surgeon and Apothecary**  
 is required for the **WESTERN GENERAL DISPENSARY**, New-road, St. Marylebone. Candidates must be Members of the Royal College of Surgeons of England, Edinburgh, or Dublin, and Licentiates of the Apothecaries' Company to practise in London, and are required to attend (with their qualifications and testimonials) a Meeting of the Board of Directors on Thursday evening, December 14th, at Eight o'clock, when the Election will take place.—Further particulars may be obtained at the Dispensary.  
 Nov. 29th, 1854. By Order, **J. MARTIN, Sec.**

**London Fever Hospital.—The Com-**  
 mittee will proceed to the Election of a **RESIDENT MEDICAL OFFICER** for this Institution on Saturday, the 16th of December. All Candidates are required to send in their applications and testimonials to the Secretary, at his Office, No. 33, Ely-place, Holborn, on or before the 9th day of December. Candidates will obtain, on application to the Secretary, full information in respect to the duties, qualifications, and salary of the Resident Medical Officer, as set forth in the established rules of the Hospital.  
 Dated this 30th November, 1854.  
**CHARLES HYDE, Secretary.**

**Royal Isle of Wight Infirmary.—**  
 Wanted, a legally-qualified Gentleman as **RESIDENT MEDICAL OFFICER**, who, in addition to the House duties, will be required to Visit Patients and act as Secretary. Salary, £240 a year, with board, &c.—Diplomats of qualifications and testimonials to be addressed, on or before the 21st day of December, to **J. Worsley, Esq., Treasurer, Ryde.**  
 The Election will take place on Wednesday, the 17th day of January.

**Wanted, a House-Surgeon to the**  
**CARDIFF INFIRMARY.** He must be a Member of the College of Surgeons of London, Edinburgh, or Dublin, and a Licentiate of Apothecaries' Hall, London. Salary, £100 per annum, with apartments in the house, coal, and candles. Testimonials and applications to be addressed to the Committee of the Glamorganshire and Monmouthshire Infirmary, care of Mr. Granger, at the Cardiff Infirmary. The Election will take place on Thursday, 4th day of January, 1855.

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November 23rd.

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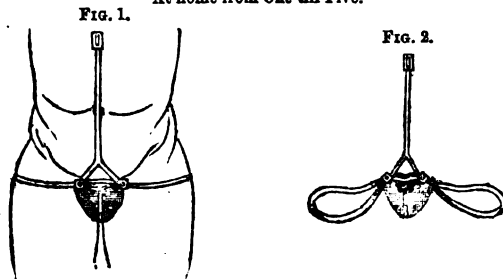


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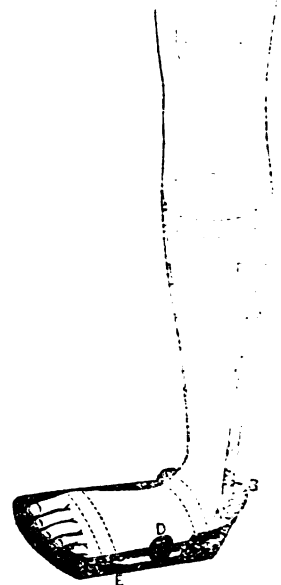
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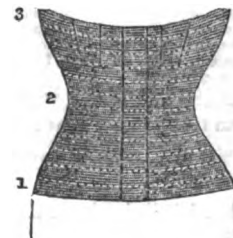
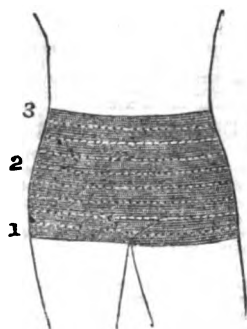
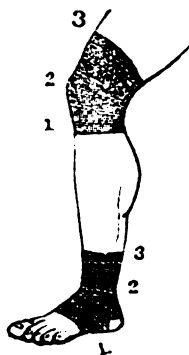
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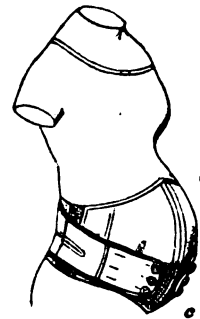
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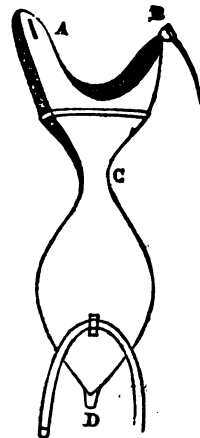
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November 24th, 1854.

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## Brown's Cantharidine Blistering

**TISSUE**, prepared from pure Cantharidine. An elegant preparation vesicating in much less time than the Emp. Lytta P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten square feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

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"I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to ensure its being preferred before those applications of a similar kind that are now in use.

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"**JOHN GAY, F.R.C.S.,**

"Hon. Surgeon to the Royal Free Hospital, &c. &c. &c.

"To Mr. Brown."

"June 24th, 1850.

"**MR. DALRYMPLE** presents his compliments to Mr. Brown, and is much obliged to him by his kindness in sending Specimens of his Preparation for Blistering, &c. Mr. D. delayed answering this present until he had had an opportunity of testing it in practice, and is most happy to acknowledge its utility, elegance, and cheapness, and he has recommended it with great satisfaction.

"60, Grosvenor-street, London."

"Army Medical Department, Jan. 16, 1847.

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EDWIN H. GALSWORTHY, Secretary

# OBSERVATIONS ON THE GANGLIA AND NERVES OF THE UTERUS.

By ROBERT LEE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; PHYSICIAN TO  
THE BRITISH LYING-IN HOSPITAL, AND OBSTETRIC PHYSICIAN TO ST.  
GEORGE'S HOSPITAL.

(Continued from p. 415.)

SINCE the publication of these papers "On the Nervous System of the Uterus," in the "Philosophical Transactions," many of the most distinguished British and foreign anatomists, physiologists, and medical practitioners have carefully examined all the dissections described and delineated in them, and have borne testimony to the correctness of my statements: Sir B. Brodie, Mr. Lawrence, Mr. Paget, Dr. Knox, Dr. J. Davy, Mr. Stanley, Mr. Skey, Mr. Gulliver, Dr. Montgomery, Dr. Every Kennedy, Dr. Collina, Mr. Edward Grainger, Mr. Liston, Mr. Hilton, Mr. Prescott Hewett, Dr. Herschfeld, M. Velpeau, M. Dubois, the Professors Retzius, Elliot, and Boech, of Stockholm; Professor Meigs, of Philadelphia; Mr. Fergusson, Mr. Erasmus Wilson, Mr. Gray, Mr. Simon, Dr. Chambers, Dr. Bright, Dr. Mantell, Sir Charles Clarke, Dr. Melville, Dr. Arnott, Dr. Baly, and many others. Some recorded their opinion in writing. A few of these are subjoined:—

"Molesworth-street, Dublin, April 22nd, 1842."

"MY DEAR SIR,—I received the paper 'On the Nerves of the Uterus' which you so kindly sent me, and beg to congratulate you on the triumphant success of your researches; and I rejoice exceedingly that what was begun in our own country by W. Hunter has been brought to perfection in our own country by your talent and perseverance; and as such I shall speak of it.

"Yours very sincerely,  
"W. F. MONTGOMERY, M.D."

"14, Savile-row, December 29th, 1843."

"MY DEAR SIR,—I have carefully inspected your preparations, exhibiting the nerves of the gravid uterus, and I can find no reason to doubt the correctness of the statements which you have published in the 'Philosophical Transactions.'

"Yours truly,  
"B. C. BRODIE, F.R.S."

"Brook-street, January 8th, 1843."

"MY DEAR SIR,—In reply to your question, with what impression I came from the examination of your dissections of the gravid uterus? I can have no hesitation in stating my opinion to be, that your dissections do satisfactorily display the uterine nerves and their ganglia. Looking to the arrangement, connexions, and relations with the bloodvessels which the filaments and intumescences present, I cannot think otherwise of them than that they are the uterine nerves and ganglia.

"Believe me to be, my dear Sir, yours sincerely,  
"Dr. R. Lee." "EDWARD STANLEY, F.R.S."

FIG. 2.

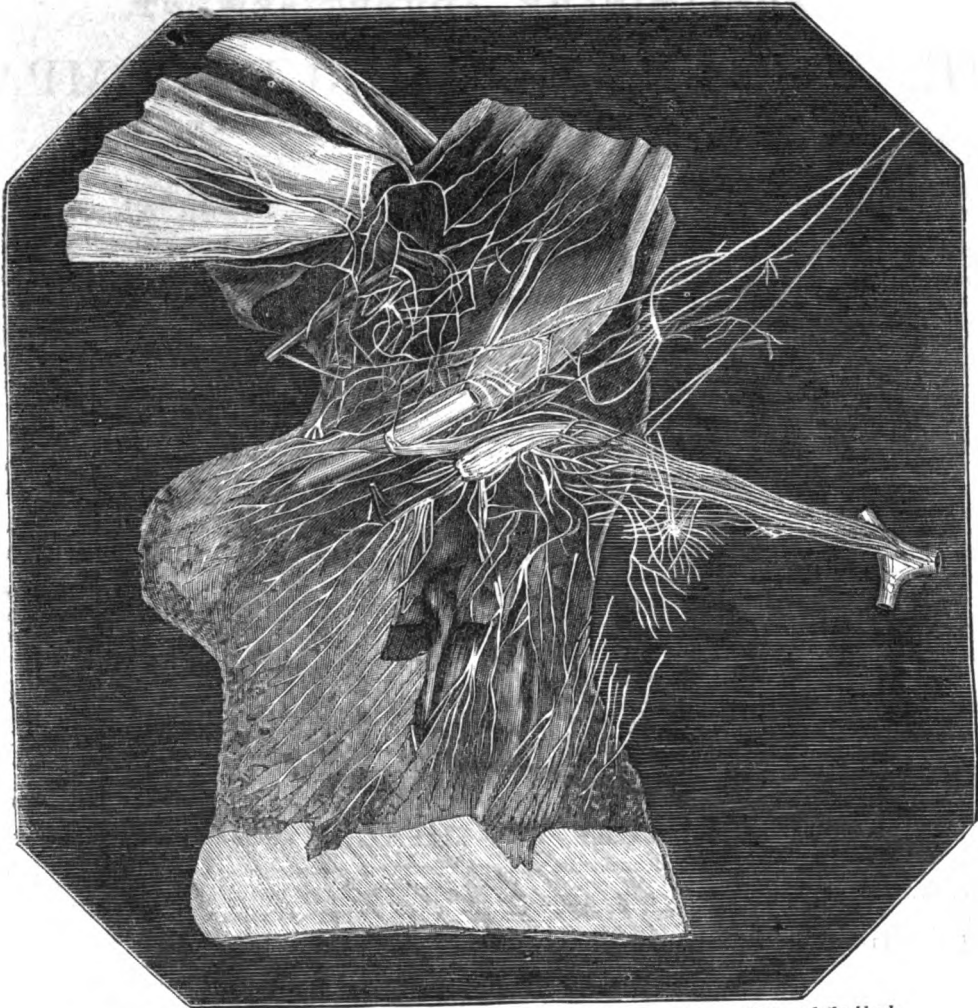


FIG. 2 Represents the left hypogastric and sacral nerves entering the hypogastric ganglion, and the blood-vessels, ganglia, and nerves of the virgin uterus, a portion of the neurilemma being removed, and the size of the ganglia and nerves thereby greatly reduced below the natural size.

FIG. 3.

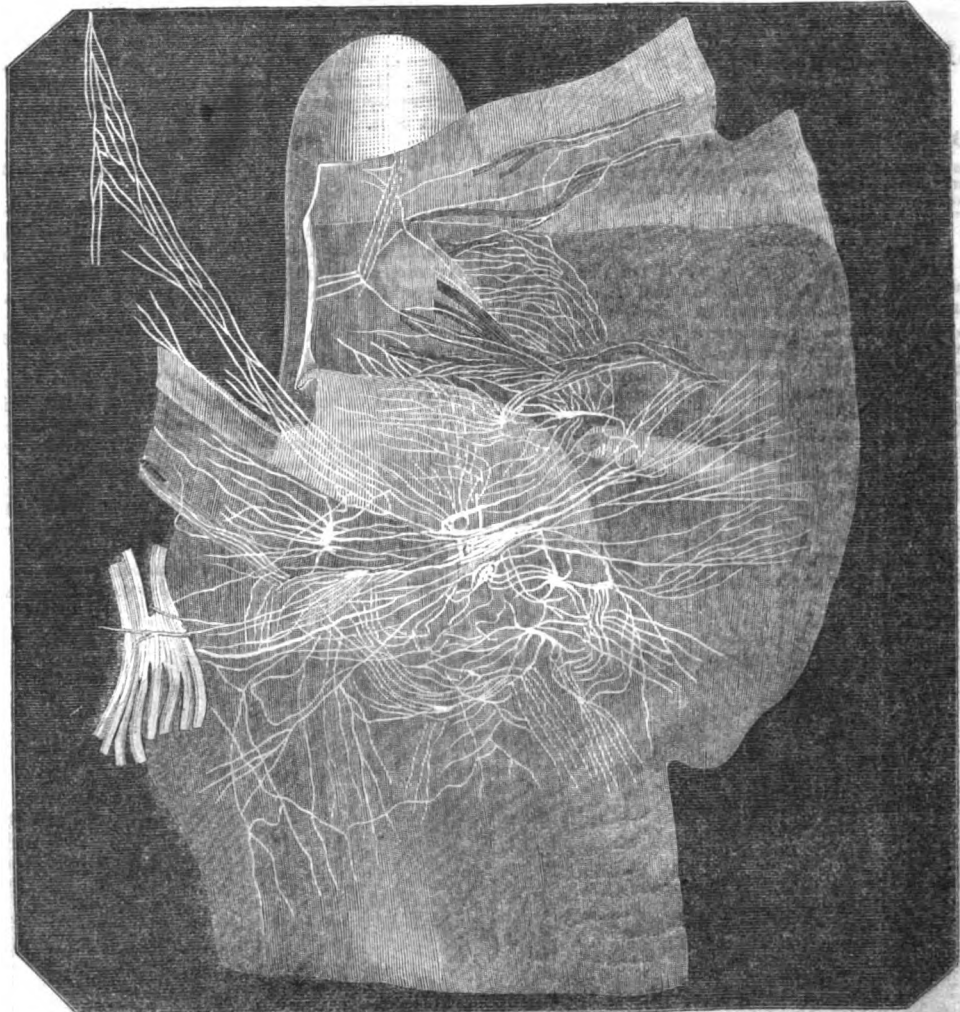


FIG. 3 Represents the right hypogastric nerve and ganglion, and the ganglia and nerves of the same virgin uterus, with a great part of the neurilemma dissected off. The ganglia and nerves, in the natural state, are about four times the size here represented.

"Winchester House, St. James's-square. Friday.

"MON TRÈS HONORÉ CONFRÈRE,—Vous m'avez fait un cadeau bien précieux, en me croyant digne de posséder le résultat admirable de vos longs et difficiles travaux. Je vous en remercie bien sincèrement. Mes collègues de Genève, auxquels je ferai connaître cette *stupendous découverte* du développement des nerfs de l'utérus, partageront l'estime et l'admiration que son auteur m'a inspiré.—Agrées, dear Sir, l'expression de ma reconnaissance et de mon sincère dévouement,

"MAUNOIR, Prof."

"I have derived great pleasure from examining the dissections of the uterine, vaginal, and vesical nerves made by Dr. Lee. The trunk and branches of the sympathetic nerve being left, as well as the trunks of some of the sacral nerves, a satisfactory clue is afforded in the examination. The injection of the bloodvessels renders a further and valuable aid in testing what are, and what are not, nervous fibrils.

"After carefully inspecting and examining these beautiful dissections, I have no hesitation in expressing my conviction that they bear out, fully and entirely, the delineations and descriptions published by Dr. Lee.

"1. The preparations show an unequivocal continuity of fibres proceeding from undisputed nervous structures—the sympathetic and sacral nerves, to the newly-discovered ganglia of the uterus, vagina, and ureter.

"2. The nervous branches of the newly-discovered ganglia join, in various directions, with acknowledged nerves, such as those of the inferior mesenteric plexus, furnishing the hemorrhoidal nerves, and with the spermatic nerves, descending on the uterus from the folds of the broad ligaments.

"3. The occurrence of small ganglia and gangliform enlargements, on the newly-discovered nerves, are very characteristic, and corroborative of their real nature.

"4. The nerves are accompanied by injected bloodvessels, in a manner that is not seen in elastic tissue, although usual with the ganglionic nerves.

"5. The ganglia discovered by Dr. Lee present, in their form and disposition, and in the openings which they possess, a perfect and entire correspondence with the larger ganglia of the sympathetic.

"After the examination which I have made, it certainly appears to be impossible for any one to arrive at a just conclusion respecting the true character of Dr. Lee's description, without a careful inspection of his preparations. It is proper to add, that I have not yet had an opportunity of making a microscopical examination.

"Nov. 13th, 1843."

"R. D. GRAINGER, F.R.S.

"Merrion-square, Dublin, Jan. 17th, 1844.

"MY DEAR SIR,—I have a perfect recollection of the gratification I experienced at examining, along with you, your preparations of the nerves of the uterus. Most schoolmen admit the simplest of all sensible proofs to be *demonstration*, and where, as in your case, the fact at issue is capable of being tested by such proof, I am at a loss to know how a question can arise on the matter. For myself, I can only say that I was as satisfied what I saw was nerves and ganglionic structure, as I am of the existence of nervous structure in any other organ of the human body with which I am familiar.

"Believe me, yours very faithfully,

"EVERY KENNEDY, M.D."



FIG. 4.

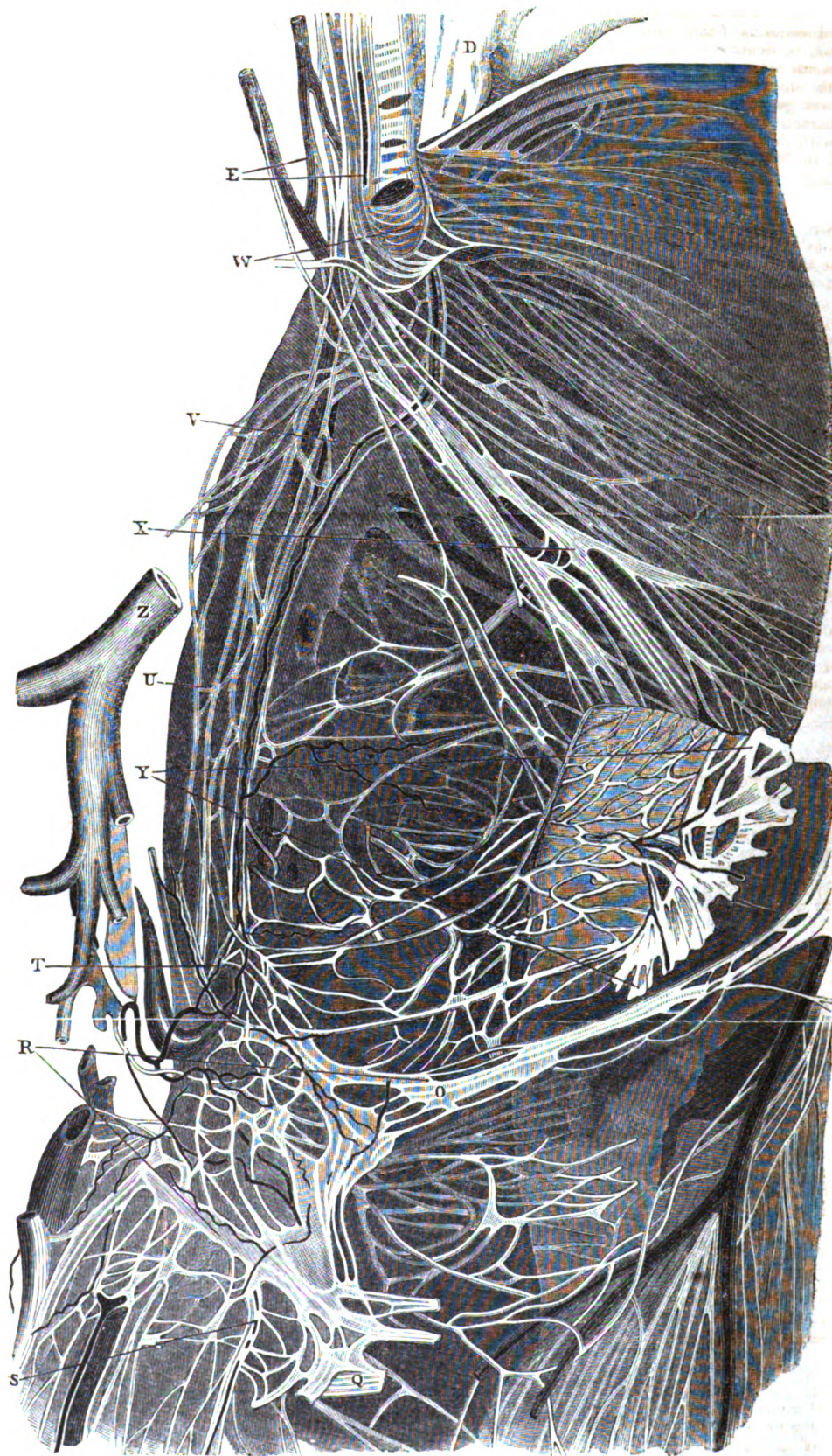


FIG. 4 Exhibits an anterior and lateral view of the gravid uterus in the fourth month, and of the vagina and bladder.

- A. The right hypogastric nerve.
- B. The sacral nerve.
- C. The right hypogastric ganglion.
- D. Nerve from the hypogastric nerve to the ganglia on the bloodvessels of the uterus
- E. Ganglia surrounding the uterine artery and veins.
- F. Ganglionic plexus, under the peritoneum on the fore-part of the uterus.
- G. Filaments from this plexus passing out with the round ligament.
- H. The round ligament.
- I. The right ureter and trunk of the vaginal and vesical veins surrounded with nerves.
- J. Ganglia and nerves of the vagina.
- K. Nerves passing between the vagina and rectum.
- L. Ganglia and nerves of the bladder.
- M. Vaginal nerves passing into the bladder around the ureter.
- N. Bloodvessels and nerves of upper part of the bladder.
- O. Plexus of nerves under the peritoneum on the left side of the uterus, the bloodvessels of which have not been injected.
- P. Filaments from this plexus passing out with the round ligaments.
- Q. The peritoneum of the anterior part of the body and cervix of the uterus reflected upwards, to expose the ganglionic plexuses situated below.



FIG. 5.



[For description, see next page.]

"Grosvenor-street, Jan. 6th, 1844.

"MY DEAR SIR,—I have much pleasure in complying with your request that I would state the result of my impressions on viewing your dissections of the impregnated uterus.

"I see no reason to doubt the correctness of your views—viz., that the immense network which you have so industriously investigated on the surface of the uterus is composed of true nerves and nervous ganglia. To my judgment, they present all the visible characters of nerves, and appear to be in direct communication with the pelvic branches of the sympathetic.

"I am, my dear Sir, very truly yours,  
"To Dr. Robert Lee." "F. C. SKEY, F.R.S.

"Hyde-park Barracks, January 12th, 1844.

"MY DEAR SIR,—I have read your papers in the 'Philosophical Transactions' 'On the Ganglia, and on the other Nervous Structures of the Uterus,' and carefully examined the preparations which you exhibit as vouchers for the facts you have announced.

"Your descriptions and plates appear to me to be executed with remarkable fidelity.

"I cannot doubt but that the structures which you have shown by dissection are really nerves, and nervous ganglia, because their fibres are clearly shown to be continuous with the sympathetic, and with the sacral nerves, and because I do not believe that any ingenuity in the art of dissection could show such a regular continuity between the nerves and fibres of elastic tissue, or that this tissue could be made to imitate the nerves and nervous ganglia displayed in your preparations.

"I am, my dear Sir, very sincerely yours,  
"Dr. Robert Lee." "GEORGE GULLIVER, F.R.S.

"The Oaks, Ambleside, March 25th, 1844.

"MY DEAR SIR,—Now that I am at home, and have leisure, let me thank you for the gratification I had, when in town, in seeing your preparations, displaying the nerves of the uterus in its unimpregnated and pregnant states. I never witnessed any anatomical demonstration more satisfactory; indeed, I cannot but consider your dissections of these nerves as a perfect demonstration, &c. — I remain, my dear Sir, with much esteem, faithfully yours,

"J. DAVY, M.D., F.R.S."

"Edinburgh, Newington, June 29th, 1844.

"DEAR SIR,—Since my return to Scotland I have turned over in my mind the opinion I offered you in Savile-row whilst examining the very beautiful preparations you showed me of the nerves of the 'unimpregnated and of the gravid uterus.' The opinion amounted to this: that what you showed me as nerves, ganglia, and nervous filaments of communication, are really such, and can be nothing else; that the increase in size or bulk, to which so much importance has been attached, has been, upon the whole, somewhat exaggerated by those who have adopted a different view from that I now propose; that the preparations you showed me are, without exception, the most beautiful I have ever seen of any part of the nervous system; that, viewed simply as dissections of structures difficult to unravel, they merit the highest praise; but, taken in connexion with the physiology of the organs, they place the dissector in the foremost place of observers.

"Very faithfully yours,  
"R. KNOX, M.D., F.R.S.E."

"St. Bartholomew's Hospital, December 19th, 1848.

"MY DEAR SIR,—After the minute examination of your preparations of the nervous system of the gravid uterus which you permitted me to make, I examined your descriptions, and Mr. Perry's delineations of them. Both appear to me remarkable for their accuracy.

"With regard to any doubt whether the structures which you have dissected be, as you have described them, nerves and nervous ganglia, it is chiefly by these following facts that I feel convinced of the truth of your account:—

"1. That there is a visible and orderly continuity between the well-known hypogastric and sacral nerves, and the most minute and remote of the nervous cords which you have displayed.

"2. That these cords, like those of larger size, have such an appearance of being nerves as could not, I am sure, be imitated by dissections of any other known structure.

"3. That the ganglia which you have found are like those of other parts of the sympathetic system, and have distinct nervous cords passing to and from them.

"4. That many of the minutest, as well as of the larger nerves, are evidently associated with bloodvessels.

"5. That the nervous system displayed is such an one as the pregnant uterus, from its known structure and functions, might be expected to possess.

"I think that your statements are proved by all the evidence to which it is possible, in the present condition of science, to attain; and I beg to add my congratulations to those which you have already received, on your having, by a truly admirable perseverance and dexterity, made one of the most important anatomical discoveries of the century.

"Believe me, my dear Sir, very truly yours,  
"JAMES PAGET."

"Whitehall-place, December 28th, 1843.

"MY DEAR SIR,—I have carefully examined your dissections of the nerves of the gravid uterus on various occasions, and I continue to believe, as I did in the first instance, that the structures you have succeeded in displaying are ganglia and nerves; while I am satisfied that your figures and descriptions are perfectly correct. The extraordinary and interesting spectacle you have set before us is so entirely novel, that some hesitation might very probably be felt in arriving at a decided opinion on the subject. Yet this augmented size of nerves and ganglia is only analogous to the increased development of bloodvessels in the gravid uterus, with which we have been long familiar: probably a corresponding change might be found in the absorbing system, if it were submitted to the same kind of patient investigation which you have bestowed on the nerves.

"The considerations which have led me to form the conclusions above-mentioned, are exactly the same as those so clearly stated by my colleague, Mr. Paget. I have therefore only to add, that I entirely agree with what he has written to you on the subject.

"Remaining, my dear Sir, yours very faithfully,  
"Dr. Robert Lee." "WILLIAM LAWRENCE, F.R.S.

All the dissections here referred to have been preserved, and are now in the museum of St. George's Hospital, where they may be examined. These are the only dissections of the ganglia and nerves of the unimpregnated and gravid uterus now existing in Great Britain, except two mutilated specimens in which the neurilemma was intentionally removed, as stated in the following communication published by Dr. L. Herschfeld.

"Dr. Snow Beck has two specimens," says Dr. Herschfeld, "in the preparation of which he employed eight months, removing from day to day, with forceps and needles, (as he told me himself,) not merely the cellular tissue, but the neurilemma even, so that he has left only the fasciculi of the nervous tubes. It seems to me that the work of this anatomist ought not to be appealed to when the subject of the volume of the Nerves of the Uterus is agitated, for they only present the nerves deprived of one of their constituent tissues—the neurilemma."

In the preparation of these two mutilated specimens here referred to, Dr. Thomas Snow Beck employed eight months "removing from day to day, with forceps and needles, not merely the cellular tissue, but the neurilemma even, so that he has left only the fasciculi of the nervous tubes." This unprecedented process was carried on under the auspices of several eminent microscopical anatomists, especially Professor William Sharpey, of University College, and now secretary at the Royal Society. This proceeding is now commonly called "*skinning the nerves of the uterus*." This "*skinning*," so long concealed from men of science throughout the world, was hailed in 1845, by the Committee of Physiology and Council of the Royal Society, as one of the most original and sublime discoveries ever made in human anatomy, for which the immortality of Martin Horky has been his reward.

The proceedings of the Royal Society relative to the discovery of the nervous system of the uterus will form the subject of my next communication.

FIG. 5 Exhibits the ganglia and nerves on the posterior and left side of the gravid uterus at the end of the ninth month of pregnancy.

- The fundus and body of the uterus, having the peritonæum dissected off from the left side.
- The vagina covered with nerves proceeding from the inferior border of the left hypogastric ganglion.
- The rectum.
- The left ovary and Fallopian tube.

\* Note upon the Nerves of the Uterus, by Dr. L. Herschfeld, in the *Medical Times and Gazette*, July 23rd, 1863, p. 87.



- E. The trunk of the left spermatic vein and artery surrounded by the left spermatic ganglion.
- F. The sort divided a little above the origin of the right spermatic artery, and about three inches above its division into the two common iliac arteries.
- G. The vena cava.
- H. Trunk of the right spermatic vein entering the vena cava.
- I. Right ureter.
- K. The two cords of the great sympathetic nerve passing down along the front of the sort.
- L. Trunk of the inferior mesenteric artery, passing off from the sort, and covered with a great plexus of nerves sent off from the left and right cords of the great sympathetic.
- M. M. The two cords of the great sympathetic passing down below the bifurcation of the sort to the point where they separate into the right and left hypogastric nerves.
- N. The right hypogastric nerve, with its artery injected, proceeding to the neck of the uterus, to terminate in the right hypogastric ganglion.
- O. The left hypogastric nerve where it is entering the left hypogastric ganglion, and giving off branches to the left sub-peritoneal ganglion.
- P. Hemorrhoidal nerves accompanying the hemorrhoidal artery, and proceeding from the great plexus which surrounded the inferior mesenteric artery.
- Q. The sacral nerves entering the whole outer surface of the hypogastric ganglion.
- R. The left hypogastric ganglion, with its arteries injected.
- S. The nerves of the vagina.
- T. Nerves with an injected artery proceeding from the upper part of the left hypogastric ganglion along the body of the uterus, and terminating in the left spermatic ganglion.
- U. Continuation of these nerves and the branches which they give off to the sub-peritoneal plexuses.
- V. The same nerves passing upward beneath the sub-peritoneal plexuses, and anastomosing freely with them.
- W. The left spermatic ganglion, in which the nerves and artery from the hypogastric ganglion, and the branches of the left sub-peritoneal plexuses terminate, and from which the nerves of the fundus uteri are supplied.
- X. The left sub-peritoneal plexuses covering the body of the uterus.
- Y. The left sub-peritoneal ganglion, with numerous branches of nerves extending between it and the left hypogastric nerve and ganglion.
- Z. The left common iliac artery cut across and turned aside, that the left hypogastric nerve and ganglion might be traced and exposed.

(To be continued.)

## TREATMENT OF SLOUGHING SORES BY CHLORINE.

By THOMAS S. FLETCHER, Esq., M.R.C.S.

At the suggestion of the professor of surgery at the Queen's College, Birmingham, I beg to call the attention of the readers of THE LANCET to a simple and at the same time highly efficacious mode of treating sloughing wounds by means of chlorine. The first case in which I used this article as a curative agent fully illustrates how powerfully it possesses these properties.

A man, aged eighty-four, was in August last shot through the palm of the hand, and, in a few days, the wound becoming very offensive, each orifice was covered with large pads of tow, dipped in a weak solution of chloride of lime (two drachms of the powder to a pint of cold water,) and the dressing renewed about twice a day. The offensive odour was immediately destroyed, the wound became clean and healthy, the granulations sprung up with great rapidity, soon covering the ends of the fractured bones, and healing up the wound, and this without the use of any other remedy.

I have trusted to the sole use of chlorine in other cases with equal success, applying it not only where the wounds are become offensive, but in the earlier stages, where there was reason to apprehend there would be sloughing or offensive discharges. Various preparations of chlorine have long been used to remove the odour from wounds, and for this purpose they are applied over other dressings; but what I here wish to recommend is that it should be used alone, and as a curative remedy. The rationale of its action may perhaps be explained in the following manner:—Portions of the wounded parts are preserved from sloughing by means of the antiseptic properties possessed by chlorine; granulations are to a very remarkable extent promoted—first, by the stimulating power of chlorine, from its increasing the activity of the small vessels on the surface of the wound, and secondly, by the peculiar property it has of keeping the wound clean, and thus enabling the plastic cells formed from the liquor sanguinis to have immediate contact with, and adhere to, active living substance, and so form new healthy tissue, instead of their being thrown off in the form of pus. If chlorine has the power of increasing the process of granulation, it must, as a natural consequence, have in an equal ratio the property of suppressing the suppuration. Lastly, the formation of those noxious gases and larvae so detrimental to the parts themselves and injurious to the general health, is prevented by the chemical action of chlorine.

Poultices, ointments, and hot and cold water applications,

do not possess the above properties; and if they promote, as I fear they do, what is most favourable to sloughing, heat and moisture, and the confinement of the noxious gases and discharges to the parts, they must in these respects have a tendency to do harm.

I trust that this suggestion may be the means of materially adding to the comfort of the wounded in the East, and effectually preventing those loathsome scenes amongst them painfully recorded in many papers.

Bromsgrove, Nov. 1854.

## REPORT OF A CASE OF TRANSPOSITION OF THE VISCERA.

By THOMAS CHAPLIN, Esq., M.R.C.S. and L.S.A.

RESIDENT MEDICAL OFFICER TO THE BLOOMSBURY DISPENSARY.

SOPHIA H.—died on the 8th of July, 1854, aged one year and ten months. The body was examined forty-eight hours after death. On opening the abdomen, the liver was found to be placed upon the left side, and, from being enormously enlarged, extended downwards as far as the crest of the ilium, whilst the small lobe crossed the abdomen and occupied nearly the whole of the right hypochondriac region. The large end of the stomach was on the right side, the pylorus and duodenum being on the left. The pancreas was placed to the right of the duodenum. The spleen, which was very large, was situated in the right hypochondriac region, and reached as low as the iliac fossa. The left kidney was lower than the right. The cæcum was in the left iliac region; the sigmoid flexure in the right. On examining the chest, the heart was found with its apex pointing to the right side, and the aorta, which proceeded from the right ventricle, arching downwards towards the right side of the spine. The left lung had three lobes, the right lung only two.

The child had been delicate from its birth, and some time before its death had fallen into a very cachectic condition. The autopsy showed evidences of recent general peritonitis. Both lungs were partially emphysematous, and there were signs of rather severe bronchitis. The heart was large, and the pericardium roughened in several spots by an old deposition of lymph.

Great Russell-street, Dec. 1854.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORSEANI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### ST. THOMAS'S AND UNIVERSITY COLLEGE HOSPITALS.

TWO CASES OF STRANGULATED INGUINAL HERNIA; OPERATION; OPENING OF THE SAC; RECOVERY.

(Under the care of Mr. LE GROS CLARK and Mr. QUAIN.)

ALTHOUGH there is some difference of opinion amongst surgeons as to the propriety of opening the sac in the operation for strangulated hernia, we are confident that the peritoneal investment is never laid open, except the surgeon conscientiously thinks the measure necessary. But even when this necessity is most manifest, there may be some apprehension in the mind of the operator, who is apt to ask himself whether he is not, by laying bare the intestine, jeopardizing his patient's life?

Now, it must be evident to those who see a great many of these operations, that the opening of the sac, and even the decidedly dark colour of the bowel, are, to say the least of it, pretty often followed by favourable results. Of course, we are only here stating a general impression, and know full well that

accurate statistics are indispensable for settling the question; but we are nevertheless anxious to select, from the numerous cases which come under our cognizance, a few, which may tend to allay certain fears which operators might experience. For ample information on the subject, we beg to refer to Mr. Hancock's excellent monograph "On Petit's Operation." Here follow Mr. Clark's cases, as noted down by Mr. Tyrrell, house-surgeon to the hospital.

**CASE 1.**—James B—, a railway porter, aged twenty-four years, was admitted into Henry's ward on October 11th, 1854. The patient states that he has always been subject to a small swelling in the right side of the scrotum, which caused him no pain or anxiety. The tumour was, at times, increased by another swelling, which appeared occasionally in his groin; but the hernia never stayed down long, and could always be returned without giving him any pain or inconvenience.

On the night before admission, his bowels were open freely, and the man retired to bed as usual, there being then no swelling in the groin beyond that which was constantly there. He was, however, woke rather earlier than usual by uneasiness in the abdomen, when he found the swelling in his groin larger than he had yet noticed it. It, however, did not arouse any fear in his mind; but, as the pain continued, he went to a surgeon, and, complaining only of abdominal pain, was ordered some simple purgative. This made him sick, but produced no motion; he therefore went again, and mentioned the tumour, which the surgeon tried in vain to return. He was then sent to the hospital, which he reached about one o'clock.

On admission, the patient was found to have a swelling, about the size of a turkey's egg, occupying the position of an inguinal hernia. He was complaining of great pain in the belly, there was sickness, his pulse was weak, and his tongue a good deal coated. Attempts were made, by taxis, to reduce the hernia, but without effect. Ice was then applied until half-past six P.M., when, after another attempt at reduction by taxis, Mr. Clark decided on immediate operation.

It was accordingly proceeded with in the usual manner. After dividing the integuments, some smart hæmorrhage took place, and three arteries required the ligature. On arriving at the peritoneal investment, an attempt was made to return the contents without opening the sac, but this was found to be impossible, from the stricture existing in the neck of the sac itself. The latter was accordingly opened, and a considerable quantity of fluid, not exactly resembling the serum usually found in hernial sacs, escaped. This was the fluid of a hydrocele. The gut was found to be of a dark claret colour; there was a large quantity in the sac, (five or six inches of intestine;) and it was, after some little delay, returned into the abdomen. The testicle was found in the sac, proving the hernia to have been of a congenital nature. The wound was now dressed, the patient returned to bed, and at half-past eight he was fast asleep with the chloroform; at twelve he woke, and, as he did not feel inclined to sleep, he had twenty drops of laudanum.

The next morning the patient was all the better for his sleep, though he had some little pain in the head. The bowels had not been opened in the course of the day; he had some slight pain in the abdomen, for which he was ordered to take, every sixth hour, two grains of calomel and a quarter of a grain of opium.

No evacuations took place until about half-past two the following day, forty-three hours after the operation. The man was now perfectly relieved, and suffered afterwards no pain. From this time he continued to improve, and went out of the hospital with the wound quite healed up.

**CASE 2.**—Richard B—, a paper-maker, aged thirty-nine, was admitted into Henry's ward, on October 10th, 1854, under the care of Mr. Clark. The patient gives the following account:—

He has had a rupture on the right side for twenty-five years, and on the left for fifteen years. Has worn a double truss for five years, previous to which time he had not used any apparatus. About a twelvemonth before admission here, the rupture on the left side came down, and he was unable to return it for some little time. Previous to, and after this, he had had no trouble with either rupture. His work is heavy, and he does a good deal of lifting, &c. In the afternoon of the day which preceded admission, while in bed and asleep, (he works at night,) the right rupture came down further than he had ever known it come before. This circumstance woke him up, though the swelling did not pain him much for about half an hour after its descent. At the expiration of that time, however, he had a great deal of pain in the region of the umbilicus, and felt after this very sick.

The straining consequent on his retching made, he says, the tumour become larger.

He now sent for a surgeon, who put him in a warm bath, and used taxis for some time, without success. He continued very ill all night, but his bowels were very slightly opened once this morning previous to his admission. Finding himself getting worse, in the morning he started for the hospital, and was admitted at ten A.M.

A tumour was seen in the right groin, the size of a large turkey's egg; it was very tender on pressure; and the man had also some little pain in the abdomen. Mr. Clark tried taxis for about a quarter of an hour, after which the patient was sent to bed, and ice applied to the tumour.

At three o'clock, Mr. Clark again applied taxis, without success; he therefore obtained the patient's consent to an immediate operation.

The latter was performed in the usual manner. Mr. Clark opened the sac, which was found to contain a large quantity of serum tinged with blood. The intestine, of which there were six or seven inches, was deeply congested, but otherwise unaltered. After the operation, the wound was dressed, and the patient removed to bed. He was ordered thirty drops of Battley's sedative.

The patient was a good deal troubled with flatus for some days, especially after the operation; it proved very annoying and painful, and resisted all methods of alleviation. The next day (Oct. 11th) the bowels were not open; Mr. Clark therefore ordered some castor oil with a little laudanum, and also an enema. No result was obtained, but three enemata were given in the space of forty-eight hours, to get the bowels open and relieve the flatus.

As these lesser means proved futile, he was ordered, on the third day, four grains of calomel and half a grain of opium, to be taken in the evening, and some castor oil in the morning, if necessary.

The calomel produced four evacuations in the course of the night; after this, however, the painful distension from flatus continued for some days, though in a less degree. The patient, however, continued steadily to improve, and was soon discharged in very good condition.

In making a few remarks on these cases, Mr. Clark stated that they presented certain points of contrast and others of resemblance. In each the hernia was large, and occupied the scrotum; the duration of strangulation was short, and the symptoms were urgent. In each case the internal ring seemed to be the seat of stricture, but really had little or nothing to do with it, the neck of the sac itself requiring division before the intestine could be returned. In both the gut was of a port-wine colour, and the relief, on division of the stricture, immediate. Further, in each case the chief suffering was referred to the umbilical region, and but little complaint was made when the tumour was handled. One other point of similarity is remarkable, because rare. In both instances the rupture descended whilst the patients were recumbent, and without any conscious efforts on their part.

As points of contrast it may be remarked, that in one case the hernia was an old one, and usually descended into the scrotum; in the other, which was congenital and complicated with hydrocele, it would appear that the rupture had not before protruded beyond the internal ring, or very slightly so. This fact accounts for another point of contrast observed during the operation. In the old rupture, the seat of stricture (the neck of the sac) was low down, dragged, as it were, to the mouth of the inguinal canal, whilst in the recent hernia it was high up, out of sight, and reached with difficulty. In neither case could any untoward symptom be referred to the opening of the sac and necessary exposure and handling of many inches of intestine.

#### UNIVERSITY COLLEGE HOSPITAL.

STRANGULATED CRURAL HERNIA; OPERATION; DISCOVERY OF TWO DISTINCT SACS.

(Under the care of Mr. QUAIN.)

THE patient was a woman, between fifty and sixty years of age, who presented some of the symptoms of hernia, of which vomiting was the principal. The femoral tumour did, however, not evince that tightness, tenderness, &c., which is characteristic of strangulation; but as the vomiting continued, Mr. Quain thought the time had come to operate, although the swelling was rather flaccid.

The first incision was made at the inner side of the tumour, so that the intestine might not be laid bare at once; and when



the sac was exposed and the stricture divided, Mr. Quain endeavoured to reduce without opening the former. This having been found impossible, he opened the sac, which was found to contain nothing but serum; and when the parts had been well examined, and explored with the finger, another sac was discovered up towards the abdomen. This was now divided also; a knuckle of intestine came into view, and was easily reduced.

Mr. Quain stated, after the patient had been removed, that the two sacs had very probably been formed at two distinct periods. The point of interest, and worthy of being remembered was, that there might be no tension whatever in a hernial tumour, and the latter be nevertheless composed of two distinct sacs. Had he (Mr. Quain) suspected the state of the parts, he would have operated the first day; and he remembered a case similar to the present, in which he had operated some years ago; the woman had done well. He considered these cases of very rare occurrence.\*

### LONDON HOSPITAL.

FOLLICULAR TUMOUR INVOLVING THE NASAL BONES, NASAL PROCESSES OF SUPERIOR MAXILLARY BONE, AND THE SEPTUM OF THE NOSE; REMOVAL; DEATH FROM PNEUMONIA; AUTOPSY.

(Under the care of Mr. WARD.)

(We had, a short time ago, the pleasure of putting upon record some cases illustrative of the recurrent fibroid tumour described by Mr. Paget; and we then dwelt at some length on the peculiar tendency of some tumours, especially the myeloid, or fibro-plastic, to assume malignant characters, (*THE LANCET*, vol. ii. 1854, p. 353;) that is to say, contaminate the economy, for the fact of recurrence is *no longer* a malignant character. Here is another of the class, which Dr. Andrew Clark, who examined the morbid product very carefully, is inclined to call follicular. It certainly evinced the tendency to recurrence very forcibly, as our readers may judge from the following details:—)

A postman, aged fifty-eight, a resident of Lowestoff, was admitted into the London Hospital on August 2nd, 1854.

The patient was a thin, spare man, of a determined character, and somewhat bilious temperament. His parents were perfectly healthy, his mother living to the age of eighty, and his father having died from an accident. He has two sisters living, and in good health.

The patient enjoyed very good health until a short time before his coming into the hospital, frequent bleedings from the nose having, however, somewhat weakened him. Twenty-four years before admission, he first observed a small swelling on the left side of the nose, just at a point which had been slightly lacerated when a boy. This swelling was about the size of a pea, hard, and devoid of pain. It gradually increased for four years, at the end of which time he applied to a medical man, who removed with the forceps a substance from the left nostril, which was pronounced to be a diseased cartilage.

Although the operation reduced the swelling considerably, the hardness on the nose still remained, and from it a tumour sprang. It gradually but slowly increased, but without causing pain, until four years before admission, when an operation for its removal was undertaken in the Lowestoff Infirmary.

For a period of two years after the operation, there was no appearance of the return of the disease. Shortly after this lapse of time, however, the tumour again formed, commencing at the original seat of injury, and has gradually increased up to the present time. Its re-formation was attended with interrupted attacks of epistaxis, occurring at intervals of two or three months; and these had reduced his strength so much that he had been prevented from following his ordinary avocation.

At the time of his admission, the patient appeared to be much weakened by the repeated hemorrhages, and it was considered necessary to improve his health, if possible, by diet and rest, before undertaking any operation for the removal of the disease.

The tumour presented an irregular, nodulated appearance, and caused considerable deformity of the nasal portion of the face. The left side was represented by three irregular spheroidal masses blending together, involving the left nasal bone and ascending plate of the superior maxillary. The integument was attenuated and shining, and stretched over them, without being adherent. Each mass was about the size of a hazel-nut.

On the right side the swelling was not so developed, there being but one irregular, nodulated mass, and the skin over it was less tense. The upper limit of the tumour, on either side, was represented by the nasal process of the frontal bone. The body of the tumour projected into the left nasal cavity, which it completely blocked up; for, on holding the flame of a candle in front of it, and requesting the man to expire, the right nostril and mouth being closed, no effect was produced on the flame. No projection of the tumour from the back of the nostril could be detected. The septum was displaced somewhat to the right side, and the tumour felt hard and slightly elastic.

Although there was some difference of opinion as to the propriety of interfering with the diseased mass, the anxious wish of the patient that something should be done, and the late rapid growth of the diseased structure, warranted surgical interference, and an operation was performed by Mr. Ward on the 22nd of September.

The patient was placed in a semi-recumbent position on a sofa, and when under the influence of chloroform, the soft parts superficial to the tumour were reflected in the following manner:—A curved incision, one inch and a half long, the concavity looking downwards, was carried across the root of the nose from one tendo oculi to the other. A pointed scalpel was inserted into the right nostril, and on transfixing the soft parts by a nearly vertical incision, the right side of the soft parts of the nose was separated from the septum. A prolongation upwards of the vertical line of transfixion was continued into the middle of the first incision. The left nostril was similarly divided, the upper extremity of the line of transfixion terminating in the commencement of the same line made in the right nostril. The transfixion of either nostril was so planned as to leave a small, wedge-shaped piece of the tip of the nose in contact with the columna.

The right flap, thus outlined, and with it the ala, was reflected to the right side of the face from over the right nasal bone and nasal process of superior maxilla. The left flap and left ala were similarly reflected from the tumour beneath; but on reaching the lower part of the anterior aperture of the nostril, there was not found sufficient exposure of the tumour for ulterior proceedings, and the upper lip was consequently divided through along the side of its vertical groove; a further reflection of this side of the lip in contact with the other soft parts was sufficient to expose the front of the tumour fully to view.

A small chisel and mallet easily divided the superior attachments of the diseased mass. The lateral and lower were, by the same instruments, separated, and the septum inferiorly detached. The upper attachment of the septum was cut through by a pair of long, strong, and slightly-curved scissors, and the mass of the disease was taken away, with the exception of a small part of the tumour, which involved the nasal process, and which was got rid of by a gouge.

At the end of the operation, a polypus was found in the middle chamber of the right nasal cavity, and this was snipped off.

The man was but very partially under the influence of chloroform during the latter stages of the proceeding.

Three hours and a half after the operation, all bleeding having ceased, the soft parts were carefully brought together by sutures and hare-lip pins; three of the latter having been used, one for the tip of the nose, and two for the upper lip, and fifteen of the former for the remainder. The patient was ordered a full dose of opium, with a little wine.

The sutures and hare-lip pins were removed on the fourth day. The whole of the soft parts had united by primary adhesion, with the exception of the upper part of the left flap, which to the extent of half an inch had sloughed away, and had become detached internally to the extent of an inch from above downwards, so that there was a small aperture left, leading to the common nasal cavity.

The patient appeared to be going on tolerably well till the fifth day, when he became gradually weaker, was irritable during the day, and restless at night-time. Mr. Ward ordered a generous diet, with from six to eight ounces of wine daily, and morphia at night-time; and as the man complained a good deal of soreness and dryness about the throat, he was prescribed ice.

On the tenth and eleventh days his countenance was particularly blanched; his intellect appeared somewhat to wander, and he died suddenly on the morning of the twelfth day.

A post-mortem examination, twenty-nine hours after death, found a good deal of oedematous infiltration in the cellular tissue of the scalp, and also in the ventricles of the brain and arachnoid cavity. On removing the larynx with the trachea

\* We are informed by Mr. McWhinnie, assistant-surgeon to St. Bartholomew's Hospital, that a preparation is preserved in the museum of that institution, illustrating the peculiarity observed in Mr. Quain's case.

and lungs, the common opening of the first was found filled up with muco-purulent fluid, so that the rima glottidis could not be seen. On removing the larynx, the same kind of fluid flowed in a full stream from the trachea. Both lungs were intimately united on their pleural surfaces with the costal pleura by old firm adhesions. The right lung had its upper and middle lobes united together by soft recent plastic exudation. The posterior four-fifths of the upper lobe were in a state of marked grey hepatization, and there exuded from it, on section, a muco-purulent-looking fluid. The middle and lowest lobes were highly congested, and here and there in a state of red hepatization. The left lung was remarkably emphysematous, and had, in different parts, patches of grey hepatization, intermixed with small irregular cavities; the latter, however, limited to the upper lobe.

Thus the post-mortem examination proved that an insidious but destructive form of pneumonia unfortunately led to a fatal result in this case, and in all probability had taken place in the period of twelve days that had occurred from the time of the operation, although none of the usual symptoms of inflammation of the lungs had marked its progress; the man had no characteristic expectoration, or observable dyspnoea, the symptoms having been those of nervous irritability from loss of blood, and shock to the system in consequence of the operation.

The tumour, which microscopically presented many points of interest, was carefully examined by Dr. Andrew Clark, and the following is his account of it:—

It was three inches and a half long, from above downwards. Its antero-posterior diameter two inches and a half, and its transverse one inch and a half. The principal mass of the tumour is on the left side of the nasal septum, with the mucous membrane of which it is incorporated. The same membrane on the right side of the septum is exposed, and appears thickened, highly vascular, and thrown into various sized nodular elevations. These increased in size towards the upper and back parts of the septum, till they became incorporated with the mass of the tumour projecting from the left side. The posterior and inferior parts of the tumour project downward from the general mass to the extent of half an inch, and are narrow and pointed. This portion is softer and looser than any other, of a cream colour, and mottled with patches of dark-red extravasated blood. The free surface of the tumour on the left side is nodulated, of a bright rose-colour, firm, and covered with a layer of condensed areolar tissue. The nodules are of various sizes, the largest being less than a hazel-nut. The upper portion of the right side of the tumour is overhung by the attenuated and flattened nasal bone. The lower half of the left side is closely embraced by the nasal process of the superior maxilla, in a similar state of thinness. The tumour appears to have been wholly removed.

A section of it having been made from before backwards, immediately to the left of the septum, the following appearances were presented:—Above, the cut surface is of a bright rose-colour, firm, slightly granular, and paler and firmer towards the centre, which is occupied by a rounded mass of opaque yellow matter, hard, friable, and yielding no juice, the centre of which is the hardest, and looks like withered tissue. The circumference blends gradually into the adjacent structures. Beneath this the structure is reticulated, broken up, soft, of a mottled red-colour, and studded with patches of extravasated blood. Scarcely any appearance of fibres is presented to the naked eye, and the pits and rougher excavations noticeable on the cut surface look as if they had resulted from disintegration. From the upper and lower parts of the tumour a milky juice can be squeezed out, which from the lower part is mixed with blood. The juice, in both cases, is rendered more opaque and milky by water, acetic acid, or spirit. Some of the nodules on the free surface of the left side of the tumour, when sliced, looked like similar sections of unhealthy lymphatic gland.

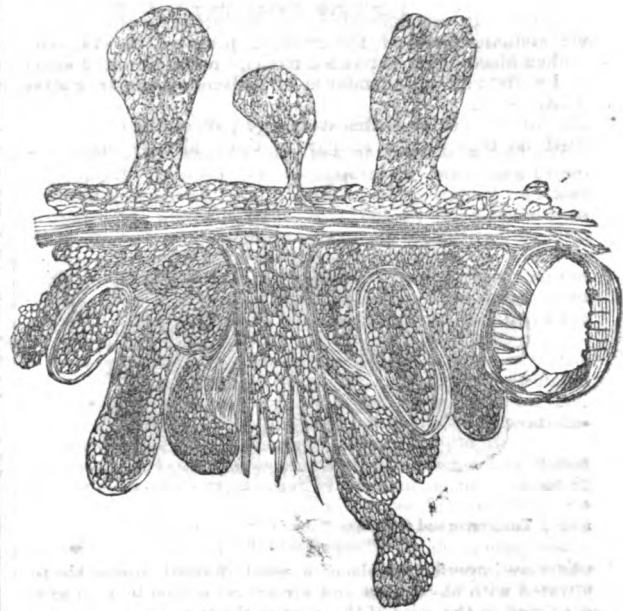
**Histological characters.**—In seeking to determine the nature of this tumour, it appeared desirable to commence the investigation on the right side of the septum, where the mucous membrane, from being simply thickened, became thrown into nodules, which finally merged into the general substance of the tumour. In this way, the gradual transitions from healthy to diseased structures could be observed, and the true origin and significance of the tumour more precisely ascertained.

I commenced, therefore, by making sections of the mucous membrane from below upwards, from where the mucous membrane appeared healthy, to where it evidently became incorporated with the general mass of the tumour.

For the proper understanding of these specimens, which I have put up in a permanent form, it is to be remembered that the mucous membrane of the nose is abundantly furnished with epithelial cells, ciliated at one part, squamous at another, with

papillae, the existence of which is satisfactorily demonstrated by the specimens, with infinitely numerous follicles or glands of three kinds, simple, racemous, and compound tubular; and lastly, with a thick layer of nuclear particles, lying immediately beneath the germinal membrane. Sections of the mucous membrane from the lower part of the septum exhibited accumulations of epithelial cells on the general surface and on the papillae, the follicles nearly filled with the spheroidal particles which line their walls, and the layer of nuclear particles more consistent and darker. As the mucous membrane became more thickened, and began to be projected into nodules, these changes became more marked, except that the epithelial cells lining the general surface gradually disappeared, a circumstance probably dependent on the increased nutritive activity going on in the follicles, and that the papillae became hypertrophied. Where the mucous membrane projected into nodules, sections of those exhibited—

FIG. 1.



Section of the thickened mucous membrane of the septum nasi, where it has merged into the general substance of the tumour. (Magnified 140 diameters.)

1. Absence of the epithelium of the general surface.
2. Increased hypertrophy of the papillae.
3. Enlargement of the follicles, which were packed full of spheroidal epithelial cells, many of them in a state of disintegration. Mixed with these cells were numerous fat-granules, and a few exudation corpuscles.
4. Great increase in the layer of nuclear particles, which exhibited various morphological changes. Some were disintegrating; others were shooting out into nuclear fibres; and a third class had become swollen, and appeared in the act of development into nucleated cells. The layer of particles, too, had become irregularly broken, and the vascular spaces, so abundant in the mucous membrane of this part, were infiltrated with the wandering nuclei.

In the section of another nodule, which communicated with the general mass of the tumour, but still lay partially on the right side of the septum, the changes above described were found still further advanced. The follicles, however, had burst, and their altered contents had become mingled confusedly with the free nuclear elements scattered about. Various changes, too, had occurred in the cellular contents of the follicles. Some had become enlarged and nucleated; others, also enlarged, had become studded with fat-granules, and represented exudation corpuscles. Blood-discs were present in great abundance; the nuclear fibres were increased in number, and a fine fibroid tissue had formed amongst the nuclear particles.

The surface of the section made through the mass of the tumour immediately to the left of the septum was now examined. The turbid milky juice squeezed from the upper part of the tumour exhibited blood-discs, moleculo-granular matter, fat globules, and granules, rounded corpuscles about  $\frac{1}{100}$  of an

inch in diameter, corresponding to the cellular elements of the follicles; oval corpuscles corresponding to the elements of the nuclear layer, a few exudation corpuscles, several delicate nucleated cells, shreds of fibroid tissue, and nuclear fibres.

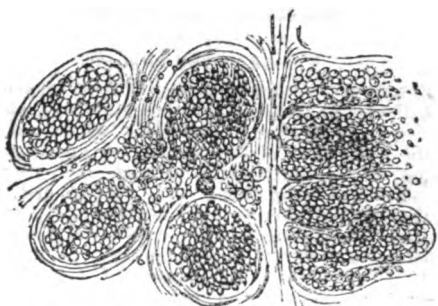
The juice yielded by the inferior softer and partially disintegrated part of the tumour exhibited the same structural elements. The blood-discs, however, the nucleated cells, and the shreds of fibroid tissue were much more abundant.

Sections from the upper part of the tumour exhibited areolæ of various sizes. The largest were evidently vascular spaces; the smaller were transverse sections of follicles. Both these areolæ, but particularly the latter, contained numerous spheroidal corpuscles about  $\frac{1}{100}$  of an inch in diameter, some larger, and in various stages of development and disintegration. Their sections, when torn up with needles, exhibited all the structural elements already described from this part of the tumour.

The yellow central portion of the tumour also exhibited areolæ, but they were much compressed, and in some cases obliterated. It was infiltrated with the products of the retrograde metamorphosis of the growing parts of the tumour: shrunken blood-discs, shrivelled nuclei, broken fibres, disintegrated cells, and an abundance of moleculo-granular matter and fat.

The inferior soft and almost spongy part of the tumour exhibited no true areolæ similar to those already described.

FIG. 2.



Transverse and oblique section of soft portion of tumour.  
(Magnified 140 diameters.)

These were imperfect areolæ of a newly-formed fibrous tissue, infiltrated with blood-discs and structural elements, similar to those found in the juice of this part of the tumour.

It is proper to be observed, that in the course of this minute examination no part of the tumour was found connected with the adjoining cartilages or bones. The tumour approaches most nearly, in its general characters, to the albuminous sarcoma of Müller, the recurring fibroid of Paget, and the fibro-plastic of Lebert, particularly the last.

I do not think, however, that it can be justly classed with either of these. I consider it a member of a very common but generally overlooked class of tumours, to which the term follicular may be applied. The life of the tumour is presented to us in two aspects—first, as a general hypertrophy of the nuclear and cellular elements of the part affected; and secondly, as a process of pathomorphosis occurring in their elements when freed from their normal, and placed under new, conditions, in virtue of which they appear to have been struggling for an independent existence. This effort is illustrated by some of the spheroidal particles of the follicles which, destined to live, fulfil a certain function in the economy, and die as such, yet proceeded, as we have seen, to a higher stage of existence as cells, with vesicular nuclei probably capable of reproduction. It is from this partial assertion of an independent life by some of the elements of this tumour that I consider it one which is likely to have recurred.

#### GUY'S HOSPITAL.

##### DEATH FROM CHLOROFORM.

WE regret to state another death from chloroform took place on Tuesday last, at Guy's. The patient was a poor woman, aged fifty-four, with bad chronic fungous ulcer of the leg, which Mr. Birkett and the other surgeons recommended her to have removed. She had suffered very severely for some time with excessive pain in the limb. The disease, to Mr. Birkett, seemed cancerous, and as there was some enlargement of the inguinal glands it was thought better to have it removed. For

this purpose she was brought into the theatre, but had scarcely begun to inhale chloroform when Mr. Callaway found the femoral artery, on which he was pressing, suddenly stop. It did not seem to be caused by the amount of chloroform, for a very small quantity—a few drops on lint—only had been used. Artificial respiration was at once attempted: ammonia, fresh air, dashing with cold water, &c. Some sharp shocks of a galvanic battery were also passed through the region of the solar plexus, chest, and heart, but all to no avail.

Mr. Birkett's explanation we believe the best yet offered, in the present state of our knowledge—namely, that in this poor woman cancerous degeneration of the tissues to a large amount was going on, which is generally associated with similar degeneration or fattiness of the minute fibres of the heart; indeed M. Mandl, in the very interesting debate now going on in Paris as to cancer, recognises only two modes of degeneration—those of cells and fibres; the latter always in such cases responding badly to the stimulus of the circulating current, but here so diminished, by lessened stimulus, from chloroform, as to cease altogether. From seeing such cases we would say perhaps emotional influences or fright at operations may also aggravate matters, as emotion or alarm throws the heart into a state of palpitation.

Such cases necessarily suggest very great caution, more especially in older patients, and where cellular degeneration of tissues, cancerous, fatty, or otherwise, is going on; they indicate also the necessity of explaining the danger of chloroform to patients; and where ice or other anæsthetics, as recommended by Dr. Arnott, may be substituted, using them in place of chloroform. We have individually seen the best effects from ice and salt as a local anæsthetic. Possibly, even in this case of Mr. Birkett's it might have been used with advantage. It does not appear to us that chloroform should be abandoned or not studied; on the contrary, cases like the present should lead only to more caution in the selection of cases, where the effects of chloroform should be watched, or the chloroform diluted, or, in very emotional patients, tried first in the ward, away from the excitement of the operating theatre.

**ERRATUM.**—In a late "Mirror" (THE LANCET, November 26th, 1854, p. 485 foot-note,) it was erroneously stated that the patient whose case is reported had died of purulent deposit. The man is now doing pretty well, and his case was mistaken for that of Arthur W—, aged twenty years, who was admitted, under the care of Mr. Ferguson, October 25th, 1854, with stricture of the urethra, and who died November 18th, of purulent deposit, after having undergone the operation of external urethral incision on November 4th.

## Medical Societies.

### ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 28TH, 1854.

JAMES COPLAND, M.D., F.R.S., PRESIDENT.

ON THREE FORMS OF THE CHARCOAL RESPIRATOR, FOR PURIFYING THE AIR BY FILTRATION FROM THE VARIOUS KINDS OF EFFLUVIA, MIASMATA, AND NOXIOUS GASES AND VAPOURS.

BY JOHN STENHOUSE, LL.D., F.R.S.

(Communicated by Mr. HOLMES COOTE.)

ON the 22nd of February last, a paper was read by the author before the Society of Arts, "Upon the Deodorising and Disinfecting Properties of Charcoal;" and on the 9th of June, a communication from the same source appeared in the Journal of the Society, "On the Employment of Charcoal Ventilators to Purify the Air from Water-Closets, Sewers, &c." The great efficacy of freshly-burnt charcoal has long been known; but although it has been used to purify water, it has not been employed in removing noxious organic impurities floating in the rarer atmosphere which we breathe. Charcoal both absorbs and oxydizes gases and vapours, and resolves them into their simplest combinations—namely, water and carbonic acid. The greater number of effluvia and miasmata are highly organized, nitrogenous, and easily-alterable bodies. When absorbed by charcoal, they come into contact with highly-condensed oxygen existing within the pores of the charcoal. In this they are speedily oxydized and destroyed.

The first form of respirator is adapted for the mouth alone. The second is ori-nasal, and not much larger than the preceding, so as to be as little unsightly as possible. The third, also ori-nasal, is much larger, and includes the whole mouth and nose. It is fitted for workers in sewers and factories.

Dr. COPLAND remarked that he had employed charcoal with

great effect as a deodorizer. He had also employed it, in one-draohm doses, combined with camphor, in cases of putrid fever and dysentery. It was well known that the inside of water-casks were charred for the purpose of purifying water at sea.

Mr. NICHOLS observed, that charcoal, when administered in cases of disease, or applied externally to wounds, would be influenced by moisture. In the respirator exhibited it was dry.

Mr. HILLMAN remarked that charcoal, when used in the respirator, would contain condensed watery vapour.

Dr. O'CONNOR inquired if the respirator had been used in sewers and other unwholesome places, to test its effects upon noxious vapours?

Dr. STENHOUSE replied it had been extensively used in chemical works, both in England and Germany, with great success, as it destroyed the noxious effects of sulphuretted hydrogen, chlorine, and other dangerous gases.

Dr. SCHULHOFF suggested that the charcoal respirator should be employed in the hospitals of Turkey.

Dr. GARROD remarked that some years since he had made a series of experiments on charcoal as an antidote for poisons, and had found that when half a grain of aconitine or half a grain of strychnine was given, combined with half an ounce of animal charcoal, it was innocuous. This was not the case when the wood-charcoal was employed. Animal charcoal was also a more powerful decolorizer. Might it not be a better agent than the wood charcoal in the construction of the respirator?

Dr. STENHOUSE remarked that he had first employed animal charcoal, and had found it heavier and less manageable than the wood charcoal. Either, however, might be employed.

Dr. COPLAND said, as far back as 1810, Dr. Rowland, then at the head of the medical department of the army in Sicily, had used charcoal extensively as a deodorizer and disinfectant in fevers and dysentery.

A paper was read, entitled,

AN ANALYSIS OF THREE THOUSAND CASES OF VARIOUS KINDS OF DEFORMITIES ADMITTED AT THE ROYAL ORTHOPEDIC HOSPITAL, BLOOMSBURY SQUARE; WITH BRIEF REMARKS ON SOME OF THE MORE INTERESTING POINTS CONNECTED WITH THEIR NATURE AND TREATMENT.

BY EDWARD LONSDALE, F.R.C.S.,  
SURGEON TO THE HOSPITAL.

The table is arranged in six divisions:—

I. Deformities of the bones and joints of the lower extremities, arising from weakness either in the bones themselves, in the ligaments, or in the muscles—1663 cases.

II. Club-feet—495 cases.

III. Deformities of the spine—485 cases.

IV. Affections of the joints from paralysis—288 cases.

V. Deformities from badly-united fracture—63 cases.

VI. Deformities from arrest of development—16 cases.

Simple bow-legs, or outward curvature of the tibia and fibula, is the most common, amounting to 533. Simple knock-knees occur the next in frequency, being 481. Knock-knees and bow-legs may co-exist as rickets, and produce a very great amount of deformity. Bow-legs, with outward curvature of the femur, number only 23; bow-leg of one side, and knock-knees of the other, may be remedied in early life, but not after the bones have become firm.

Club-feet are divided into—1. Talipes varus; 2. Talipes valgus; 3. Talipes equinus; 4. Talipes calcaneus. To one form of talipes equinus he gives the name of rheumatic, because that disease causes contraction of the muscles of the calf.

All cases of varus require the division of tendons—viz., the tibialis anticus and posticus, the tendo Achillis and the plantar fascia. In talipes valgus, the extensor communis and the perones must be divided. In talipes equinus, the tendo Achillis offers the obstacle to replacement. In talipes calcaneus, the treatment is effectual only in those cases (congenital) where the deformity arises from spasm of the muscles in front of the leg. When paralysis of the muscles of the calf exist, the relief is partial.

Deformities of the spine are divided into—lateral curvature, 173; posterior curvature, 70; latero-posterior, 29. Abscesses form when carious disease attacks the lumbar vertebrae, but not in the higher regions of the spine. Lateral curvature may depend upon disease of the thoracic viscera. Joints may be permanently contracted by the action of surrounding muscles; the hip is most frequently affected. Wry-neck often causes alterations in the expression of the features. Deformities may arise from fractures badly united; the number amounted to 31. The author had seen some cases of spina bifida in the hospital; also some of curvature of the legs, from excessive development of the adipose tissue in young children.

Dr. COPLAND remarked that the causes of malformation appeared to be three—malposition of the fetus in utero, spasm, and paralysis; the cure to consist of the division of tendons, position, and cod-liver oil.

Mr. HALE THOMSON differed from the author in believing that the lateral curvature of the spine never occurred in utero. The deformity usually developed itself between the ages of four and seven, and went on with the growth of the person. He agreed in the main with the treatment employed by Mr. Lonsdale in deformities, but thought that it was a mistake to employ mechanical support in cases of lateral curvature in growing persons. Mechanical support did harm by interfering with the motions of the chest, and exerting improper pressure upon the hips. The deformity depended upon muscular causes, and the remedy must be looked for in that direction. To give a part its natural action and use, was to make it perfect.

Mr. LONSDALE observed that mechanical appliances were resorted to only when Nature had failed to effect a cure. The support was applied laterally, and did not interfere with the motions of the chest, nor with the growth of the pelvis, as it was placed around and not on that region. The careful and proper employment of mechanical support in his practice had been attended with the most beneficial results.

## MEDICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 2ND, 1854.

MR. HEADLAND, PRESIDENT.

### A BONE IN THE THROAT.

Dr. BURKE RYAN showed a piece of bone between an inch and a half and an inch and three quarters long, and as thick as a crowquill, with sharp extremities, which had remained across the lower part of the pharynx or upper part of the oesophagus during seven days, without any suspicion of a foreign substance being there. The patient had been seen during the summer, after an irregular bout of living, when he had foul and loaded tongue. Two days after, a severe attack of hæmatemesis ensued, a large quantity of blood having been vomited. The patient complained of some difficulty of swallowing, but nothing was seen on examination. On the seventh day he got up, partly by coughing, partly by vomiting, this piece of bone, and on showing it said he then knew the cause of his illness, as on eating from a breast of mutton this stuck in his throat. The sharp ends of the bone stuck no doubt in the pharynx on each side, and from this the blood trickled into the stomach, until by quantity it produced vomiting. The sulphuric acid administered in water always caused considerable scalding about the pharynx, owing to the raw surface, and the bone was acted on by its passing over it for so many days. The bone was partially broken in the centre, so as to allow it to yield as each morsel of food passed down.

Mr. I. B. BROWN read the following particulars of a case of INVERSION OF THE UTERUS AT SIXTH MONTHS' PREGNANCY, FOLLOWED BY REDUCTION AND RECOVERY,

that occurred in the practice of his former pupil, Mr. Ruck, of Cirencester:—"I had attended the poor woman, twenty-six years of age, in her previous labours, and was engaged to attend her in her third. When the inversion took place she was about six months gone, and when seized with labour pains sent for her mother, who is an experienced midwife, and lives a few miles from the daughter. When the mother arrived, (at eight o'clock, A.M.) she found the child lying in the bed, dead, her daughter flooding, and a tumour between the thighs. As she could not make out what the case was, she did not divide the cord, or in any way interfere, but sent off for me. I was from home, and did not arrive at the house till about three P.M., when I found the patient cold and clammy, gaping, occasionally bearing down, and apparently sinking. She had been suffering from vomiting and retching ever since the tumour appeared till she became exhausted. On turning aside the bedclothes, I found the child lying in a pool of blood, and, what puzzled me for a few seconds, the after-birth and something more. Directly I saw what the case was, I peeled off the after-birth, which was unusually hard and firmly attached, and placing two fingers against the inverted fundus, returned the uterus into the vagina. I found by pressure the fundus became bent in. Using gentle pressure for about a minute, and after the fundus was about half returned to its proper position, I found it recede from the ends of my fingers,

and with almost a pop take its proper position. Metritis and peritonitis followed, but in about ten days she began to mend, and all did well. The woman was suffering from frequent hysterical fits for some months before premature labour came on. I have attended her in two labours since; and in one, if not in both, have been obliged to introduce my hand, and bring away the placenta, considerable flooding having taken place." Mr. Brown remarked that it was clear from this case that inversion could occur at the sixth month of pregnancy, and that the rule laid down in books, that we should never reduce an inverted womb after the lapse of two or three hours, might, in some instances at least, be departed from with safety and advantage to the patient.

#### CONDITION OF A JOINT AFTER RE-SECTION.

Mr. HENRY SMITH exhibited the bones which had been removed from the lower extremity of a boy who had, two years previously, undergone excision of the knee-joint by Mr. Jones, of Jersey, had entirely recovered from the operation, and had died from disease of the liver a few weeks ago. A firm, bony ankylosis had taken place at the site of operation, between the extremity of the femur and the tibia, in nearly a straight position. The patella also, which had not been removed in the operation, was united to the anterior part of the femur, and its ligament was still attached to it, and to the tibia, so that altogether a very firm, compact mass of bony tissue occupied the situation of the knee-joint. This preparation demonstrated that bony union does take place between the ends of the bones after re-section of the knee, and that a most useful limb may be saved. In the instance of this boy, as in that of others he had seen and heard of, there was great facility of walking. The patient from whom this most instructive specimen was removed was the younger of the two boys who had a year ago been exhibited to the Society, and the fellows had seen for themselves how well he was enabled to use the limb. There was at that time some disease of the hip on the other side, and, since his death, it was discovered that dislocation upwards had occurred. This case was a sufficient answer to the objection that had been raised, of making the limb, by the operation, "like a flail."

Mr. JONES, upon being applied to, said that he had no remarks to make, except to strongly urge upon surgeons, in cases of operations for disease of the knee-joint, to save the patella, and not divide the ligament. When these parts were saved, there was less difficulty in walking than when they were removed.

In answer to a question, he said the boy from whom the preparation had been taken had not suffered from any tubercular disease, but had died from extensive disease of the liver, spleen, and kidneys. Two months before, he was quite well, and walked about with ease.

Dr. WINN read a paper

#### ON PUERPERAL MANIA.

He observed, that the prevalence of opinions with regard to the moral management of patients suffering from puerperal mania, which he held to be not only erroneous but dangerous, had induced him to bring the subject before the Society. He expressed his intention of passing briefly over the division of the subject which related to the physical treatment of the disease, in order that he might dwell at more length on its moral management—a question of far greater importance, and on which he considered the successful termination of a case more especially to depend. Dr. Winn remarked, that insanity might attack a patient at three periods during the puerperal state:—1, during gestation; 2, subsequent to delivery; and 3, during lactation, as a result of protracted suckling. The observations which he was about to offer had especial reference to the second form of the malady, to that maniacal excitement which supervenes during the first months after delivery, and appeared to be the result of extreme irritability of the brain, associated with great nervous exhaustion. Before entering upon the immediate subject of his paper, Dr. Winn took objection to the term "puerperal mania," used, as it commonly is, in a specific sense, and the use of which term had led to serious errors in practice. Adopted as an expression of a mere variety of insanity, it was sufficiently distinctive and appropriate; but a serious mistake was involved in the supposition that puerperal mania is a special form of insanity, requiring a treatment entirely different from that which is laid down for the cure of mania in general. No doubt the peculiar condition of blood and the excitable state of the nervous system which obtain after delivery, tended to modify a maniacal attack, and rendered it necessary that the treatment should be adapted to these qualifying circumstances. Nevertheless, the affection was

essentially mania, and was to be treated as such. He then took a review of the symptoms of puerperal insanity, to show that they were perfectly identical with those of an ordinary attack of mania. The importance of this generalization would be clearly shown when he came to consider the expediency of removing puerperal lunatics to an asylum. Dr. Winn proceeded next to determine, as far as the present state of mental pathology would permit, the condition of the system which gave rise to the puerperal mania. Careful observation had led him to infer that the disease was the result of cerebral irritation, combined with nervous exhaustion, a deteriorated condition of the blood, and an imperfect nutrition of the nervous tissue. Granting these facts, an antiphlogistic mode of treatment was decidedly objectionable. The classes of remedies most likely to prove beneficial were sedatives, depuratives, and tonics. A few leeches might occasionally be employed to allay the erythema of the brain, but on no account as a depleting measure. Venesection and blistering were positively injurious. A nourishing though not a stimulating diet was generally required; while opiates, aperients, and diuretics, would all be found more or less useful. It was, however, on the moral treatment that the recovery chiefly, if not wholly, depended. This should be precisely the same as that which is generally indicated in any variety of mania. An efficient nurse must be provided, capable of maintaining a kind but firm control over the patient. Every precaution must be adopted to prevent self-injury. The greatest tranquillity must be preserved, and the patient's friends and relatives rigorously removed from her presence. The great object was, to break the morbid current of thought by a seclusion more or less complete, and thus give rise to emotions and ideas entirely new. The most important point for consideration, however, was the question of the patient's removal to an asylum when the ordinary remedies had failed to afford relief. However inexpedient and culpable it might be to hurry a patient to an asylum at the outset of puerperal or any other form of mania, still a period might arrive when delay in having recourse to this measure would subject the patient's health and life to the greatest danger. Dr. Winn stated that the general opinion was opposed to the removal of a puerperal lunatic to an asylum. To combat a dogma fraught with such imminent peril was the principal object of his communication. Dr. Forbes Winslow had clearly established the fact, in his valuable treatise "On the Incubation of Insanity," that it was only during the earlier periods of an attack of mania that a cure could be expected from the use of appropriate remedies. By a strange perversion of a general principle, this important truth had been commonly lost sight of in the treatment of puerperal mania. In support of this assertion Dr. Winn quoted passages from the works of various authors who had condemned the removal of puerperal patients to an asylum. One of these authorities had made use of the very objectionable expression "mad-house." Dr. Winn commented very strongly on the use of such a term. It was appropriate enough for the asylums of the darker ages, when every description of cruel restraint was practised; but singularly inapplicable now, when humanity and science were alike enlisted to allay the sufferings and meliorate the condition of their inmates. It was to be hoped that ere long even the milder term of "lunatic asylum" would be abolished, and the far more appropriate title of "Hospital for the Cure of the Insane," as recommended by Dr. Winslow, be generally adopted. He next related cases from his practice to prove the truth of his views. One patient whom he attended with Mr. Meeres, proved in the most striking manner the advantage of an early removal. Although the patient had been only ill a week, Dr. Winn thought it advisable to send her to an asylum at once. Her recovery was rapid, and she has been confined again since her return to her home, but has fortunately had no recurrence of the disease. Another case which he mentioned showed, on the other hand, the bad effects of delay. This patient had been ill for many months before Dr. Winn saw her, and all the routine practice had been tried in vain. Had early removal been adopted, he thought the case would have speedily recovered. The returns of lunatic asylums showed, that the treatment of puerperal mania in these institutions was pre-eminently successful. Dr. Webster's tables proved, that more recoveries from puerperal insanity were reported than from any other form of lunacy. Dr. Boisragon, of the Cornwall Asylum, had kindly furnished Dr. Winn with the result of his experience. He (Dr. Boisragon) stated, that the majority of cases recover: he had not, in fact, discharged a single case that was not convalescent. Some, who admitted the efficacy of this plan of treatment, disapproved of it on the ground that the recollection of having been confined in an asylum would produce an injurious effect on the mind of the pa-



ment in a subsequent labour. Such an instance Dr. Winn had never witnessed. Another common prejudice, which interfered with the timely removal of a patient to an asylum, was the dread entertained by the friends of the individual lest some sort of opprobrium would be incurred by her having been the inmate of what they would call a "mad-house." This prejudice, the offspring of ignorance and mistaken delicacy, was fast passing away. The supposition that puerperal mania was generally a very transient affection was another erroneous opinion, which had occasionally interfered with the early removal of patients. In conclusion, Dr. Winn wished it to be clearly understood that he did not recommend the hasty and indiscriminate removal of patients; at the present time he had a patient, affected with insanity dependent on uterine derangement, under his care, and who had been ill for several months before he saw her. In this case, physical treatment had almost completed a cure, and removal to an asylum had not been had recourse to. In the humble walks of life, cases of insanity should be generally removed at an early period to an asylum. For rich patients this measure was not always necessary; they could obtain a quiet residence, all the comforts, and many of the advantages, of an asylum. Not so with the poor; confined, perhaps, to a close room in a narrow and noisy street, insufficiently nourished, and badly nursed, the poor patient was cut off from all hope of relief. For cases of this description an asylum offered the only chance of a cure.

Mr. HARDING opposed the removal of a woman affected with puerperal mania to an asylum, as it was attended with a lasting disadvantage to the patient and her children. Persons affected with the malady could be successfully treated without such removal. He could recognise no difference, in these cases, between the rich and the poor, the disadvantage to one being as great as to the other by removal to an asylum. When a poor person could not be properly treated at home, there were infirmaries and parochial houses to which she might be removed with as much benefit as to an asylum.

Dr. WEBSTER agreed with the author with respect to the nature and treatment of puerperal insanity, and spoke of the value of removal to a properly-regulated asylum, especially to poor persons. He showed, by the statistics of Bethlehem Hospital, that of 167 persons admitted into that institution with puerperal fever, 92 had recovered, 7 had died, and 68 were uncured. He spoke of the rare fatality of the disease, agreed with Dr. Winn that bleeding was seldom necessary, and attributed the great mortality which had accompanied it in times past to this remedy having been employed. The disease resembled delirium tremens, in depending mainly on great cerebral irritation, with nervous exhaustion. In the higher classes, the resort to an asylum might not be so necessary as to the poor, but they would often be benefited by removal from home.

Mr. I. B. BROWN regretted that the paper had not embraced the medical as well as the moral treatment of puerperal mania. When the disease occurred in poor persons, who could not procure proper nursing, pure air, &c., removal to a hospital or infirmary was desirable; but there were no advantages in these institutions which the rich could not obtain at home. One of the most important points of treatment was the substitution of other for the usual attendance, and the removal of the family. With respect to medical treatment, he spoke of the great importance of procuring sleep, and mentioned an instance in which, after various smaller doses of the different preparations of opium had been of no avail, four drachms of Battley's solution had been administered, with the effect of procuring sleep and curing the patient. He had never seen a fatal case of the disease.

Mr. HIRD differed in opinion with Dr. Winn and Dr. Webster, respecting removal to an asylum. The statistics advanced did not include one-tenth of the cases of the disease, and only such as were amongst the worst. It was fair to presume, then, that a vast majority of cases got well without removal. An asylum instead of being the first, should be the last place to which a patient should be consigned. In opposition to the author, he regarded the medical treatment as more effective in this than in any other form of insanity. In those cases of the affection accompanied by great excitement, rapid pulse, and great constitutional disturbance, he regarded the treatment by tartar emetic and opium, as recommended by Dr. Graves, as the best. Opium was also valuable in those cases in which the pulse was lower and the power less. He had in one case given five-grain doses of solid opium, and cases were recorded in which scruple doses had been administered. Bleeding was rarely necessary in this complaint. He had never seen a fatal case.

Dr. CHOWNZ remarked that the rule of practice was not to send a patient with puerperal mania to a lunatic asylum, as moral treatment could be resorted to at home. He did not agree that puerperal was like other forms of mania, as it had attached to it peculiar and special symptoms connected with the uterus and its functions, on which this peculiar kind of mania seemed to depend. Bleeding was rarely necessary in this disease, soothing remedies, such as henbane, opium, and camphor being indicated. He attached great importance also to the condition of the stomach and bowels in this disease, and to the necessity of purgatives in the advanced stages of pregnancy, as some of the worst evils which attended parturition were dependent on accumulation in the bowels.

Dr. TYLER SMITH observed there were several points of marked difference between puerperal mania and ordinary insanity. Puerperal mania occurred only during special periods of life, as at the end of pregnancy, after labour, and during lactation. A much higher proportion of recoveries took place in puerperal cases than in other forms of unsound mind. After recovery, the subjects of it were scarcely more liable than other persons to be attacked with common mania, nor were their children born with any strong hereditary tendency to disease of the brain. These were reasons for separating puerperal insanity, as far as possible, from other kinds of mania. As medicine and the treatment of insanity progressed, the tendency would probably be towards such a separation, until the subjects of puerperal mania would no more be placed in lunatic asylums than those suffering from delirium tremens. Amongst the poor, in such cases as those described by the author of the paper, if there should only be a choice between the misery of a confined home and a lunatic asylum, no doubt the moral and material comforts of such an institution offered great advantages. But this could seldom be the case. The proper places for the reception of poor puerperal patients in this metropolis were, either the special lying-in hospitals, or the wards in our general hospitals, which were devoted to the diseases of women. When cases of insanity had occurred amongst the maternity patients at St. Mary's, he had always taken them into the hospital, and no inconveniences had arisen from this course. If there were reasons as regards the poor, for not mixing puerperal maniacs with ordinary lunatics, these reasons were of still more weight in the case of the affluent. The rich could gain no advantages in an asylum which they could not obtain elsewhere. In several cases where it had been in contemplation to send such patients to asylums, he had seen reason to rejoice that it had not been carried into effect. No one, whether poor or rich, could be entered as a patient in a lunatic asylum without entailing a certain stigma upon themselves and their children. Professional men could, no doubt, distinguish between the mania of a puerperal patient and ordinary insanity, but the public made no such distinction. The mischief and absurdity of mixing puerperal patients and other insane persons together, were painfully exemplified at Bethlehem. Dr. Hood, in the very able work he has recently published, "On Criminal Lunacy," had, in the most humane manner, drawn attention to those lunatics confined at Bethlehem who had committed crimes while suffering under puerperal insanity. These poor creatures had perfectly recovered from their madness, and were able to feel their crimes, not unfrequently committed upon their own offspring, most acutely. There was in the nature of things no chance of their ever again passing through the puerperal state, and many of them had lived beyond the period of child-bearing, yet they were hopelessly confined during their miserable lives in the same building with criminal lunatics, who were many of them in a state of idiocy or continuous mania. It was difficult to conceive anything more horrible than the condition of these unhappy persons. As regards the causes of puerperal insanity, he believed they might be very simply stated. The disease came on after the exhausting effects of pregnancy, the shock and losses of parturition, and the drain of lactation. These causes were frequently aided by delicacy of the nervous system and ex-centric irritation, such as faecal accumulations, indigestible food, arrest of the lochia, or retention of the milk. He had never seen a case which was not accompanied by great vital exhaustion, and which did not require a supporting treatment. He had not been so fortunate as to have met with no fatal cases. One such he had seen during the past year, in which the cause of death appeared to have been a profuse venesection. While speaking of the causes of puerperal mania, he would venture to express an opinion in favour of a more liberal dietary for childbed women than was now the rule. Some of the most formidable disorders of this period arose out of debility. Not only many cases of puerperal mania,

but of phlegmasia dolens, phlebitis, milk-abscess, and perhaps puerperal fever, were greatly dependent upon an enfeebled and vitiated state of the blood. The prevention and treatment of disease under such circumstances should be tonic and eliminative. The disorders of the puerperal state would, he believed, be much diminished if women were supported more than they now were during the first few days after delivery. In this respect the modern practice of midwifery was capable of very considerable improvement. It would be of great benefit in practice if the diet of the lying-in woman, without being rendered stimulating to an undue degree, was habitually made more nourishing than it now was, except in cases where some special reason to the contrary might exist.

Dr. MACKENZIE said that each case of the disease would furnish special indications for treatment, dependent on the physical state of the patient. The recovery would bear relation to the extent to which this physical condition might be removable by treatment. It might depend on obstruction of the primæ viæ, irritation of the womb or mamma, or on the condition of the blood. Simple treatment in these cases was often most effective. In those cases in which tartar emetic and opium could not be resorted to, the steady use of digitalis was often of the greatest possible service in controlling the pulse.

Mr. HIRD mentioned that Dr. Simpson, in the case of a lady who had puerperal mania following delivery of her three first children, administered chloroform at the fourth, fifth, and sixth deliveries, and no mania followed.

Dr. RICHARDSON had kept a patient affected with puerperal mania under the influence of chloroform, with the best possible results, for ten hours.

Dr. WINN, in reply, remarked that he had not advocated the indiscriminate removal to an asylum, but only in such cases where proper moral and medical treatment could not be resorted to at home. If the patient could be removed to an hospital or infirmary, where suitable remedies could be applied, of course it would be preferable to an asylum.

### Reviews and Notices of Books.

*On the Topical Medication of the Larynx in Certain Diseases of the Respiratory and Vocal Organs.* By EMMETTER WATSON, A.M., M.D., &c. 8vo., pp. 183. London: Churchill. 1854.

It is often of advantage to the medical profession that an enthusiastic supporter of some special line of treatment should be encouraged to say all that he can in its favour. Dr. Watson will not be offended if he be ranked in this category. In fact, we consider him a far less dangerous enthusiast than Dr. Horace Green, of America. He gives a positive contradiction to the statement of Mr. Erichsen, that "a sponge probang has never yet been introduced through the rima glottidis in life." A melancholy confirmation of the opposite view is given by a case in which Dr. Peaselee, U.S., extracted, by tracheotomy, a large sponge, which had been thus introduced. The man died. Any one who wishes for a full and complete statement on the subject should read Dr. Watson's volume. We regard applications to the trachea and bronchi as not unattended with danger. For the sponging of the larynx with nitrate of silver, as advocated by our author, we do not believe that any case of true pulmonary disease would be even relieved by this additional source of irritation; and we should never advise it in a dangerous case of acute laryngitis. Simple chronic laryngitis, or cases of ulceration, unconnected with tuberculous disease, afford perhaps the most favourable opportunities for a trial of this plan.

*A Memoir on Strangulated Hernia, from Cases occurring in the London Hospital.* By NATHANIEL WARD, F.R.C.S., Assistant-Surgeon to the Hospital. London. 1854. pp. 33. (Read before the Hunterian Society.)

MR. WARD'S "Memoir" is sound and practical, and we select it as a good example of what publications of its size and origin should be. We have at last got to dread the sight of pamphlets in these days of cheap printing and professional advertising. As for criticizing the majority of them, the thing

is impossible; they are far beneath notice; but what is worse is, they frequently disgrace the honourable dignity of a scientific profession. They are too often only fit to be given away with the advertising almanacs of Messrs. Moses at the railway termini. Were the many professional brochures which are placed upon our table in the course of a month like the one now before us, both the practice and the science of Medicine would be surely advanced. As it is, however,—we must aver it,—they are constantly dishonoured. We deem Mr. Ward's "Memoir" worthy of very attentive perusal by every surgeon in public practice.

*A few Practical Observations on the Injuries Incidental to Warfare.* The substance of Three Lectures addressed to the Officers and Privates of the Royal London Militia. By G. BORLASE CHILDS, F.R.C.S., Surgeon to the Corps. pp. 48. London. 1854.

THOUGH we are not aware in what campaign Mr. Childs gleaned his "Practical Observations" in the department of military surgery, we can give our testimony that the "Lectures" before us contain hints and information worthy the remembrance of soldiers, whether of the militia or of the line.

### Foreign Department.

#### REMARKS ON SUDDEN DEATH.

SEVERAL physicians of eminence on the continent have, of late, paid special attention to the causes of sudden death. We would specially single out M. Aran, who, in his thesis, written for the Assistant-Professorship at the Paris Faculty, has given a masterly sketch of the state of our knowledge on the subject. More recently, a German physician, Dr. Kopp, has published new investigations respecting sudden death from internal causes, based upon his own labours, and those of his friend, the late Dr. Herrich. (It is rather remarkable that Herrich himself died suddenly from a heart affection.) Thirty cases, which came under the direct cognizance of the authors, are given, with very minute details, out of which we gather that two-thirds of the patients mentioned were men. Out of seventy-nine sudden deaths alluded to, fifty-five happened by day. The post-mortem examinations are described with much care, and the memoir concludes with the following summing up:—

I.—Sudden deaths by suppression of the heart's action. 1. By compression from without inwards, in consequence, a, of effusion of blood into the pericardium, as a consequence of a rupture of the walls of the heart or of the aorta, four cases; b, serous effusion into the pericardium, six cases; c, fibrinous effusion, two cases; d, effusion of serum into the pleura, four cases; e, effusion of purulent matter into the same sac, two cases. 2. By accumulation of blood in the heart, five cases. 3. The blood insufficiently exciting the heart to contract, owing to deficiency in quantity or quality of that fluid, ten cases. 4. Mechanical disturbance of the circulation, in consequence of the evolution of gas, five cases. 5. Lessening of thoracic capacity, from spinal curvature, two cases. 6. The same lessening from pulmonary induration, three cases. 7. Pathological changes in the parietes of the heart, or the aorta, &c., forty-five cases.

II.—Interruption in the power of conveyance of nervous power from the brain or medulla oblongata to the heart. 1. Swelling of the thymus gland, nine cases. 2. Swelling of the thyroid gland. 3. Tubercles on the larynx, six cases. 4. Suppuration in the cellular tissues of the neck, two cases.

III.—Rapid suppression of the functions of the medulla oblongata. 1. By direct external pressure, two cases. 2. By mediate external pressure, seven cases. By the influence of other cerebral affections, two cases.

#### A RADIO-ULNAR LIGAMENT LATELY DISCOVERED.

M. Denucé, in a thesis "On the Luxations of the Elbow-joint," lately published, mentions, amongst other things, that near the annular ligament, in which plays the head of the radius, he has, by his dissections, discovered another ligament of about four lines square, inserted on the one side, upon the neck of the radius, and, on the other, upon the inferior margin of the lesser sigmoid cavity of the ulna. He calls it, *ligamentum quadratum radio-ulnare*; it is supposed to limit the movements of pronation and supination.

## THE LANCET.

LONDON: SATURDAY, DECEMBER 9, 1954.

OUR English laughing-philosopher, SYDNEY SMITH, explains the special manifestations of courage in men of different professions by a reference to the influence of habit and the association of ideas.

"In the late attack upon Egypt," he says, "our soldiers behaved with the most distinguished courage; but a physician did what, I suppose, no soldier in the whole army would have dared to have done: he slept for three nights in the sheets of a patient who had died of the plague! If the question had been to encounter noisy, riotous death, he probably could not have done it; but when pus and miasm were concerned, he appears to have been a perfect hero."

We believe that the history of the present war will have to record many instances of army surgeons exhibiting the most lofty daring of the soldier, combined with the most self-denying professional devotion. Not in the present war alone, but in every war the history of which is written, many noble proofs will be found to show that the surgeon who has cast his lot in with the army scorns to restrict his sense of duty within those limits which are assigned to men belonging to civil professions. The army surgeon sees himself the companion of men whose habitual avocation and delight is to encounter danger. He feels himself irresistibly drawn into the most intimate participation of their sentiments. The surgeon becomes a soldier too.

Of this we are proud to have to record a brilliant example that occurred at the glorious but fatal battle of Inkermann; and we are still more gratified at being able to do this on the authority of a despatch of the Commander-in-Chief, who had not hitherto manifested publicly that appreciation of the labours and services of the medical staff which is justly their due. Lord RAGLAN says:—

"His Royal Highness (the Duke of Cambridge) speaks also in the highest terms of the spirited exertions of Assistant-Surgeon Wilson, of the 7th Hussars, who, at a critical moment, rallied a few men, which enabled them to hold the ground till reinforced."

If such be the services sometimes rendered by our assistant-surgeons, upon what principle of justice or of policy can medical officers be denied full and equal participation in those higher honorary rewards and distinctions which are almost exclusively reserved for their fellow-soldiers?

Neither does Lord RAGLAN confine himself on the present occasion to the well-earned praise of the military virtues of an assistant-surgeon; he thus records his sense of the purely professional merit of the medical staff:—

"It is due to the principal medical officers of the several divisions, Drs. Alexander, Cruickshank, Forest Linton, and Humfrey, to report that their able exertions have been strongly represented to me, and deserve to be most honourably mentioned; and the arrangements of the Inspector-General of Hospitals, Dr. Hall, for the care of the wounded, merit the expression of my entire approbation."

We fervently hope that this is the first token of the rise of a more cordial feeling on the part of the higher military authorities towards the medical service, and of a more correct and more useful appreciation of the aid it can contribute to the success of military expeditions. Certain it is that other indications are not wanting of a growing desire to increase the

usefulness of the medical staff, by placing more confidence in their zeal and knowledge, and by improving the organization of this department.

But whatever the desire manifested to improve the position and efficiency of the army surgeon, and however flattering the terms in which his services are acknowledged, we still remain unshaken in our conviction, that a thorough public inquiry into all the details of the medical arrangements of our armies and fleets is imperatively called for, in justice to our brethren engaged in the public service of the country, in the interest of our soldiers and sailors, and for the satisfaction of the public mind.

THE "Statement" issued by the Council of the Royal Medical and Chirurgical Society to the Fellows (which will be found at page 489,) is as well-timed, as it is convincing in its facts and arguments. It comes before the profession with all the weight and authority attaching to the deliberate expression of a body of men of standing and reputation, entrusted with the welfare of the highest professional Society which we possess. The "Statement" refers to the conduct of Mr. DE MORGAN in the Society, as regards THE LANCET, and tests his proceedings by the usages of gentlemen and by the bye-laws and organization of the Society, which latter are of course nothing more than a set of rules and arrangements framed to bind together a body of men of character in pursuit of a common object.

The document issued by the Council directs special attention to the circumstance that Mr. DE MORGAN's motion respecting THE LANCET, on the 1st of March last, was made "without previous notice." It also points out that it was made under false pretences, being "only nominally an amendment;" that it was "entirely irrelevant" to the motion it pretended to amend; and that it was in fact "a substantive resolution, moved without previous notice." By such a paltry manoeuvre Mr. DE MORGAN, and the forty-seven Fellows who voted with him, sought to bind the five hundred and fifty-seven Fellows constituting the Society. The Council observe that "on no occasion since the foundation of the Society in 1805, has a course like this been adopted. Excepting votes of a purely ceremonial or complimentary kind, the passing of which is without influence on the constitution of the Society, no resolution or amendment, WITHOUT PREVIOUS NOTICE, has ever been put from the Chair." But setting aside the question of notice or no notice, the Council appeal to the Fellows of the Society at large against the propriety of "obtruding on a general meeting any resolution partaking of a political character, and appealing to personal or party animosities, calculated to excite angry discussions on topics foreign to the business of the Society." There can be no doubt that this "Statement" contains as severe a censure upon the proceedings of Mr. DE MORGAN as could well be uttered; and it is an admission that his factious behaviour ought to have been peremptorily stopped on the 1st of March, and that neither his filibustering speech, nor the divisions upon his irregular motion, ought to have been permitted.

We will not further follow the Council in their exposition of the reasons which induced them not to act upon the recommendation made by the forty-seven Fellows, who constituted the accidental majority on the 1st of March. We may briefly state that the Council received a protest, signed by one hundred and four Fellows, against the vote of the general meeting.

Upon this they then called a "special meeting" of the Society at large, and at that meeting it was unanimously resolved, "That the matter in dispute be referred to the Council, to act on the question as they see fit." After this, a counter protest, urging what the Council considered "insufficient grounds," was handed in. The Council subsequently, in heroic phrase, "met, deliberated, and decided," their decision entirely setting aside the tyranny which Mr. DE MORGAN attempted to impose. We may remark, that after himself supporting the motion of Sir BENJAMIN BRODIE, which referred the matter in dispute to the Council for their sole decision, Mr. DE MORGAN, acting in the same unfair way as when, by a double trick, he brought forward, without notice, a substantive resolution in the disguise of an amendment, organized an opposition to the supposed wishes of the Council in the shape of the protest referred to, and after they had decided, using Dr. BARCLAY as a cat's-paw, sent to the Council a protest against the course pursued by the President and Council, as being unprecedented and injurious to the best interests of the Society. When Mr. DE MORGAN had placed himself in the hands of the Council at the special meeting on the 24th of March, we believe it will be agreed universally, by all honourable men, that there were but two courses open to Mr. DE MORGAN—namely, that of acquiescing in their decision, or of retiring from the Society. Instead of this, he acted in the way we have described, and we still hear of threats of renewed cabal and faction on the 1st of March, 1855, the ruin of the Medico-Chirurgical Society being, of course, a secondary matter as compared with the pleasure of venting an impotent spleen against this journal.

THE commencement of a very remarkable sanitary measure has recently taken place in India. In Lord DALHOUSIE's recent able and elaborate "Minute," addressed to the Home Government, on the subject of the permanent occupation of the kingdom of Pegu as a result of the recent war, he directs the construction of a town and sanitarium for the benefit of Eastern invalids on the island of Negrais, in the Indian Ocean; and steps have been already taken towards carrying this enterprise into effect, for we read, in a late number of the *Friend of India*, that, "Captain FYTCHE is founding on Negrais Island "a city which from its position must be richer than Akyab, "and, from the sea breezes which give it health, will probably "be the Brighton of Bengal." The history of this settlement is so remarkable, and so creditable to a respected member of our own profession, that we shall not apologize for placing it briefly before our readers.

Negrais was first formally taken possession of in 1687, but not actually occupied by the British till some years subsequently. It remained a British settlement, with forts and other public buildings on it, until 1759, when the British inhabitants were murdered during a sudden attack from the Burmese. The cession of Negrais Island, with a certain portion of land on the adjoining Bassein river, originally intended for the site of a town or fort, was made to the British in perpetuity by the Burmese conqueror and king, ALLAU PRAW; and the British right of possession has never been questioned, although, since the murder of its inhabitants in 1759, the island has never been held by the English.

It was in April, 1826, that Mr. J. R. MARTIN, then a mere

youth, and surgeon of the Governor-General's body-guard, passed the island of Negrais as a passenger to Calcutta, where he was proceeding in a state of exhaustion from jungle fever, after having gone through the two fatal campaigns of 1825-26 in Ava. In sailing along the coast, Mr. MARTIN got a passing glimpse of Negrais Island, and on the instant the idea struck him that such a position must possess great value in many ways. It was but a mere *coup d'œil*, yet the impression on the mind of this acute observer was retained with the greatest tenacity. On the recovery of his health, Mr. MARTIN made a careful, protracted, and persevering investigation, historical and political, into the merits of this ancient British possession; and the result was a "Memoir on the Advantages, Political, "Naval, Military, and Commercial, of the Re-occupation of "Negrais Island, and of Bassein; including their Advantages "as Places of Resort to the European Sick of Calcutta and "Madras." This Memoir Mr. MARTIN presented officially to the then Governor-General, Lord AUCKLAND, early in 1836. This was the first notice taken during a century by any British subject of our long-abandoned, but important, settlement on the coast of Pegu.

The Governor-General of that time, Lord AUCKLAND, was so struck with the circumstances related in the Memoir, that, in July, 1836, he directed an inquiry into the then condition of Negrais and Bassein, which had now, owing to our neglect, fallen for nearly a century into occupation by the Burmese. The results of the inquiry were altogether satisfactory; but, as stated by Mr. Martin in the third edition of his Memoir, "affairs, supposed to be of a more pressing nature, on our "north-western frontier, began to attract the notice of our "Indian rulers; and thus the matter herein referred to was, "for the time, put out of consideration."

Since the conclusion of the late Burmese war, Lord DALHOUSIE has devoted himself to the subject, making himself acquainted with the sanitary labours of Mr. MARTIN, of which this striking instance formed but a small part; and in the "Minute" we have alluded to, quotes Mr. MARTIN's Reports and Memoirs at large, and in the most complimentary manner, respecting the geological character and climate of Pegu; and concludes, as we have said, by decreeing the erection of a health-city upon the site pointed out thirty years ago by Mr. MARTIN. That the restored British settlement will realize the anticipations of the discoverer of its value we cannot doubt, but such an instance of foresight and realization are very remarkable. Lord DALHOUSIE justly speaks of Mr. MARTIN "as an officer of "eminence in the service of the East India Company, who "served in Burmah, and whose authority is high."

One necessary caution against what the French call the desperate enterprise of the English we would, however, here offer on Mr. MARTIN's authority: let not the authorities build their stores and warehouses until the settlement shall have been cleared, drained, and cultivated, otherwise they will suffer from fevers and other disorders. "The result of all observation "goes to prove," says Mr. MARTIN, "the climate, both local "and general, to be excellent. Doubtless, however, nearly a "century of utter neglect is sufficient to injure the best "locality; and Negrais must stand in need of that without "which no climate can ever be really salubrious—namely, the "labour of man. We seldom find that the best localities even "are healthy in the mere state of nature."

It is gratifying to observe a high official, like the Viceroy of

India, making medical knowledge the basis of important legislation. Not only in this matter relating to the public health, but in all others relating to the advancement of the medical service, Lord DALHOUSIE has shown a deep interest. While our brave and over-worked surgeons are treated, in the trenches and the camp of Sebastopol, with every species of neglect and injustice by their Commander, it is pleasing to look to the treatment of our brethren in the East Indies by a statesman of the highest order and of the most approved capacity. From all classes of medical officers we hear but one opinion as to their just and considerate treatment by the Marquis of DALHOUSIE.

It is not improbable that one of the results of the present war will be an improvement in the condition of the assistant-surgeons of the Navy. Convinced as we have been for a long period of the injustice to which these gentlemen have been exposed, by being placed amongst midshipmen, and without any separate cabin for study or reflection, we have urged upon the authorities the necessity of a change. Year after year we have addressed ourselves, on this subject, to those in power, and have hesitated not to state that the absurd regulation referred to kept many first-rate and good men from entering the naval service of the country. It would be difficult to find anything more insulting to the feelings of an educated professional man, having serious duties to perform, than to place him in the mess-room of the young gentlemen who come under the denomination of midshipmen in our vessels of war. It was easy to foresee that, whatever the evils might be during peace, when actual warfare existed they would be materially increased. And what is the fact? Why, that it is notorious that our fleets have gone out with a complement of medical officers totally inadequate even to the emergencies to which they have been hitherto exposed, and that great dissatisfaction has existed amongst them respecting the treatment to which they have been subjected by many of the officers in command. It will probably be beyond the daring of even a naval lord of the Admiralty to attempt, in the ensuing session of Parliament, to justify the wrongs inflicted upon our brethren, and to insist on pursuing a course so detrimental to the best interests of the country. That which could not be wrung from feelings of justice will be yielded to expedience. Fortified as the cause has been by a vote of the House of Commons, and supported by all except old-fashioned and obstinate commanders, we feel assured that it will not be long before the assistant-surgeons in the Navy will have shown to them the consideration to which they are justly entitled.

We are much gratified to perceive that the labours of the Analytical Sanitary Commission are appreciated by the medical profession and the public. That both have greatly benefited by those labours cannot be doubted.

It having now been shown that all articles of food and drink, as well as drugs, are liable to extensive and systematic adulteration, it rests with the profession and the public to take measures to protect themselves from the many evils, especially those affecting health, which result from that practice. This object may be accomplished by urging upon Parliament, first, the necessity which exists for a full inquiry into the subject, and, secondly, the adoption of some effective legislation.

Our readers may remember that a movement with this view

was set on foot some time since in Birmingham, under the able direction of Mr. POSTGATE; this movement has been recommenced, and has now extended to Wolverhampton. As will be seen by the letter of Mr. POSTGATE, and by the circular and resolutions which accompany it, printed elsewhere, the co-operation of the medical practitioners in other towns and cities is much to be desired. Mr. SCHOLEFIELD, M.P., one of the members for Birmingham, has announced his intention of bringing the matter early next session before the House of Commons, and of moving for a committee of inquiry. We know that the Secretary of State and the President of the General Board of Health are both fully alive to the importance of the subject.

### THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY

53, BERNERS-STREET, November 15th, 1854.

SIR,—We are directed by the Council of the Royal Medical and Chirurgical Society to transmit to you the following Statement.—We have the honour to be, Sir, your obedient servants,  
W. R. BASHAM, } Secretaries.  
HOLMES COOTE, }

On the 27th of June last, the President and Council of the Royal Medical and Chirurgical Society received a parcel; wherein were contained a number of printed papers, each endorsed with a direction to Dr. Barclay, and representing apparently the return to some circular issued by that gentleman.

The contents of each printed paper ran as follows:—

“We, the undersigned Fellows of the Royal Medical and Chirurgical Society, feeling dissatisfaction at the recent proceedings of the President and Council of the Society, in first acknowledging their inability to come to any decision on the resolutions of the annual meeting held on the 1st of March, in any other way than by convening a special meeting of the fellows in order to ascertain the wishes of the majority; and, secondly, after having convened such special meeting, in not carrying out the opinion of the majority, both as it was expressed at the annual meeting, and as it was recorded in certain requisitions subsequently presented to the Council; do hereby, without offering any opinion on the merits of the said resolutions and requisitions, protest against the course pursued by the President and Council as unprecedented and injurious to the best interests of the Society.”

To these papers were attached the signatures of 61 out of the 338 resident, and 40 out of the 239 non-resident, fellows, of whom the Society consists. Contrary to what is usual with such communications, the parcel was not accompanied by any letter or message denoting from whom it came, or who might be able to authenticate its contents.

The Council might fairly claim the right of leaving unnoticed a protest so irregularly made. Waving this point, however, and admitting the signatures as genuine, the Council must express their unanimous opinion that the course adopted by the promoters of this protest—the course of canvassing the Society in printed circulars, by unauthorized persons, and on *ex-parte* statements, is one hostile to the constitution of the Society, and extremely dangerous to its best interests. Having regard to these interests, and to the great scientific objects for which the Society was established, the Council would earnestly deprecate the continuance or repetition of such irregular and injurious agitation.

In reference to the present case, it appears to the Council that the dissatisfaction expressed in the protest is founded partly on an imperfect knowledge of the occurrences adverted to, partly on a misconception of the functions of the Council as fixed by the charter and bye-laws of the Society; and they believe it may conduce to better information and fairer judgment that the facts of the case should be laid before the fellows of the Society as an explanation of the grounds on which the Council have proceeded.

At the anniversary meeting of the Society, 1st of March, it was moved, without previous notice, by Mr. de Morgan, and was carried, after discussion, by a majority of 47 to 19,—

“That this report be received; adopted, and circulated



amongst the fellows in the usual manner; and that, as the Society was established for the promotion of science, and to uphold the honour and dignity of the profession, it is of the highest importance that it should not in any way encourage the circulation of works the tendency of which is at variance with these objects; and that, inasmuch as the tone and spirit of *THE LANCET* have not been such as to entitle it to the confidence of the Society in these respects, the meeting recommends to the Council its withdrawal from the list of weekly periodicals."

Subsequently, and with similar absence of previous notice, a resolution to the same general effect was carried in respect of the *Medical Circular*.

Mr. de Morgan's resolution was nominally an amendment to the usual complimentary vote, "that the report of the Council be adopted;" but this so-called amendment, being entirely irrelevant to the subject-matter of the report, (which it did not pretend to negative or modify,) may justly be regarded, like the motion which followed it, as a substantive resolution moved without previous notice.

On no occasion, since the foundation of the Society in 1805, has a course like this been adopted. The annual general meeting is a *special general meeting* fixed by the charter and bye-laws solely for the election of the Council and officers; and according to every reasonable construction of the bye-laws, no other business than that for which this meeting is specially convoked can, without further special notice, thereat be entered on. Excepting votes of a purely ceremonial or complimentary kind, the passing of which is without influence on the constitution of the Society, no resolution or amendment without previous notice has ever been put from the chair. In the absence of this safeguard, no vote of the Society can fairly be regarded as the deliberate act of its majority; least of all, where so important a matter is concerned as the virtual suspension of that bye-law which places the selection of books in the hands of the Council. And especially, whether such notice be given or withheld, the Council appeal with confidence to the fellows of the Society against the inexpediency of obtruding on a general meeting any resolution partaking of a political character, and appealing to personal or party animosities, and calculated to excite angry discussions on topics foreign to the business of the Society.

The resolutions of the anniversary meeting embodied a "recommendation" which neither assumed the form of an *injunction* on the Council, nor could legally have the force of one. Within certain assigned limits, there is vested in the Council, during their term of office, the absolute management of the Society's affairs; and no such recommendation as that adverted to can release them from their responsibility of administering these affairs to the best of their own judgment. The arrangements under which books are purchased for the library, and the right of discretion now exercised in this respect by the Council and officers, are part of the constitution of the Society; and no resolution of a general meeting can avail to alter this, unless passed with all the forms and notices which are required for changing the bye-laws of the Society.

If that which the Council had to entertain was a "recommendation" from the Society, they were obliged to consider to what extent it represented the voice of that body; and with every disposition to pay proper respect to the gentlemen who had supported the two resolutions of the anniversary meeting, the Council could not regard their recommendation as more than a concurrent expression of opinion from 47 out of 577 fellows of the Society.

While the Council were thus on all grounds unable to regard the resolutions of the anniversary meeting as an authoritative decision of the question, their inevitable doubts as to the real wishes of the Society were increased at their first subsequent meeting, (March 14th,) when they received a requisition, in an opposite sense to those resolutions, signed by 89 resident, and 15 non-resident fellows.

Under these unusual circumstances, seeing that great difference of opinion prevailed in the Society, and that much importance was attached to the question at issue, the Council waived their right of deciding on the "recommendation" according to their own estimate of its merits; and, using the authority vested in them by the bye-law, cap. 16, sec. ii., they resolved,—

"That a special meeting of the Society should be called 'for the purpose of giving every fellow an opportunity of recording his opinion upon the question as to whether *THE LANCET* and *Medical Circular* should be withdrawn from the list of weekly periodicals subscribed for by the Society.'"

The following is the view under which this course was adopted. It is provided in the charter of the Society, "that it

shall be lawful for any three fellows, by writing under their hands, transmitted to the President, or such other officer or officers as may, by the bye-laws thereafter to be made, be designated for the purpose, to recommend to the Council any new bye-laws, or alteration or repeal of any existing bye-laws; and in case the Council shall not agree to such new bye-laws, or alteration or repeal of any existing bye-laws, that such propositions shall, if required by the said three fellows, be submitted to the consideration of the Society at large, and determined on by them." The endeavours made at the anniversary meeting, and subsequently by the requisition of March 14th, to bring the general opinion of the Society to bear upon the Council, corresponded so exactly in intention to the course here indicated, that although these endeavours were informal, the Council believed they would be acting most thoroughly in the spirit of the charter and bye-laws in convening a special general meeting to which the final decision might be referred.

This meeting was held on March 24th, and was attended by 189 fellows of the Society. It was moved by Sir Benjamin Brodie, was seconded by Dr. Webster, supported by Mr. de Morgan, and unanimously carried, "that the question sent to fellows be referred to Council to act on the question as they think fit."

For this resolution, or for anything else which occurred at the meeting, the Council are in no respect responsible. They are responsible solely for the manner in which they have since carried into effect the resolution then and there regularly and constitutionally made. The meeting was called to decide a specific question. It referred the decision of that question to the Council. The Council met, deliberated, and decided.

Endeavouring to act with the impartiality and justice which the Society has a right to expect from them, the Council have felt that specially to exclude from the reading room, on the grounds set forth in Mr. de Morgan's motion, one or both of the journals alluded to, would be inconsistent with their duty to the Society and to the profession. Serious breaches of the principles, on which the journalism of a scientific profession should be conducted, had not been charged only against the two journals named in the reference to the general meeting; and a censure pronounced exclusively on them would, in the judgment of the Council, have been a partial verdict. Nor was this the only fact which the Council, acting judicially in the matter, were bound to consider. All respectable members of the profession must concur in thinking it reason for very great regret, if scientific journals are perverted to the advocacy of private interests, or occupied with the vulgarity of personal recrimination.

But the Council have also reflected that if these faults be with justice imputed to medical periodical literature, the reproach of their existence cannot fall exclusively upon the press. Journals can have no separate interest in personal puffing or personal detraction; and the Council believe themselves sure of the general concurrence of their constituency, when they affirm that the prevention of these evils must depend, not on the exclusion of this or that journal from the reading-room of the Society, but on the cultivation of high self-respect in the profession, and a general contempt being shown for those successes which are gained by self-advertisement.

## THE PARISIAN AND LONDON HOSPITALS.

INVITATION FROM THE INTERNES OF PARIS TO THE RESIDENT MEDICAL AND SURGICAL OFFICERS OF THE LONDON HOSPITALS.

A MEETING was held on the 1st inst. at the residence of the senior house-surgeon of St. Bartholomew's Hospital, having been convoked by the following letter addressed to all the London Hospitals to which schools are attached.

[COPY.]

"St. Bartholomew's Hospital, Nov. 28th, 1864.

"GENTLEMEN,—I have the honour to inform you that a communication has been placed in my hands from the internes of the hospitals in Paris, containing an invitation to the internes of the various London hospitals to pay a friendly visit during the Exhibition, which is to take place the ensuing summer. May I therefore request that you will kindly depute one of

\* At this stage of their deliberations, the Council received a requisition signed by 100 resident and 51 non-resident fellows, urging (on what the Council considered insufficient grounds) that the resolution of the 1st of March should be adhered to.

your resident staff to attend a meeting to be held on Friday evening next, at eight o'clock, in my rooms, to take into consideration the manner in which this courteous invitation may be best responded to.

"I beg to remain your most obedient servant,  
"SAMUEL STRETTON,  
"House-Surgeon."

The whole number of representatives, with one or two exceptions, having assembled at the appointed time, Mr. Stretton was called upon to take the chair, and explain the objects for which the meeting had been convened, which he did as follows:—

GENTLEMEN,—We are met here to-night to take into consideration a very courteous and gratifying invitation from the internes of the Parisian hospitals, inviting you to visit them during the ensuing summer, and promising you on that occasion a warm and hearty reception. This document was placed in my hands by Mr. James Turle, late house-surgeon to University College Hospital, who can therefore give you a better account than myself of the manner in which it was entrusted to his charge. This hospital was selected as the site of our first conference on the subject, in preference to his own or any other, on the ground only of its being the most ancient. It will be our duty to-night, gentlemen, to decide upon the kind of answer to be returned to their polite invitation, on our acceptance or non-acceptance of it; and, if the former, on what further measures it may be necessary to take in the matter.

Mr. TURLE was most willing, from a sense both of duty and pleasure, to respond to Mr. Stretton's call on him to explain this unprecedented act of politeness on the part of our co-professionals on the other side of the Channel. The pleasure he felt in bringing this proposition before them was in the prospect of its leading to a lasting acquaintance between the medical bodies of the two countries. After dilating on the advantages which each must derive from this, and expressing the hope that that very meeting, the first of its kind in this country, might lead to some kind of organization amongst their hitherto unconnected number, he went on to describe the hospitality with which he was received by the internes of most of the hospitals during a recent short stay in Paris, and which he could only attribute to having been introduced to them as a London house-surgeon at a time when the interests of the two nations are bound by such close ties as they are at present. Those invited had the same claims, and would, he assured them, be received as welcome and expected guests. It was before a dinner at which he had the honour of being present, when a considerable number of internes, representing nearly all the hospitals of Paris, were assembled together, that the address which he was about to read to them was drawn up and signed.

#### [COPY OF INVITATION.]

"La Salpêtrière, Nov. 6th, 1864.

"Les internes des hôpitaux en Paris, heureux de voir parmi eux un représentant des internes en Londres, le chargent de présenter leurs amitiés à ses collègues, et de les inviter à venir à Paris voir l'Exposition de 1865, sur de trouver dans nos hôpitaux un accueil amical et cordial.

"Mr. James Turle, House-Surgeon  
University College Hospital."

[Nearly twenty signatures were attached, including the names of Forille, Bertholle, Garreau, Dupuy, Bourgeaud, &c.]

Mr. TURLE thought that these facts ought to be sufficient to induce those present to evince a feeling as "friendly and cordial" as their hosts. He concluded by testifying to the strong interest which every one he had consulted had taken in the subject, whatever their rank in the profession; and his obligation to Mr. Stretton especially, for his able co-operation and assistance. Having discharged his duty to the best of his ability, he called on them to deal with the subject as they thought it deserved.

Mr. ORMEROD (of St. Mary's) wished to know whether the honorary officers of the London hospitals could be fairly classed with the internes of Paris?

Dr. HILLIER (of University College Hospital) thought that, though there were great differences in the titles given to the resident surgical and medical officers at our hospitals, their duties, as well as their relations to the visiting staff, were the same as for the internes.

Mr. HOLMES (of St. George's Hospital) considered it to be quite unnecessary to enter into the exact definition of the word interne, if that meeting chose to consider itself as the party addressed, and to return an answer accordingly.

After some further discussion, it was proposed by Mr. TOWERS, and seconded by Dr. HILLIER, "That the members of this meeting accept the invitation on the part of their colleagues, and that a committee be formed to return a suitable answer." This was carried unanimously, as well as the following, proposed by Mr. TURLE, and seconded by Mr. TOWERS—"That this meeting resolve itself into a committee, which should consider itself permanent until the proper carrying out of the project." It was then determined on that the following answer should be immediately returned:—

#### [COPY OF ANSWER.]

"We, the undersigned representatives of the internes of the hospitals in London, have much pleasure in acknowledging the very courteous communication of the internes of Paris, containing an invitation to visit them during the Exhibition of 1865, and we feel such an instance of the good feeling of the medical profession in France towards ourselves to be particularly welcome at a time when our fellow-countrymen abroad are shedding their blood for one as much as the other country. We find it difficult to give expression to our appreciation of their kindness; but hope to prove, by our presence in their capital next year, that we are not insensible to the kind feeling which dictated an offer as unexpected as it is complimentary."

[This was signed for St. Bartholomew's Hospital by Messrs. Stretton and Towers; by Dr. Hillier for University College Hospital; Mr. Lawrence for the London; Mr. Arnold for Guy's; Mr. Holland for Charing-cross; Mr. Viguers for the Middlesex; Mr. Holmes for St. George's; Mr. Ormerod for St. Mary's; Mr. Kollason for the Westminster; and by Mr. Atkinson for King's College Hospital. From St. Thomas's no communication was received.]

Mr. LAWRENCE inquired whether those whose term of office would expire before next summer would form part of the visiting body?

Mr. TURLE thought such scarcely amongst the invited; but the committee could better decide on this point at the beginning of next year.

The committee then adjourned to that day two months, the place of meeting having been determined by lot to be the London Hospital.

At the close of the proceedings, Mr. ORMEROD, in making some remarks on the extreme rarity of such meetings, urged the propriety of founding on it a system of friendly visits to each other's hospitals, which should not cease with the immediate object of their meeting there that evening.

These feelings were generally participated in; but the discussion was deferred to a future occasion.

A vote of thanks to their host (who had kindly consented to perform the duties of secretary) having been proposed by Mr. TURLE, and carried by acclamation, the meeting separated.

## Correspondence.

"Audi alteram partem."

## MICROSCOPICAL RECOGNITION OF TUBERCULOUS MATTER.

To the Editor of THE LANCET.

SIR,—In the review of Jones and Sieveking's "Pathological Anatomy" in THE LANCET of November 25th, a doubt is expressed as to the possibility of discovering tuberculous matter by means of the microscope in early phthisical sputa.

Exception has been taken to this by Dr. A. Clark, who maintains "that the presence of the process of tubercularization can often be recognised during life by the characters of the sputum, when the physical signs and general symptoms are too obscure of themselves to justify that conclusion." Dr. Clark is of opinion that the products of tubercularization are often detached from the walls of the air-cells and ultimate bronchia at an early stage of phthisis, and may then be discovered in the sputa by means of the microscope. I have not the slightest wish to cast a slur upon the researches of Dr. Clark, which I believe to be highly important and interesting. If he can succeed in establishing his point to the satisfaction of all, I for one shall be much pleased. But for the present I must own myself unconvinced.

It is the opinion of Louis and other writers, that we may have extensive consolidation of the lung without any evolution of phthisical matter in the sputa. A bronchial excretion is

kept up by the irritation of the unsoftened tubercle. At later periods, also, there may be extensive cavities, but these instead of enlarging may acquire a soft vascular lining, from which a purulent mucus is continually poured out. In this again there might be no tuberculous matter. So that the non-existence of such matter in the sputa would be no proof at all of the non-existence of the pulmonary disease, of which the physical signs would convince us.

It is not of cretaceous masses and ragged tubercular formations expectorated in the latter stage of phthisis that question is made, although cases are recorded by Louis in which even these signs have proved fallacious. The question is, whether tuberculous matter can be positively diagnosed in sputa of ordinary appearance, there being at the same time no physical signs or other trustworthy symptoms of phthisis?

Now I think we are treading here on dangerous ground. Let any one examine, as I have done, the accounts of the microscopical characters of tubercle, in the works of Rokitsansky, Haase, Carswell, and others, and tell me if they are not uncertain and various in the extreme. On which will he place most reliance—on the *amorphous granular blastema* of one observer; on the *granule-cells* and *nucleated vesicles* of a second; on the *scattered oil-globules* of a third; or on the *irregular and eroded free nuclei* so much insisted on by a fourth? His patient may be suffering from bronchitis; he may be the victim of chronic pneumonia. On which microscopic character will he choose to rely as a ground for the melancholy assurance that he is destined ere long for the grave?

Tuberculous masses, even out of the body, and before our eyes, as seen in a post-mortem examination, are not always easy to recognise. What most authors call "chronic pneumonic consolidation," is considered by Dr. Walshe to be the same as *tubercular infiltration*. And the "albuminous raw blastema" of Rokitsansky, "bacony deposit" of other authors, though quite unconnected with the true tuberculous crasis, is *physically and microscopically identical with tubercle*.

It is needless to trouble your readers with the various opinions of authors on this subject. If we may learn any lesson from them—and I say this with all respect for Dr. Clark—it is that our best policy at present is to *doubt*. M. Lebert describes cells and other matters supposed to be characteristic of tubercle; so does Schröder von der Kolk. Vogel and Gerber describe three kinds of cells; Gruby speaks of cells of very large size; Simon affirms that the characteristic of tubercle is, that it contains no cells at all.

Most microscopical observers will, I think, agree with me in stating that tubercle and tuberculous formations do really differ so much in appearance, that they cannot often be distinguished satisfactorily from other very different matters.

Supposing I were to forward to Dr. Clark nine specimens of sputa, labelled, similar in appearance to the eye, but three produced by a patient labouring under pneumonia, three from a case of bronchitis, and three more from an attested early case of phthisis, will he then undertake to distinguish them?

It is possible that Dr. Andrew Clark's observations may have been more extensive and more careful than those of his predecessors: we are all open to conviction, and I amongst the rest. I observe that Dr. Thompson, in his valuable lectures "On Pulmonary Consumption," appears to be of the same opinion as Dr. Clark.

I should like to elicit the opinions and observations of others of your correspondents on this important subject.

I am, Sir, your obedient servant,

December, 1854.

THE REVIEWER.

## IS THE ASIATIC CHOLERA A CONTAGIOUS DISEASE?

To the Editor of THE LANCET.

SIR,—That most important of all medical inquiries, "Is the Asiatic cholera a contagious disease?" at this moment engages the attention of so many diligent, able, and impartial investigators in every quarter of the world, that we may daily expect to see the limits of our confined knowledge considerably extended. In the mean time we should neither be "too rash nor diffident."

Having had extensive opportunities of witnessing the fearful pestilence in 1831, 1832, and 1849, in addition to the sad experience of the last three months, I adhere to my former opinion respecting the scourge of the Eastern world, "Asiatic cholera is not contagious, nor infectious, either before or after death."

\* Vide THE LANCET, Nov. 1849.

Between the 22nd of August and the 19th of September, I was called to fourteen cases of decided Asiatic cholera, of which ten proved fatal, and at the end of very brief periods—average less than fifteen hours!

It is worthy of observation that only one death occurred in each house, and that no death, I believe, has occurred in the same house upon a second visitation! Thus, the Royal Sea-Bathing Infirmary, the Wilderness, the Metropolitan, (pauper establishments for invalids,) and the Union Workhouse, have escaped the dire disease during the late outbreak.

Again, I venture to say, to the best of my judgment and belief, "there are no premonitory symptoms of Asiatic cholera, that the late epidemic diarrhoea and Asiatic cholera are distinct diseases." During the same period of time I was consulted in more than one hundred cases of diarrhoea of the choleraic character, not one of which merged into developed cholera, and only one died, a man, aged eighty-four.

I am, Sir, your obedient servant,

JOSEPH WADDINGTON, F.R.C.S. Eng.

Margate, Dec. 1854.

## ADULTERATION OF FOOD AND DRUGS.

To the Editor of THE LANCET.

SIR,—Since I had the pleasure of communicating to you the proceedings of the Conference on Adulterations, held here in the spring of the year, the movement has progressed. A committee in aid has been formed at Wolverhampton, and it is now intended to obtain the co-operation of our profession in the work. A copy of a circular is enclosed, and, as it will be impossible for me to forward one to each member in all the large towns in the empire, I must ask you to give it publicity in THE LANCET, and thus bring it before the bulk of the medical profession.

I have only now to express a hope that the faculty will respond to the call, and that the time is not far distant when the elaborate researches of the Analytical Sanitary Commission of THE LANCET will be brought to bear directly on the social well-being of the people, and receive further acknowledgment from the public.—I am, Sir, your most obedient servant,

Birmingham, December, 1854.

JOHN POSTGATE.

"Birmingham, December, 1854.

"SIR,—On behalf of the Association formed in Birmingham and Committee at Wolverhampton, for the purpose of calling the attention of Parliament to the evils arising from the pernicious Adulterations in Food and Drugs, and of urging the necessity of legislative interference, we beg to request your earnest consideration of the annexed propositions. Several members of Parliament and other influential gentlemen accord their hearty concurrence on this important subject, and have promised an active co-operation in the cause.

"Acting in concert with the movement thus commenced, Mr. Scholefield, M.P., has already given notice of his intention, early in the next session, to bring the matter before the House of Commons; and if supported by petitions from the principal towns, there is good ground for believing that the movement will meet with a favourable reception.

"To this end we venture to request your assistance, and beg to inquire if the formation of a committee in your town would be practicable, to act independently or in conjunction with those represented by ourselves.

"We shall be glad to hear that you and your fellow-townsmen will join in this needful undertaking, and shall be happy to afford you any further information on being favoured with a communication.

"We have the honour to be, Sir,

"Your most obedient servants,

"JOHN POSTGATE, F.R.C.S.,

Birmingham,

"ALFRED HALL BROWNE,

Wolverhampton,

Hon.  
Secs.

### "ADULTERATIONS IN FOOD AND DRUGS.

"1. It is established upon ample and undoubted testimony, that fraudulent and deleterious adulterations in articles of food in general consumption have long been and are extensively and systematically carried on by manufacturers and dealers throughout the kingdom.

"2. That adulterations of a like character are well known to exist in drugs, whereby the evils arising from the consumption of impure and pernicious food are greatly aggravated, the prescriptions of medical practitioners being rendered uncertain and often ineffectual.

"3. That the evils resulting from these causes, which are alarmingly on the increase, press more directly and injuriously upon young children and the working classes, the alimentary constituents of the main articles of their consumption—flour, bread, milk, and sugar—being, by the adulterations employed, materially reduced in quantity and deteriorated in quality.

"4. That the whole subject demands the serious consideration of the community, as a question deeply concerning the public health, and urgently requires the interference of the Legislature to suppress practices which involves gross impositions on society, and especially the poorer classes."

### THE MEDICAL BENEVOLENT COLLEGE VERSUS THE ASSOCIATION JOURNAL.

To the Editor of THE LANCET.

SIR,—As an old member of the Provincial Medical and Surgical Association, I ask myself this question: For what do I pay my annual guinea, now that there is no bond of union amongst us, no "Transactions" published, and no fund for any but "Journal purposes"? Clearly enough, I think, to support a contemptible *Journal* and editor, whose sole object appears to be, to spread dissension in the profession, and to hand over the interests and influence of the great body of practitioners throughout the kingdom into the hands of an unscrupulous clique in London. Now, Sir, I find that this annual guinea, if handed over to that noble philanthropist, John Propert, the treasurer of the Medical Benevolent College, would constitute me a governor of that institution. For the future, then, my guinea will go in that direction; and I put it to my brethren throughout the country, whether it is not much better, now that, as Mr. Jeaffreson well says, "the Association is no longer what it was," to support such a college than such a *Journal*? Moreover, I strongly object to the "begging system" which you noticed in THE LANCET for November 25th: it is unworthy of a great association to canvas for "charitable contributions" towards the support of a wretched, imbecile, and contemptible print, one-half of which is twaddle, the other cant.

Pray do not refuse insertion to this letter. I shall not send it to the *Journal* of the Association, after the rejection of Mr. Sheppard's communication. I am most anxious to express the feelings, at least, of one

RETIRING MEMBER OF THE ONCE NOBLE, BUT  
NOW DEGRADED, PROVINCIAL MEDICAL AND  
SURGICAL ASSOCIATION.

Yorkshire, December, 1854.

P.S.—I enclose my card; I leave it for you to append my name, if you think it necessary. but I have no desire to thrust myself upon public notice.

### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I am desirous of calling the attention of my brother members to the following paragraph, which was printed amongst the notices to correspondents in the last number of our *Journal*:—

"EXPENSE OF THE 'JOURNAL'—We decline to insert any more letters upon this subject. The dispute is simply one of words. The income from the *Journal* is deducted from its expenses by Mr. Michael, and not by Sir Charles Hastings. If this be remembered, the apparent discrepancy is reconciled."

Dr. John Rose Cormack has made a display of some not very enviable qualities, but his impertinence, for audacity, presents a novelty. It certainly is new, for he dares plainly to tell us that he will not allow us to discuss the expenses of our *Journal* in our own work. The object of he and his London brother tricksters is obviously to sink us country practitioners into an abyss of disgrace. This extraordinary editor also states the dispute between Sir Charles Hastings and Mr. Michael is "simply one of words;" and then, by way of clearing up the difficulty, that Mr. Michael deducted the income from the expenses, and of course this arithmetical conjuror would make the balance of expenses a profit! If the thing were reversed, and we could obtain a balance after deducting the expenses from the income, then our affairs would present a far different aspect; but we are now called upon to pay nearly £3000 a year for publishing the dullest *Journal* in existence, and paying an annual salary to as incompetent an

editor as can be discovered. Only think that our Association has existed for upwards of twenty years, and has contributed nearly £40,000! And what have we got for that vast sum? Nothing but Cormack, a worthless *Journal*, and feelings of discontent prevailing throughout the whole Association. That we country practitioners are sacrificed to serve the purposes of the London clique is plain to every one; and I would suggest that a requisition be drawn up and signed by the members, and presented to Sir Charles Hastings, requesting him to resign forthwith, and appear at the head of a new Association, with an appropriate title, having for its immediate practical object the protection of every member of the Association from every kind of injustice and persecution. A subscription of 10s. a year will accomplish that great object, and provide for the annual publication of a splendid volume of "Transactions." At all events, not another guinea will I ever pay to the Provincial Association, as it is now constituted.

I am, Sir, your obedient servant,

Dec. 1854.

A. Z.

### ON THE CO-EXISTENCE OF TWO SPECIFIC DISEASES.

To the Editor of THE LANCET.

SIR,—I observe, in your report of the Medical Society of London (Nov. 25th), a discussion on the "Co-existence of Two Specific Diseases;" and Mr. Rogers Harrison mentioned a case in which measles supervened on an attack of gonorrhoea. This brings to my recollection two cases, the first of which occurred considerably more than twenty years ago. It was in the person of a grocer's assistant; he was about thirty years of age, and became my patient for a severe attack of gonorrhoea. During the course of treatment copaiba was prescribed, and, after he had taken it for a short period, the body became covered with a rash precisely similar to rubeola; but there was an absence of all catarrhal symptoms, and therefore I considered there must have been some peculiarity in my patient's constitution which caused the copaiba to act in this unusual way. The second case occurred some years after. On the administration of copaiba a rubeolar rash appeared over the whole surface of the body, with an injected condition of the vessels of the conjunctivæ, but no catarrhal symptoms. In neither of these cases had the patients been exposed to rubeola, nor did measles appear in either family of which these patients were members; and I was again induced to think that in both cases the eruption must be considered to arise from some idiosyncrasy of constitution.

I am, Sir, your obedient servant,

Minchinhampton, December, 1854.

C. W. TURNER.

### THE SURGERY OF THE WAR.

WE have been hitherto unwilling to give any unnecessary publicity to the medical movements of our army in the East. As Lord Raglan has, however, at length done full justice to the surgeons in the field, we find this reserve less called for. It is now feared, though another European power has sent in its adhesion to the allied forces, that Sebastopol cannot be taken till March. The medical department of the army, however, we are glad to find, has gained the unqualified approbation of the commander-in-chief. If we catch a spy in the English camp, we deal somewhat summarily with him; and we cannot help believing the very unnecessary notoriety given, amongst other things, to our medical and surgical deficiencies of late, has rather assisted the Russians than otherwise. "Our own correspondents," with the electric wires at the ends of their fingers, may understand diplomacy very well, but we doubt the importance or wisdom of their surgery. As we have no alternative but to be guided by their discoveries and revelations, some recent facts will prove interesting.

One of her Majesty's ships, the *Prince*, with a store of medical necessities for the wounded, we regret to find, has been lost at sea; Dr. Spence, Inspector of Hospitals in the East, sent out by Government, also drowned. Eight other ships also have foundered, and 300 lives were lost in the late equinoctial gales. It is gratifying to find, that out of all this evil some good will arise, and already several tons of lint and other necessities are on their way to the army, obtained by private benevolence.

History can scarcely parallel the eventful battle of Inkermann

on the 5th of November. Austerlitz or Leipsig, or the myriad hosts of Xerxes in the olden time, come nearest to it. Russia, it is now known, expected to have 200,000 men in the field! Dr. Smith, an hospital surgeon, riding out on hospital duty in the grey dawn of the morning of this eventful day, first descried through the fog the black columns of the Russians advancing, and gave the alarm. In a later part of the day, Mr. Wilson, surgeon of the 7th Hussars, perceiving the Duke of Cambridge's life in imminent peril, half-a-dozen Russians aiming at him, dashed at and routed them. The Duke called Mr. Wilson forward, and thanked him in the presence of the army. We say nothing of the surgical duties of our military surgeons; they speak for themselves.

Zoroaster, we are told, governed the world by two principles—Ormuzd and Arimanes—Good and Evil; and our great national poet speaks of a spirit of good in all things evil, could we but "willingly distil it out." The war, at least, out of its many evils, has shown the unflinching bravery of the army, and of none, perhaps, more than of our surgeons exposed to death and disease in endless shapes. Many of our younger medical men at Guy's, St. Thomas's, or other hospitals, may form somewhat gloomy impressions of surgery and amputations behind gables and batteries; but here we have surgeons at full work in view of the battle of the 25th of October, on which day twelve officers were killed, and 146 rank and file; while a still larger number, or fifteen officers and 163 soldiers, were brought in wounded,—629 wounded already in hospital. We give these figures, as they may be valuable as matters of reference.

We do not willingly create a comparison between French and English hospitals, but as there was evidently better organization in the former than in the latter, it may be useful hereafter to take a lesson from our allies. The French hospitals, eight in number, are situated at Pera. The scenery is described as most beautiful and exhilarating, part of the hospitals having been a palace. The total loss of the French army up to the date spoken of (October 25th) was 618 wounded; after the 25th, however, at the battle of Balaklava, 1200 to 1500 wounded arrived at Pera in one day! One hundred major operations were performed; more than one disarticulation of the shoulder; several amputations at the hip, above the trochanter; two coxo-femoral disarticulations. Three hundred Russian wounded furnished some dreadful operations, nine-tenths of the balls extracted being conical, which split the bones. Some of the French soldiers were wounded in the same way by the Russian rifles. One-seventh of the wounded at Pera were wounded by cannon-shot.

At Scutari, in the English hospital, at this time all was confusion and want of organization; a third of the wounded were carried elsewhere. It is only fair, however, to state that after the latest battle, that of Inkermann, everything had come right; "the medical men were exerting themselves nobly." According to a visitor at the hospital, who writes in the *Morning Chronicle*, "the medical department has been alighted, but most unjustly so, while praise is lavished on mere spectators or gentlemen of the staff of Lord Raglan, who, however accomplished or amiable, could lay claim to little military pretensions. The battle of Inkermann lasted till evening, yet by eight o'clock the wounded were all lying in comfortable beds of hay, and had their wounds dressed. Volunteers arrived in numbers to tend the suffering; the commissariat also furnished wine and other medical necessities. The entire loss after this battle was 2350 killed and wounded; the greater number of the latter were sent to Scutari. The Russians lost 4000. Previous to this engagement there were 1715 sick and wounded at the larger hospital at Scutari, and 600 in the smaller one. The mode of removing the wounded adopted by the French seems to have been quite admirable, while our ambulances and Greenwich pensioners were "nowhere." The mule ambulance of the French army is a simple iron frame attached to one of those animals, which can either be used as a single seat or unfolded into a bed for two. It has the advantage that the mule can be galloped to the most inaccessible places amongst trees and brushwood, and then walked down back with the wounded. The French have also large numbers of carriage ambulances; but neither these nor the English ambulances with a string of ten mules could reach to the trenches and fortifications. After the Alma, the Greenwich pensioners and mules are said to have been as fabulous as the horses of the Sun, or the fabled cock of Æsculapius. But for the assistance afforded by 500 seamen, who came to the rescue with oars and hammocks, the wounded would have laid on the beach; the oars and hammocks, however, formed a very good substitute. It is said that an absurd number of tourniquets and wooden legs were sent out to the Crimea; band-boys

and drummers were taught the use of the former, and in one of the ships in Balaklava bay a story was told of one of these neophytes, or a mate of the watch, where a marine or soldier had his carotid opened, applying a tourniquet round his throat! At the battle of Inkermann the wounds were observed to be simple and "clean," the effect of bayonet or bullet, while after the Alma the round shot gashes were terrible. These peculiarities it will be well to remember.

Miss Nightingale, with thirty-seven nurses from England, arrived on the 5th of November. There were then in the English hospitals 3000 wounded, according to various accounts; according to one recently promulgated as "official," about one-third this number. The Guards alone, who mustered 4000 men at Varna, are now reduced one half; other regiments and cavalry, we regret to find, almost in the same proportion. The loss at Inkermann alone, by the most correct accounts of this month, (December,) amounted in all to 2783 killed and wounded. In the second division of the army, thirty-three per cent. were put *hors de combat*. The gallant 88th lost, out of 400 men, 140 killed and wounded. Of the Russians, 3000 were killed, and for one killed the usual average in battle is three wounded. The French surgeons, we learn, assisted in amputations after Inkermann, and have tried conservative surgery to some extent.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations, have just been admitted Fellows of the Royal College of Surgeons:—

AGNIS, JOHN CROWN, 3rd Light Dragoons, diploma of membership dated December 19th, 1851.

BROWN, JAMES DAVID, Haverfordwest, May 5th, 1841.

COLE, GEORGE, Hon. East India Company's Service, Bengal, November 11th, 1842.

POWER, HENRY, Baker-street, Pentonville, May 9th, 1851.

WEBB, ROBERT, East India-road, Poplar, March 26th, 1841.

**HONORARY FELLOWS.**—At a meeting of the Council, on the 1st inst., the following Members of the College were admitted Honorary Fellows:—

CLARK, THOMAS, Wellingborough, diploma of membership dated February 5th, 1819.

DALTON, WILLIAM, Cheltenham, May 14th, 1830.

DAYMAN, HENRY, Milbrook, Southampton, October 19th, 1832.

FURNER, EDMUND JOSEPH, Brighton, May 19th, 1829.

SOLOMON, JAMES VOSK, Birmingham, October 11th, 1839.

SOUTHWOOD, JOSHUA, Fore-street, Cripplegate, July 10th, 1835.

VALLANCE, BENJAMIN, Brighton, December 15th, 1826.

WEDDELL, THOMAS, Scarborough, January 2nd, 1818.

WILSON, HENRY, Runcorn, June 17th, 1836.

**LICENTIATES IN MIDWIFERY.**—The following Members of the College having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 5th inst.:—

DARBY, EDMUND, Bath, diploma of membership dated November 17th, 1854.

EDWARDS, JAMES, Tring, Herts, April 3rd, 1854.

GROWER, JOHN LAWRENCE, Bildistown, Suffolk, Nov. 24th, 1854.

LILLEY, JAMES HARVEY, Leicester, May 17th, 1850.

LAWTON, SAMUEL, Sheffield, November 24th, 1854.

MARRIOTT, ROBERT BUCHANAN, Sittingbourne, Kent, July 14th, 1854.

RUGG, GEORGE PHILIP, Clapham-road, August 2nd, 1850.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

Thursday, November 30th, 1854.

LOWE, EDGAR, Manchester.

M'CORMICK, RICHARD, Tuam, Ireland.

NORRIS, NATHANIEL, Liverpool.

PITTARD, SIMON RODD, Kingsbury Episcopi.

ROBERTS, JOHN SHEARWOOD, Sheffield.

RUDALL, JAMES THOMAS, Exeter, Devon.

**UNIVERSITY OF LONDON.**—EXAMINATION FOR HONOURS.—B.A. EXAMINATION, 1854.—*Mathematics and*



**Natural Philosophy.**—Thomas Savage, (University Scholarship,) University College; William Brittain Jones, University College; Alfred Bache, Queen's College, Birmingham; William F. Moulton, Wesley College, Sheffield, (Equal); Swinton Henry Boulton, Manchester New College, and University.—**Classics.** Michael Foster, (University Scholarship,) University College; William Brittain Jones, University College; Fred. C. J. Millar, University College, Rev. B. P. Pratten, Baptist College, Bristol, Rev. Jos. A. Temple, King's College, (Equal); Swinton Henry Boulton, Manchester New College and University; James Allanson Picton, Lancashire Independent College, and Owen's; Martin Luther Rule, Wesley College, Sheffield.—**Chemistry.** James H. Thornton, King's College, Christopher Wolston, Queen's College, Birmingham, (Equal).—**Animal Physiology.** James Howard Thornton, (Prize of Books,) King's College; Henry Charles Leonard, University College; Christopher Wolston, Queen's College, Birmingham; John Rankine Black, University College; Albert Buchanan, University College; Martin Luther Rule, Wesley College, Sheffield.

**UNIVERSITY COLLEGE, LONDON.**—At the Sessions of Council on Saturday last, the Longridge Prize of Forty Pounds for General Proficiency in Medicine and Surgery was awarded to Dr. F. G. Clarkson, lately a student of the College, and now of Paradise-row, Darlington.

**HUNTERIAN SOCIETY.**—On Wednesday next, a paper will be read by Mr. Curling, "On Several Cases of Hospital Gangrene."

**NUISANCE NEAR GUY'S HOSPITAL.**—At the Surrey Sessions, on Tuesday last, William Trower and Jacob Mass, extensive hop factors and dryers, were indicted for carrying on the business of drying and colouring hops in furnaces, or kilns, by means of sulphur, on the premises, Queen's Head-yard, High-street, Southwark; such being a public nuisance and injurious to the health of the inhabitants, more especially to the inmates of Guy's Hospital adjoining. The case lasted the whole day, and excited great interest. A great many eminent medical gentlemen were present, amongst whom were Drs. Taylor and Letheby. Several of the wards of the hospital adjoin the back of defendants' premises, and it was contended by the prosecution that the sulphuric acid from the defendants' factory affected the health of the patients, and indeed had caused the death of a child. Dr. Taylor was examined for the prosecution, and Dr. Letheby for the defence. The jury, after nearly an hour's deliberation, found the defendants guilty. The defendants were then bound over in their own recognisances in £500, to appear for judgment when called upon, they undertaking to abate the nuisance immediately.

**ROYAL MANCHESTER SCHOOL OF MEDICINE AND SURGERY.**—The annual distribution of prizes to the successful students in Medicine and Surgery at this school took place on Friday, December 1st, in the Town Hall, Manchester, the Mayor, B. Nicholls, Esq., presiding. There was a very large and fashionable attendance of both ladies and gentlemen to witness the interesting ceremony; amongst whom were the Right Rev. Lord Bishop of Manchester, together with the Very Rev. the Dean, and the Reverends the Canons Wray, Richson, M.A., Germon, M.A.; together with James Heywood, Esq., M.P.; James Brotherton, Esq., M.P.; William Ross, Esq., Mayor of Salford; and Drs. Lyon, Bell, Allan, Ainsworth, &c. &c. After a few observations from the chairman, the prizes were awarded to the several successful competitors, after which the proceedings terminated with a vote of thanks to the president of the day.

**THE WAR.**—The war, as might be expected, has given some new features to movements in the hospitals and medical schools. Several of our pupils are reading up hard for the new examination of the College of Surgeons. Seven out of nine navy candidates were recently rejected; but it is believed the ordeal at Lincoln's Inn-square will be less difficult. In some of the hospitals, the ladies intending to join Miss Nightingale in attendance on the sick and wounded at Constantinople are to be observed learning bandaging in the wards, and attending operations, to accustom themselves to the sight of blood. At St. Thomas's Hospital, notice has been given that the names of all pupils eligible to join the army as assistant-surgeons are to be sent in, to be forwarded to the Director-General. Mr. Fergusson performed lithotomy on a boy lately, under the amateur supervision of these lady nurses—a proceeding, it was generally remarked, not likely to be required at Scutari or Pera.

**SOUTHWARK COUNTY COURT, SURREY, NOVEMBER 29TH, 1854.**—THE SOCIETY OF APOTHECARIES v. DONAHOO.—This was an action brought by the Society of Apothecaries against Thomas Donahoo, druggist, of the Westminster-road, for having illegally practised as an apothecary. The defendant had for some time been engaged in illegal practice, and the case was taken up by the South London Medical Association, established for the purpose of suppressing illegal medical practice. The Society of Apothecaries obtained a verdict for the full amount of the penalty, £20, and costs.

\* \* \* If the medical practitioners of the South of London will do their duty, and join heartily in the objects of this Association, the number of illegal practitioners of all kinds that so abound in the neighbourhood would be materially diminished.

**CHOLERA.—PANIC AT ATHENS.**—The greatest terror has been caused at Athens by the cholera. Not only has a considerable part of the population taken to flight, but the Minister of War has been obliged to place on the retired list a number of officers who, on the first appearance of the malady, quitted their posts; the Minister of Public Instruction, M. Payllas, locked himself up in his cabinet, and refused to see any one, even on the business of his department.

**CHRIST'S HOSPITAL.**—Scarlet fever has broken out amongst the boys at this school. Thirty cases have occurred, five of which have proved fatal. In consequence of the outbreak of this fever, six hundred boys have quitted the school.

**SUICIDE OF DR. WIGSTRONE.**—Dr. Wigstrone, of her Majesty's 14th Light Dragoons, has committed suicide by taking prussic acid, in India. The unfortunate gentleman arrived at Bombay with his wife from Ceylon, on the 21st ult., having only been married a week previously, and took up his lodgings at the Hope Hall Hotel. He is represented to have lived rather freely, and although he seemed at times cheerful and gay, yet his conduct on other occasions at the hotel was such as to impress one with the belief that he was not quite in his senses. On the table in the room occupied by the deceased, Dr. Loftus found half a sheet of letter paper, having the following inscription in the deceased's handwriting:—"5 m. to 12. Time is come for all explanations—they are at an end. R. B. W." The coroner's jury returned the following verdict:—"Deceased committed suicide by poisoning whilst in a state of temporary insanity."

**TREATMENT OF THE WOUNDED.**—The following is an extract of a letter from Constantinople:—"With regard to the treatment of our wounded after the battle of the Alma, I think the accounts cannot be exaggerated. I have it from the lips of a senior officer on board the *Colombo*, with whom I am upon most intimate terms, that they alone had 600 wounded on board, and during the whole passage, occupying a space of time not less than sixty hours, to Scutari, including the time they were on board before starting, that the three surgeons never ceased their amputations, assisted by volunteers from the crew of the ship; that the decks were running with blood the whole time worse than shambles, and the exhalations were overpowering in the extreme."

**CARE IN THE USE OF CHLOROFORM.**—An American practitioner at Philadelphia was lately tried and found guilty of violating a young lady while under chloroform. The jury recommended the prisoner to mercy, as it seemed probable the young lady was labouring under mental hallucination from the chloroform. The case has created a great sensation in the hospitals and schools at the opposite side of the Atlantic, and suggests a word of caution to practitioners at home.

**UNIVERSITY COLLEGE HOSPITAL.**—Dr. Arnott read a paper on his mode of congelation by ice, lately, to the Society of this hospital. As an illustration, Mr. Erichsen removed the inverted toenail of a boy from the matrix while the toe was frozen—an operation in general most horribly agonizing, but in this instance unattended by pain.

**ST. BARTHOLOMEW'S.**—A very valuable gift has been conferred this month on the library of St. Bartholomew's—the medical library of the late Dr. Roupell, numbering about a thousand volumes. The books are chiefly interesting as associated with the memory and name of this physician; the latter with the autograph of the donor's college, "*Coll. Caius, Cam.*" in the fly-leaves. A tablet or testimonial is about to be placed in the School to the memory of Dr. Roupell; a list for the purpose is open, to which it is gratifying to find attached about seventy names, amongst which are many of old and all the renowned living men of St. Bartholomew's.

**KING'S COLLEGE HOSPITAL.**—At this hospital various good things have been offered of late, such as an assistant-surgeoncy to the Lock Hospital; but at present a full surgeoncy in the Royal Militia—7s. 6d. a day, coals and candles—is going begging. If any of our younger students are anxious to “march through Coventry” with the militia, they have no time to lose, and should at once apply to Mr. Partridge or Dr. Beale.

**ST. THOMAS'S SCHOOL.**—Much commotion has arisen in the secluded cloisters and monastic quiet of this School, caused by a communication to a periodical calling in question the efficiency of the medical staff, and the want of assistant-surgeons, more especially during the last summer. We do not agree with the strictures thus undeservedly passed on St. Thomas's; and though it might be desirable to add to the staff, we know no School, as represented to us, what with prizes, gold medals, surgeoncies in the army, and Board of Health, &c., that has less to complain about. The attendance of Mr. Solly, Mr. Simon, Mr. South, Mr. Le Gros Clarke, with the clinical lectures of these gentlemen, and Mr. Macmurdo's *Eye Clinique*, are all unexceptionable.

**LITHOTOMY AND LITHOTRITY INSTRUMENTS.**—Mr. Adams lately showed his class at the London Hospital some lithotritry instruments of French construction. The part which seizes the stone is more spoon-like or flat than the English instruments, which seems a great advantage. Mr. Fergusson has had two pairs of forceps made, the best yet procured, and copied from the plates in Cheselden's works.

**NEW REMEDIES.**—Amongst some remedial appliances we have lately noticed in hospitals, are Mr. Gamgee's plaster of Paris and starch bandages in fracture, tried by Mr. Erichsen. Turpentine inhalations in hæmoptysis! found useful by Dr. Todd, at King's College Hospital. A case of enlarged spleen cured by bromine; and tincture of sumbul tried in epilepsy, with some unimportant good effects; the curious results of salts of tellurium, as tried in Edinburgh, have been much talked about.

**SCUTARI HOSPITAL.**—It is said the sheriffs of London have sent a pipe of port wine to Scutari Hospital for the sick and wounded. Several individuals have also volunteered to collect and send porter, lint, sheetings, books, &c., to our gallant army before Sebastopol: some one public dépôt, such as the Guildhall or Exchange, is suggested for their reception. Already several tons (!) of lint have been collected, and sent out.

**“PUNCH” ON QUACKERY.**—Much amusement has been caused in hospital libraries by a witty but sensible article in *Punch* on the all-absorbing question of quacks and quackery. “A handbill has been forwarded to Mr. *Punch*, containing a rather choice specimen,” he says, “of the lies with which the quack medicine-mongers endeavour to improve the sale of their pernicious trash. It sets forth that an Indian captain's little girl, aged eight, was in such a state of disease, from dropsy, that she was given over by the doctors. Her face ‘a mass of complete ulceration;’ her teeth were so clenched that her affectionate father had to wrench her mouth open ‘with a wedge,’ in order ‘to force down a dozen of pills No. 2. The very next day she got up, dressed herself after the pills, and was ‘discovered sitting on a hard form before a plate of ham and beef.’ The rubbish,” says *Punch*, “which the bill in question is intended to puff, is sold, more shame to Mr. Gladstone, under a Government stamp. Government is not ashamed, for a consideration, to lend its influence to the quack. Some evening the Government, however, will be compelled to break up its partnership. In the very handbill to which we allude, and folded round the medicine, the Indian captain is made to say, ‘I attribute all my ailings, weakness, and diseases to having been bled once, and been vaccinated.’ Under the stamp of the same Government,” says *Punch*, “which introduced the Compulsory Vaccination Act, most properly enforced under Lord Palmerston's direction, is circulated a notice, that all a person's ailings, weakness, and diseases may be attributed to vaccination! Are the people to consider, then, the Government lancet their bane—Gladstone's pill-box their antidote? We do think at least one thing—they have a right to complain of what Mrs. Partington would call the vaccinating policy of the Government!”

**SURGERY AMONGST THE TURKS.**—“More bad news of our ally, Bono Johnny,” says *The Times'* correspondent amongst the ambulances on the field of Inkermann the day after the battle; “while the wounded were being removed by some Turkish soldiers, the Russians, in accordance with their

amiable custom, sent a few shell and round shot amongst them. The Turks instantly ran away.” “The Turkish soldiers,” says another letter, “are suffering intensely from diarrhoea and typhus. The houses at Balaklava were full of dead or dying Turks, who appear totally destitute of medical assistance. Our medical men have their hands too full with their own patients and wounded Russians to be able to afford any relief to the Ottomans. The Turkish troops by their uncleanly habits have rendered Balaklava almost uninhabitable, and should the typhus, which is raging amongst them, infect the allied troops, the consequences may be awful. Cholera marches with the Turkish troops, though allowing the allies to escape. A Turkish surgeon—an old correspondent of *THE LANCET*—visited the chief London hospitals lately, and has returned with the appointment of surgeon-major to the staff of Omar Pacha; we find his name, with that of Mr. Harvey Ludlow, amongst the last arrivals.

**MEDICAL STAFF OF THE ARMY.**—It appears that, from the lists from the hospitals, the Director-General has sent out this week twelve students of experience as good dressers. It is said twenty more are already engaged to be sent out, chiefly from Guy's, St. Thomas's, Bartholomew's, &c. They are to receive 6s. 6d. per day, and for the present temporary service to rank as assistant-surgeons: their names are—Messrs. Giles, Woodfall, Pavey, Kingsley, Ewart, Watta, Elliott, Tucker, Atkinson, Baines, Bennet, Bellingham; while a large number have sent in their names.

**HOSPITAL STAFF.**—To be Acting Assistant-Surgeons: Frederick George Poulden, Gent., vice Alder, appointed to the 62nd Foot; Francis Henry Macfadin, Gent., vice Wrench, appointed to the 34th Foot; William Fleming Cullen, Gent., vice Johnston, appointed to the 9th Foot; Andrew Spittal, M.D., vice Hyde, appointed to the 14th Foot; Thomas Mines, Gent., vice Sparke, appointed to the 39th Foot; Alexander Edwin Maraden, Gent., vice Macaulay, appointed to the 46th Foot; William Carden Roe, Gent., vice Poulden, appointed to the 82nd Foot.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, DEC. 2.**—The weekly table shows a high rate of mortality in London. In the week that ended on Saturday last 1350 deaths were registered. In the ten corresponding weeks of the years 1844-53 the average number was 1118, which, if raised in proportion to increase of population, becomes 1233. The present return therefore discovers an excess of 120 above the estimated amount. The zymotic class of diseases was fatal last week to 298 persons, whilst the corrected average of corresponding weeks is 277. Diseases of the respiratory organs carried off 307 persons, the average being 262. Amongst particular diseases, scarlatina destroyed 90 lives, bronchitis 149, pneumonia 119, and phthisis 129.

Last week the births of 806 boys and 804 girls, in all 1610 children were registered in London. In the nine corresponding weeks of the years 1845-53 the average number was 1393.

At the Royal Observatory, Greenwich, the mean reading of the barometer in the week was 29.519 in. The mean temperature of the week was 38.4°, which is 3.4° below the average of the same week in 38 years. The mean daily temperature fell to 28.5° on Monday, which is 13.4° below the average, and rose to 44.4° on Wednesday, which is 2.5° above it. The highest temperature occurred on Wednesday and Friday, and was about 51.0°; the lowest on Monday, and was 25.9°. The mean dew-point temperature was 34.0°; and the difference between that and the mean air temperature was 4.4°. The wind blew nearly all the week from the south-west. The amount of rain-fall was 0.48 in., which fell on Tuesday and two following days.

## Obituary.

On the 17th ult., ZEPHANIAH BARTON, M.D., of Market Rasen, Lincolnshire, member of the Royal College of Surgeons, aged seventy-four. In recording the death of this highly-respected practitioner, who was long and intimately known to us, we are naturally led to reflect on the fact that amongst the most valuable members of society are those members of our profession who are, it may be truly said, the very life of the provincial circles in which they move. Although many of them live far away from the busy and intellectual metropolis, to which their fame hardly reaches during their lives, and although to them, when their long career of laborious usefulness has closed, nor “storied urn” nor “animated bust” are

raised, they are in reality the most effectual instruments in effecting social progress in localities where, but for them, all would languish and stagnate. All the true glories of the medical profession are unostentatious. They are founded on duties performed under every variety of circumstance calculated to depress common minds; on virtues and energies displayed in scenes of poverty and pestilence at home, and of wounds, and pain, and privation, and complicated difficulty, amongst our gallant soldiers and sailors abroad. Guns are fired, and bells are rung, and gazettes confer immortality, after many a well-fought day; and whilst those sounds fill the air, and the Gazette excites the general heart of the public, the surgeon is toiling by night and by day, bringing relief and comfort to the maimed and the dying, and saving many lives; remaining himself obscure, his good deeds seldom recorded, and seldom rewarded. In civil life it is the same. The medical practitioner is the slave of all. His meals, his rest, all his social comforts, are perpetually interrupted. In country practice, especially, he endures fatigue, encounters darkness and storm, is sent for at all hours on every capricious impulse of the rich, and never refuses a summons from the poorest. If some fierce epidemic rages, and his wealthier neighbours fly for safety, he remains to encounter every danger. And yet of all men he is the most scantily and grudgingly remunerated, the least cared for, and the most forgotten or neglected by the community and by governments. His life is a continued struggle, and if he is enabled to bring up and educate a family of children, and to die solvent, he is looked upon as a fortunate exception. Wealth seldom rewards him, and honours more seldom fall upon him. But it is still the real glory of the medical profession that its members, going forth from the great schools of practical science, become the most important auxiliaries of our fleets and armies from "Nova Zembla to the Zone," and also the most useful of men in all our towns and villages, carrying with them varied acquirements, liberality of mind, and an activity which rouses all the sleeping energies of the provinces, and contributes to the civil advancement of all the corners of the empire. To the medical practitioners of large cities, and especially of the metropolis, these reflections may seem overstrained. Those who know what country life and country practice are will not think so.

Fifty years ago, or thereabouts, Mr. Barton commenced practice at Market Rasen, then a very small town, but of which the population has nearly doubled, if not more than doubled, within half a century. He had just finished his education as a surgeon under the great teachers in the Borough, and possessed advantages which the old-fashioned apothecaries to whom he succeeded could not in their day command. Extremely well-informed, active, zealous, and skilful, he soon acquired considerable local fame. His best patients were the richer tradespeople, the wealthier farmers of the district, the clergy, the gentry, and a few of the nobility residing in the north-eastern part of the county of Lincoln. For the most part, his patients were scattered far and wide, over moor and fen, and along the bleak wolds which alone diversify the Lincolnshire landscape; and to traverse such a district at that time required a practitioner to be well-mounted, and able to ride across a difficult country, where, indeed, a steeple-ride was often better than the deep and dangerous plodding of the roads. On this kind of practice Mr. Barton entered at the active age of twenty-five; and his manner and very appearance, as well as his qualifications of every kind, gave him an immediate advantage over many a good, easy-going, well-powdered apothecary who had previously been spoiled by universal rural sway, and had grown eccentric and pedantic amidst an unreading population, before magazines and illustrated papers carried light into every parlour. The writer of this sketch well remembers Mr. Barton about that period of social transition; his slight, compact figure; his well-devised and tasteful dress, as fit for the hunting-field as for a rough professional ride over Walsby-moor or Willingham-hill; and more than all, his intellectual face, and that clear, bright, dark eye, the lustre of which remained undimmed in long after years, and only yielded to death. From the day in which he commenced practice until within about six months of his decease, his life was one of daily exertion. His professional skill, his punctuality, his liberality, and his general kindness and disinterestedness, placed him in the gratifying position of a practitioner implicitly confided in by the inhabitants of a wide circuit of country, the claims of which brought daily and nightly toil upon him, borne with a singular cheerfulness, until his frame, slowly enfeebled by advancing years, at length seemed all at once to give way to suddenly-developed disease. These professional labours did not prevent his being

actively useful in the community in which he lived. Those who were born before this century began can alone appreciate the alterations effected in society in the last fifty years: and in this era of movement and improvement let us not forget that medical men have been, in many a dull county town and market town, and village obscure, the first in the great progress, and amongst the principal leaders in all mental and moral advancement. Such was Mr. Barton. In these eventful years the bigoted or dishonest monopoly of many an endowed and drowsy, but now useful, school in the provinces has been put an end to, and the deep slumber of the smaller towns broken up. Opportunities of education have been extended to the poor; savings banks, reading rooms, mechanics' institutes, and literary societies, have made knowledge familiar to thousands of young persons who thirsted for it when no fountains were accessible to them. Unhealthy towns have been drained, dark streets lighted with gas, damp churches warmed by stoves, and sanitary amendments introduced everywhere; and the obscurest localities kept from utterly falling behind in the great march of social improvement; whilst railroads have connected all the towns and villages of our island, and contributed to diffuse a thousand benefits in thousands of places, before unthought of, or unknown. In all these movements, and through all these years, Mr. Barton was amongst the first to move in the neighbourhood in which he lived. Similar exertions, we all know, have been made by members of our profession wherever communities have stirred at all: and we ought to cherish such memories amongst those which are most honourable to us. Like most busy country practitioners, Mr. Barton seldom allowed himself any holidays; but many of his surviving friends must remember their good doctor as rejoicing, once a-year for many years, in a week's laborious drill at Lincoln with the Yeomanry Cavalry, (in which he held a commission,) under their respected colonel, Lord Yarborough. In his military duties, Mr. Barton manifested his customary alacrity, order, and punctuality; and from these military recreations he always returned refreshed to the toils of his practice. One of his last pleasures of this kind was that of witnessing a grand sham fight at Chobham, on which occasion he inspected a great part of the camp minutely, and with great satisfaction. Even at that time there were no signs of decay or decline about him.

Two years before that time, Dr. Barton (he had then taken a degree, and partly retired from the most fatiguing parts of practice) had the gratification of receiving a tribute of respect from a large circle of friends, in the shape of a salver, and a handsome pecuniary present. It had been part of his earthly lot to sustain some family sorrows, sudden, and sharp, and peculiar; all of which were borne with manly resignation. One comfort he always possessed—a happy and a loving home. To the close of his life he abated not in heart or hope; he kept himself informed of the progress of medical and general science; he maintained liberal opinions in politics, when to do so was to incur the risk of persecution, or even of ruin; and from his earliest years to the close of his life he was unostentatiously devout, and, although earnest, yet most tolerant, and truly Christian in his religious views. When at length, about the month of April or May last, he became convinced that a fatal disease had attacked him, (the result of a slight accident neglected some years before,) he at once made every preparation for discontinuing the labours and occupations of this world. This was done without the smallest affectation, and with a calmness and method and steadiness equally heroic and affecting. He made such immediate arrangements as the welfare of those justly dear to him demanded, and wrote touching letters of simple farewell to many of his oldest friends and patients. He bore still increasing sufferings, and the entire inactivity to which they compelled him, with a fortitude beyond praise; his chief anxiety seeming to be to shield those who watched him and loved him from all unavailing grief.

On the day of Dr. Barton's funeral, the business of the little town, the interests of which he had so cherished, was quite suspended, and every shop was closed. Half of the population of the place were clustered along the line of the funeral procession. The ancient and venerable church was filled with respectful and mourning townspeople. His sorrowing family, following his remains to the grave, were accompanied by the friends of many years, and by several of the gentry and clergy of the neighbourhood, amongst whom his memory will long survive.

On November 29th, at Red Lion-street, Wapping, Mr. GEORGE BETSON, M.R.C.S. 1797, aged eighty-five. He was several years surgeon of Stepney Union, a man of strict integrity, and of highly-respectable family, his father having been a practitioner in the same parish an equal number of

years as himself. For several years past he has lived in great obscurity, in receipt of parochial relief, the bounty of a few neighbours, and latterly a small annuity from the Medical Benevolent Fund.

### BOOKS RECEIVED FOR REVIEW.

A Practical Treatise on the Choice and Cookery of Fish. Second Edition.

Mr. Thomas Hunt on Syphilitic Eruptions and Ulcerations. Second Edition.

Mr. D. Tod on the Blood.

Mr. Gamgee on the Advantages of the Starched Apparatus.

Mr. J. Swan on the Brain and Mind.

Dr. Meigs on Childbed Fevers.

Mr. Foote's Practitioners' Pharmacopœia.

Mr. Blundell on Painless Tooth Extraction.

Dr. Turley on Cholera.

Dr. Muspratt's Chemistry. Part XI.

Dublin Hospital Gazette.

American Journal of Insanity.

Dr. Aickin on Cholera.

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### TO CORRESPONDENTS.

*A Poor-Law Surgeon, and Member of the Provincial Medical and Surgical Association.*—We regret the hardship to which our friend has been exposed, and strongly advise him to forward the particulars of the case to the council at Worcester. We fear, however, that, as the Association is heavily in debt, no assistance can be rendered from that quarter. It is undoubtedly necessary, for the proper protection of the interests of Poor-Law surgeons, that a fund should exist which would enable them to oppose successfully the tyranny and injustice to which they are so frequently exposed.

*Z. The Institution for Nurses is in Devonshire-square, Bishopsgate.*

*M.D., (Liverpool).*—The subject shall be noticed next week.

### BUSTS IN THE CRYSTAL PALACE.

To the Editor of *THE LANCET*.

SIR,—It strikes me to be hardly fair in your ghostly correspondent of last week to find fault with Mr. Skey for the presence of his bust in the Crystal Palace at Sydenham. No doubt this is simply an affair of the sculptor, not of Mr. Skey. Will you allow me to suggest, through the medium of your widely-read journal, that the directors of the Crystal Palace might, with great advantage, form collections of the busts of the living and the dead of our various professions, arranging them in classes. Such collections would form a very attractive feature of the Exhibition.

December, 1864.

Your obedient servant,

CHIRURGS.

*A Sufferer.*—Advertisements laudatory of particular secret remedies are never issued by respectable members of the medical profession. Such nostrums frequently contain most deleterious articles, and are calculated to do serious injury to the constitution. The name of the vendor or proprietor being placed upon the Government stamp is a mere catch-penny mode of puffing, and no proof, as "A Sufferer" innocently supposes, that the medicine is under special Government patronage.

*A. Z.*—Berners-street, Oxford-street.

*A Civilian.*—The number of deaths in the hospital at Scutari from all causes, from the 2nd to the 14th of November, was 56. Diarrhoea proved fatal in 26 instances.

*M. J.*—At the Stockport Police Court, a miller was fined £5 and costs, for having in his possession sulphate of lime and other ingredients that might be used in the adulteration of flour.

*An Assistant-Surgeon in the Navy.*—Attention shall be directed to the subject.

*Enquirer.*—It was Dr. Lettsom who presented to the Medical Society of London the bulk of the valuable library now in its possession. He also bequeathed to them the house in Bolt-court in which the Society held its meetings for about three-quarters of a century. It was Dr. Anthony Fothergill, and not Dr. John Fothergill, who founded the celebrated Fothergillian Medal. Medical Society of London during no period of its career was in so prosperous a condition, nor contained so many fellows on its roll, as at the present time. Admission is by a ballot, on the recommendation of not less than three fellows of the Society. The entrance-fee is one guinea; the annual subscription a like sum. The library of the Society is open daily from eleven to six, and the meetings are held on every Saturday evening from the third Saturday in October to the last one in May.

*A Candidate.*—Assistant-surgeons in the navy are still, in most instances, not provided with a separate cabin.

*M.D., (Manchester).*—Unless the person holds the diploma of the Apothecaries' Company, he could not recover.

*X. Y. Z.*—Is our correspondent surgeon to the union in which T— is situated?

*Omega.*—Full particulars on all the subjects required will be found in the Students' Number of *THE LANCET*. The preliminary examination is not compulsory. Hitherto no alteration has been made respecting the apprenticeship law, which, however, is construed by the Society in a very liberal sense.

*A Subscriber, (Manchester).*—Nothing better was to be expected under the present management of the miserable print. Two letters appear in the present number of *THE LANCET*, to which we direct the attention of our correspondent.

*One who knows all about it.*—The particulars respecting the "youngest surgeon in the navy," and the job by which he effected his purpose, must be given a little more in detail before any steps can be taken in the matter.

*A Reader.*—The Society was founded in 1806 by the secession of some of the fellows of the Medical Society of London. Dr. Marcet and Dr. Yelley were the chief movers in the matter.

*N.*—Search shall be made for the paper. It shall be inserted at the first opportunity.

### PUBLICITY OF PROCEEDINGS AT BETHLEHEM HOSPITAL.

To the Editor of *THE LANCET*.

SIR,—In your leading article respecting Bethlehem Hospital, contained in last week's number, it is said—"The *Daily News* informs us that a reporter presenting himself at the last quarterly meeting of governors, was excluded on the ground that the proceedings were strictly private." Having been present when this occurrence took place, permit me to state, in explanation, why a representative of the press was not permitted to remain during the transaction of business, that it arose in consequence of an old order of the court being still in force, whereby none but governors or officers are allowed to attend on these occasions, and which regulation could not be set aside until it was repealed in the usual way, after due notice. Various governors have no objection, I feel certain, to see an account of their corporate administration regularly reported, as they can have no wish to conceal any transaction, but the reverse; whilst I know the worthy president, Sir Peter Laurie, has always been an advocate of the fullest publicity being given to everything connected with this charity. However, in order to ascertain the opinions of existing governors in reference to such questions, an influential member gave notice, before the court of last Monday broke up, that "he would move, at the next quarterly meeting in January, a resolution to admit reporters." What the above motion comes under discussion, it shall have my humble but earnest support, and I confidently hope the gentleman who brings the subject forward will be successful; since many others, besides myself, sincerely believe in chartered corporations and charitable institutions, like Bethlehem Hospital, must benefit by greater notice being taken of their management, instead of being injured by the freest inquiry.

Trusting this statement may prove satisfactory in reference to the matter proceeding, which you have properly criticised, I shall be much obliged should my communication obtain a place in your columns.

I remain, Sir, yours respectfully,

Brook-street, December, 1864.

JOHN WARRER.

*Questioner.*—Militia surgeons are not entitled to half-pay on the disembodiment of the regiments to which they belong.

*Oppressor.*—We do not think any good would arise by the insertion of our correspondent's note. Such cases as the one narrated are hard; but there must be certain laws to regulate the admission of persons into the ranks of the medical profession.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Webster; Dr. Hastings; Dr. E. Headlam Greenhow; Mr. E. A. Tazley, (Warrington); Mr. E. W. Furness, (Mineshampston); Mr. Waddington, (Margate); Mr. Langley; Mr. Postgate, (Birmingham); Dr. Dick; Mr. W. R. Kennet, (Shirley-place, Southampton); Mr. Bodington, (Sutton Coldfield); Dr. Jas. Morris; An Assistant-Surgeon, (the Crimea); Mr. Whitaker, (New York); Mr. Rodgers; An Old Army Surgeon; A Constant Reader, (Nottingham); N.; M.D., (Liverpool); M. Cortoux; Dr. Humble; Mr. Brownridge, (Oxford); Mr. Thos. Chaplin; M. J.; A Patient, (Scutari); Mr. Black, (Chatham); Questioner; Oppressor; A Visitor to the Crystal Palace at Sydenham; Mr. Ellis; Mr. N. C. Wood, (Sutton Coldfield); Mr. C. Morgan, (Hopton, with enclosure); Dr. Pierce, (Denbigh, with enclosure); Mr. R. W. Eve; Mr. E. Andrews, (with enclosure); Medicus; Mr. J. Vincent; Alpha; I.S.A.; Mr. H. Mathias, (Maryport, with enclosure); Dr. Gosse, (Jersey, with enclosure); Mr. Theodore Hook; A Poor-Law Surgeon, and Member of the Freehold Medical and Surgical Association; Z; A Sufferer; Enquirer; A Candidate; A. Z.; A Civilian; M.D., (Manchester); X. Y. Z.; Chirurgee; Omega; A Subscriber, (Manchester); An Assistant-Surgeon in the Navy; One who knows all about it; A Reader; &c. &c.

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The Council of the MEDICAL BENEVOLENT COLLEGE cannot issue the accompanying List of Donations and Subscriptions, received since May last, without recording their heartfelt gratitude to all those who, by word and deed, have seconded their endeavours. If the Council possessed no other evidence of the value and importance of the Institution than the present List, it would suffice to assure them of success. The Council can have no hesitation, therefore, in urging those members of the Profession who have not yet responded to the call, for their own sakes, and for the sake of future generations, to become contributors to an Institution which promises to be an enduring monument to the present age.

The little that is now required to enable the Council to open this much-needed Institution in JUNE next, they confidently anticipate will be made up by those of their brethren who have not contributed.

AMOUNT PREVIOUSLY ADVERTISED ... .. £23,670 17 0

BEQUEST OF THE LATE MRS. MARTHA JANE BARR, OF BRIXTON, FREE OF LEGACY DUTY, } £100 0 0  
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Esq.	ann.	1	1	ampton, per W. Percival, Esq.	ann.	1	1	stock	1	1	0
Hargraves, Isaac, Esq. Tunbridge Wells,	3rd don.	21	0	Layman, J. M. Esq. per W. H. Hillard,	ann.	1	1	Robinson, Jas. Esq. Gower street, Bedford	1	1	0
Esq.	ann.	21	0	Esq. Shefford	ann.	1	1	square	1	1	0
Hare, Henry, M.D., Great Baddow, Essex	10	10	0	Mather, T. Esq. Ashton in Mackerfield	1	1	0	Rogers, Francis, Esq. Westmore, near	1	1	0
Hogg, Charles, Esq. Finsbury place South	10	10	0	Malton, C. Esq. Stanhope place, Hyde	ann.	1	1	Petersfield	1	1	0
Hogg, John, M.D., Gower street, Bedford	ann.	1	1	park	ann.	1	1	Roadnight, — Esq. Castle Bromwich, per	2	2	0
square	ann.	1	1	Marsack, Blackall, Esq. Little Brickhill	ann.	1	1	George Stillwell, Esq. Epson	1	1	0
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Harrison, Geo. Esq. Grosvenor st.	ann.	1	1	Major, Miss, Hungerford, collected by	2	14	6	Ditto	ann.	1	1
Hase, Henry, Esq. Workshop	ann.	10	10	Malyn, Mrs. John, Wandsworth House,	10	10	0	Secker, Samuel, Esq. Wakefield	ann.	1	1
Hawker, Mrs., Taunton	ann.	1	1	Wandsworth	ann.	1	1	Sheppard, Mrs., per H. E. Norris, Esq.	ann.	1	1
Hutton, John, Esq. Manchester 2nd don.	ann.	1	1	M'Ilbree, Edward Q. Esq. Claybrook,	ann.	1	1	Charmouth	ann.	1	1
Hickman, Chas. Esq. Camberwell grove,	ann.	1	1	Lutterworth	ann.	1	1	Seddon, J., M.D., Loughdon, Rugeley	1	1	0
per Richard Turner, Esq.	ann.	1	1	Middleton, Thomas, Esq. Bank Parade,	1	1	0	Sealey, Wm. Byers, M.D., Swindon	1	1	0
Higham, Charles, Esq. Davies street,	10	10	0	Salford	ann.	1	1	Scott, Thos. Baeley, Esq. Empingham,	2	2	0
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Humble, Thos., M.D., Newcastle upon	ann.	1	1	hurst, Esq.	ann.	1	1	Statham, H. Esq. Belmont Place	ann.	1	1
Tyne	ann.	1	1	Mudge, Thos. Esq. Bodmin	ann.	1	1	Steel, John S., M.D., Carlisle	ann.	1	1
Howell, John, M.D., Datchett	10	10	0	Moon, Wm. Esq. Tottenham	10	10	0	Snowden, — Esq. per Willson Brown,	1	1	0
Heyward, G. P. Esq. Egham	10	10	0	Ditto	ann.	1	1	Esq. Bath	1	1	0
Holdsworth, A. B. Esq. Widdicombe	1	1	0	Mitchell, Tobias, Esq. Redruth, Cornwall	ann.	1	1	Sternbergh, Baroness de, Dover, 2nd don.	10	10	0
House, Devon, per T. P. Stone, Esq.	1	1	0	Miller, Rev. John, Bocheiton, Hereford-	1	1	0	Stevens, Henry, Esq. St. Luke's Hospital	ann.	1	1
Hughes, John, Esq. Carmarthen, ann.	1	1	0	shire, per C. W. Jenner, Esq.	1	1	0	Stevenson, Thos. Esq. 37, Upper Gros-	ann.	1	1
Hawkins, Fred., M.D. Hitchin, Herts	1	1	0	Messiter, Mrs. George, Wincanton, per	2	0	0	venor street	ann.	1	1
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Irving, W. B. Esq. Long Bennington ann.	1	1	0	Nevinson, Mrs., Hampstead	1	0	0	Sutherland, Royal Dockyard, Chatham	1	1	0
Ditto Collected by	2	0	6	Niven, D. G. Esq. Pershore, per F. Davies,	10	10	0	Swaisland, Chas. Esq. Crayford, per Peter	10	10	0
Irving, Mrs. collected by	1	0	6	Esq.	ann.	1	1	Hood, Esq.	10	10	0
Jenner, — Esq. Wenvor Castle, Cardiff,	5	0	0	Nicholls, C. G. Esq. per T. H. Holberton,	1	1	0	Stowers, Nowell, Esq. York row, Ken-	10	10	0
per W. Smith, M.D., Weymouth	105	0	0	Esq. Hampton	ann.	1	1	nington	2nd don.	10	10
Jephson, Henry, M.D., Leamington	ann.	1	1	Norris, Henry E. Esq. Charmouth, ann.	1	1	0	Subscription of the Attendants and Col-	1	1	0
Jephson, E. C. Esq. Durham	ann.	1	1	Oldham, R. Esq. West Hartlepool, ann.	1	1	0	lecting Box of the Lunatic Asylum,	1	1	0
Jackson, Thomas, M.D., Hull	1	1	0	Ollard, John, Esq. Prescott, Lancashire	1	1	0	Bethnal Green, per James Phillips,	4	3	3
Jervie, Thomas, M.D., Connaught square,	5	5	0	Outram, Sir Benjamin F. Hanover square	10	0	0	Esq.	0	10	0
2nd don.	5	5	0	Osmond, T. E. Esq. Thorpe, Essex	1	1	0	Spender, John Kent, Esq. Bath	0	10	0
Jones, Charles, Esq. Manchester street,	1	1	0	Otley, John, Esq. Maldstone	1	1	0	Simpson, Edwin, Esq. Long Melford, Suff-	1	1	0
Manchester square	ann.	1	1	Parnell, J. Esq. Waltham Abbey, ann.	1	1	0	folk	ann.	1	1
Jones, W. Weaver, Esq. Ciesbury, Mor-	1	1	0	Parsons, C. H. Esq. paid to Messrs.	1	1	0	Stowe, Thomas, Esq. Christ's Hospital	2nd don.	5	5
timer	ann.	1	1	Gosling	ann.	1	1	Tapeon, Alfred J., M.D., Gloucester gar-	10	10	0
Johnson, W. Whitaker, Derby	10	10	0	Payne, the Misses, Rotherhill, Midhurst,	5	0	0	dens	10	10	0
Jones, Wm. Esq. Weston-super-Mare	1	1	0	per Wm. Ingram, Esq.	ann.	1	1	Taylor, Francis, Esq. Romsey, Hants, ann.	1	1	0
ann.	1	1	0	Payne, W. P. Esq. the Hospital, Taunton	ann.	1	1	Thomas, E. Esq. Chigwell, Essex	10	10	0
Jay, Henry, Esq. 50, Sloane street, per	1	1	0	Parry, Geo. Esq. Docking, Norfolk, ann.	1	1	0	Thomas, John, Esq. Narbeth	1	1	0
James A. Wilson, M.D.	ann.	1	1	Peat, Thos. Esq. Manningtree, Essex, ann.	1	1	0	Thomas, John, Esq. Llanegwad, near	1	1	0
Jones, W. P. Esq. the Hospital, Taunton	ann.	1	1	Palmer, Chas. Esq. Great Yarmouth, per	ann.	1	1	Carmarthen	ann.	1	1
ann.	1	1	0	Dr. Smyth	ann.	1	1	Thomas, Mrs., Proillywrach, per Dr. Syl-	1	1	0
Jones, W. M. Esq. Tenby, per Dr. Dyster	2	0	0	Pidcock, John, M.D., Watford	ann.	1	1	vester	2nd don.	1	1
Keal, John, Esq. Melton Mowbray ann.	1	1	0	Piper, Stephen Edw. Esq. Darlington, ann.	1	1	0	Thursfield, Wm. Esq. Kidderminster, ann.	1	1	0
Keenlyside, R. H., M.D., Stockton	2	2	0	Pick, J. Peyton, Esq. Braintree, near	1	1	0	Torr, T. Berry, Esq. Barnstaple, Devon	1	1	0
Ditto ditto	ann.	1	1	Barnstaple	ann.	1	1	Tucker, St. George, Esq. Upper Portland	2	2	0
Ker, H. W. Esq. Manchester	10	10	0	Piercy, Moses, Esq. Portsmouth	ann.	1	1	place	2	2	0
Kittermaster, James, M.D., of Meriden,	1	1	0	Phillott, Miss, Mortlake	ann.	1	1	Tulk, J. A., M.D., Dunbar	2	2	0
Drayton, Abingdon	1	1	0	Phillott, J. S. Esq. ditto	ann.	1	1	Town, G. Esq. per the Messrs. Stillwell,	1	1	0
Kitching, George, M.D., Enfield	1	1	0	Philbrick, Thos. Esq. Stamford	ann.	1	1	Arundel street, Strand	1	1	0
Knyvett, Miss Celia, per James A.	1	0	0	Prater, Mrs., Devonshire place	ann.	1	1	Tottenham Gas Company, per James	2	2	0
Wilson, M.D.	3rd don.	1	0	Prater, Miss, ditto	ann.	1	1	Brickwell, Esq.	2	2	0
Knyvett, Miss Harriett, per James A.	3rd don.	1	0	Prater, Miss, ditto	ann.	1	1	Thorpe, G. B. Esq. Staveley	1	1	0
Wilson, M.D.	3rd don.	1	0	Pretty, Wm. Esq. Mornington road	1	1	0				
Knight, Mrs. Charles, Runweek House,	2	0	0								
near Farnham, per S. Sloman, Esq.	2	0	0								

# THE LANCET GENERAL ADVERTISER.

Thomson, Thos. Esq. Stratford on Avon ann. 1 1 0	Walsh, C. B. Esq. Half-moon st. 3rd don. 1 1 0	Workman, Thos. Esq. Inverness road, Baywater ann. 1 1 0
Underwood, Thos. Esq. Bedford place, Russell square ann. 1 1 0	Welsby, John, Esq. Prescott per J. Ollard, Esq. 1 1 0	William, J. Lewis, Esq. Carmarthen, ann. 1 1 0
Van der Byl, Philip J., M.D., Holles-st. Cavendish square ann. 1 1 0	Westmacott, J. G., M.D., Porteus road, Maids hill 1 1 0	Williams, Henry L., M.D., Walker Gate House, Beverley ann. 1 1 0
Wagstaffe, M. F. Esq. Walcot place, Lambeth ann. 1 1 0	White, —, Esq. paid to Messrs. Courtis 10 0 0	Whiteman, R. Harland, Esq. Hotham House, Putney ann. 1 1 0
Watts, Thos. jun. Esq. Frampton ann. 10 10 0	Winfield, Mrs. Hartmann, Hampstead North end, Fulham ann. 1 1 0	Whitney, Wm. U. Esq. Great College st. Westminster ann. 1 1 0
Watts, Robert, Esq. Clifton ann. 1 1 0	Williamson, Joseph, Esq. Langwuthby, near Penrith 3 3 0	Wardle, James, Esq. Leek, per Chas. Hagton, Esq. 1 0 0
Watson, A. Esq. Bolton le Moors ann. 1 1 0	Wilson, John, M.D., Whitley 1 1 0	Williams, Wm. Esq. Oldbury, Worcester-shire ann. 1 1 0
Watson, Seth B., M.D., Southwick street, Hyde park ann. 1 1 0	Wilson, Robert James, Esq. St. Leonards-on-Sea ann. 1 1 0	Wathen, W. D. Esq. Fishguard, Pembroke ann. 1 1 0
Walker, George Clark, Esq. Doncaster, per Chas. Fenton, Esq. ann. 10 10 0	Wood, T. Esq. Union street, Southwark ann. 1 1 0	Weber, Hermann, M.D., Finsbury square ann. 1 1 0
Walker, James, Esq. Knarborough ann. 1 1 0	Wood, John Elliott, Esq. Roehdale ann. 1 1 0	Walker, Hugh, E. Esq. Chesterfield ann. 1 1 0
Walker, Edward D. Teignmouth ann. 1 1 0	Wood, Richard, Esq. Birmingham ann. 5 5 0	Yeats, Fred, Esq. Godalming ann. 1 1 0
Walker, Rev. W. F., Greenacre's Moor, Oldham ann. 2 2 0	Wordsworth, J. C. Esq. Finsbury sq. ann. 1 1 0	Yelverton, The Hon. Wm. Henry, Whitland Abbey, Narbeth ann. 1 1 0
Ward, T. Ogier, Esq. Kensington ann. 0 10 6	Woakes, Edward, Esq. Luton ann. 1 1 0	York, James, Esq. Wharnciffe House, St. John's wood ann. 1 1 0
Warry, Ellis T. Esq. Wimborne ann. 1 1 0	Wright, W. Kelson, Esq. Holland place, North Brixton ann. 1 1 0	
Webb, John W. Esq. Priory House, Hastings ann. 1 1 0	Ditto ditto ditto ann. 1 1 0	

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Maden, the Misses, Greens, Bacup ann. 2 0 0	Parker, Mr. P., Chester gate, Stockport 0 5 0	Jefferson, Miss, Sussex square ann. 1 0 0
Ormerod, George, Esq. J.P. Fernhill ann. 1 0 0	Downes, G. Esq. ann. 1 1 0	
Munn, Robert, Esq. J.P. Heath Hill ann. 1 0 0	By HARRY LUTTOR, Esq. Thame.	By JOHN COLTHEART, Esq. Clifton.
Whitaker, James, Esq. Willow Cottage ann. 1 0 0	Amount previously advertised ann. 4 2 0	Amount previously advertised ann. 54 4 6
Crabtree, Mrs., Waterloot ann. 1 0 0	Littlejohn, Rev. W. Vicar of Towersey, Bucks ann. 0 10 6	Palmer, H. T. T. Esq. Woodstock ann. 1 1 0
Hargreaves, Miss, Newchurch ann. 1 0 0	Wakeman, G. Esq. Thame ann. 1 1 0	Kidd, Mrs., Oxford ann. 2 2 0
Ormerod, Mrs. ditto ann. 1 0 0	Kirby, Rev. C. S. Rector of Stoke ann. 1 1 0	Sydenham, J. P. W. Esq. Islip, Oxon ann. 10 10 0
Crabtree, Mrs. ditto ann. 1 0 0	Birkett, Rev. W. Rector of Hoveley, ann. 1 1 0	Jackson, R., M.D., Oxford ann. 10 10 0
Crabtree, Richd. Esq. ditto ann. 0 10 0	Woodman, Mrs., Little Cote ann. 0 10 0	Bull, Rev. Dr. J. ditto ann. 10 10 0
Stott, Mrs. ditto ann. 0 10 0	By Dr. KENNY, Canton.	By H. H. BROUENROW, M.D., Preston.
Hardman, R. H. Esq. Oak Hill ann. 1 0 0	Amount previously advertised ann. 114 5 0	Amount previously advertised ann. 3 13 6
Hardman, G. E. Esq. ditto ann. 1 0 0	Parker, Rev. P., M.D., Canton ann. 5 0 0	Whitehead, Jas. Heywood, Esq. South-side, near Manchester ann. 10 10 0
Schofield, Mrs., Balde ann. 1 0 0	Pustan, W. Esq. ditto ann. 4 0 0	Whitehead, J. D. Esq. Beech Hill, near Manchester ann. 10 10 0
Broxup, Miss Mary, collected on card ann. 0 14 6	Dent, J. Esq. ditto 2nd don. 5 0 0	Horrocks, Mrs. Lark Hill, Preston ann. 1 1 0
Stewart, Miss, in small sums ann. 0 7 6	Sassoon, S. D. Esq. ditto ann. 3 15 0	Hastings, Rev. S. ditto ann. 1 1 0
Lord, Henry, Esq. ditto ann. 0 10 0	Gubbe, E. S. Esq. ditto ann. 2 10 0	Stovert, E., M.D. ditto ann. 1 1 0
Lord, Henry, Esq. Surgeon, Stacksteads 1 1 0	By Mrs. ROPER, Cumsing Moon, China.	By CHARLES BLINCH, Esq. Warminster.
By T. HERBERT BARKER, M.D., Bedford.	Wilson, Captain, Cumsing Moon ann. 2 10 0	Amount previously advertised ann. 60 9 0
Amount previously advertised ann. 40 18 6	Jameson, Captain ditto ann. 2 10 0	Spencer, E. Esq. Fonthill, Gifford, late Surgeon 21st Dragoons ann. 5 0 0
Barker, A. Esq. Acacia Cottage, Hornsey, ann. for 1864 and 1865 ann. 2 2 0	Langley, Captain ditto ann. 1 5 0	Seagram, Mrs. G. Warminster ann. 1 1 0
Barker, Mrs. A. ann. 1 1 0	Roper, Mrs. F. M. ditto ann. 2 10 0	Seagram, F., M.D. ann. 4th don. 1 1 0
Cooch, Mrs. Kitty, Baldock, Herts ann. 1 1 0	Murray, J. Ivor, M.D., Shangae ann. 2 0 0	Whitechurch, Miss ann. 1 1 0
Godfrey, Nathl. Esq. Turrey ann. 1 1 0	By Mrs. DICKINSON, Woolrey, near Wells, Somerset.	By THOMAS POYNER, Esq. Wirksworth.
Harris, John, Esq. Springfield ann. 1 1 0	Amount previously advertised ann. 14 4 0	Amount previously advertised ann. 16 16 0
Philon, Dr., Baldock, Herts ann. 1 1 0	A Friend ann. 1 1 0	Hart, F. Esq. Alderswasley, near Belper ann. 1 1 0
Stedman, Robert S. Esq. Sharnbrook, Beds ann. 1 1 0	Ditto ann. 1 1 0	Adams, J. Esq. Matlock, Bath ann. 1 1 0
Williamson, John, Esq. Bedford ann. 1 1 0	M. H. B. ann. 0 10 0	Arkwright, Mrs., Willersley, Mortlock ann. 5 0 0
Wootton, Wm. Esq. Harrold, Beds ann. 1 1 0	A Friend ann. 0 5 0	Evans, D. Esq. Belper ann. 1 1 0
By C. P. STIVERS, Esq. Biggleswade.	By the Rev. T. F. SALMON, Waldershare, Kent.	By J. TOOGOOD, M.D., Taunton.
Amount previously advertised ann. 5 1 0	Amount previously advertised ann. 7 11 0	Serjeant, Mrs. T. Sulgarde House, Torquay ann. 5 0 0
Tauquary, Charles, Esq. Chicksands Priory, Beds ann. 2 0 0	Hays, Rev. J. ann. 1 0 0	Ditto ann. ann. 1 1 0
Tauquary, John, Esq. Hendon ann. 1 0 0	Chapman, Thomas, Esq. ann. 0 10 0	Clitsome, Miss, Taunton ann. 1 0 0
Stevens, C. P. Esq. Biggleswade ann. 1 1 0	Back, Mrs., Dover ann. 0 10 0	
By E. R. ROBINSON, Esq. Speen, Newbury.	Lamotte, Rev. G. P. ann. 0 10 6	By F. A. YOUNG, Esq. Hawkhurst.
Amount previously advertised ann. 32 17 0	Salmon, Rev. T. F. ann. 1 0 0	Amount previously advertised ann. 187 2 0
Seymour, Miss Mary, Speen ann. 1 0 0	Collected in small sums ann. 1 18 6	Young, P. A. Esq. Hawkhurst ann. 10 10 0
Champion, Mrs. Austin, Thatham ann. 1 0 0	By GKO. C. JONSON, Esq. Grosvenor street West, Eaton square.	Newington, H., M.D. ditto ann. 10 10 0
A Friend ann. 0 10 0	Amount previously advertised ann. 176 17 0	Hoar, W. Esq. ditto ann. 10 10 0
Emylyn, Mrs., Speen ann. 0 10 0	Hale, F. Esq. Canon street ann. 1 1 0	Foyster, Rev. J. G. ditto 2nd don. 5 0 0
By WM. SELF, Esq. Tower Hamlets.	Hale, F. Esq. jun. ditto ann. 0 10 0	By HENRY ALFORD, Esq. Taunton.
Amount previously advertised ann. 179 10 0	Overton, — Esq. Manchester ann. 0 5 0	Amount previously advertised ann. 39 6 0
Dunn, Spencer, and Co. Wholesale Druggists, London Wall ann. 2 2 0	Middleton, A. B. Esq. Salisbury, 2nd don. 1 1 0	Hunter, Major, Wilton ann. 1 1 0
Rose, Charles, Esq. Barnes' place, Mile End road ann. 10 10 0	Allen, Mrs., Barnstable ann. 0 10 0	Alford, Mrs., Heale House ann. 1 0 0
Farrar, Luke, Esq. Mercer's place, Commercial road East ann. 10 10 0	Cream, R. C., M.D., Rushall, Wilts ann. 1 1 0	Webber, W. Esq. Wellington ann. 1 0 0
Munk, Wm., M.D., Finsbury place, South ann. 1 1 0	By J. J. POWER, M.D., Maidstone.	Cordwain, G. Esq. Taunton ann. 0 10 0
Boor, L. Esq. St. George's st. East ann. 1 1 0	Amount previously advertised ann. 104 8 6	By S. S. DYER, Esq. Ringwood, Hants.
Drew, Joseph, M.B., Colet place, Commercial road East ann. 1 1 0	Pope, Horatio, Esq. St. Helen's, East Farleigh ann. 1 10 0	Warner, Rev. R. P., Ibsley Paragon ann. 3 3 0
By GEORGE YOUNG GRAHAM, Esq. Stockport.	Pope, Rev. E. ditto ann. 0 10 0	Dent, Villiers, Esq. Avon Cottage ann. 1 0 0
Amount previously advertised ann. 51 14 6	Jackson, Miss, West Farleigh ann. 0 10 0	Dyer, S. Esq. Ringwood ann. 1 1 0
Marland, Captain, Highfield House, Heaton Norris ann. 2 2 0	A Medical Friend ann. 1 0 0	Gabbatts, Miss, Blackford ann. 1 0 0
Marland, Capt. T. E. Cheadle Moseley, Stockport ann. 1 1 0	Harvey, L. T., M.D., Town Malling ann. 1 1 0	By T. S. BRASS, M.D., Cuckfield.
Thomson, A. T. Esq. Oldham ann. 1 1 0	Kennett, Charles, Esq. Coxheath, near Maidstone ann. 1 1 0	Amount previously advertised ann. 23 4 0
Heginbotham, H. Esq. Stockport ann. 1 1 0	By H. G. BULL, M.D., Hereford.	Yaldwyn, Mrs., Blackdown Cottage, Petworth ann. 1 1 0
Blackshaw, J. Esq. ann. 0 10 6	Amount previously advertised ann. 142 5 0	Payne, Mrs., Hatchlands, Cuckfield ann. 0 10 6
Massey, Thos. Esq. ann. 0 10 6	Thomson, C. E. Esq. ann. 1 1 0	Collected after a sermon by the Rev. Thos. Astley Maberly, Cuckfield ann. 9 0 0
Walters, C. A. Esq. ann. 0 10 6	Wandys, S. Esq. ann. 0 10 6	By JOHN C. ROBINSON, Esq. Syston, Leicester.
Adashead, N. Esq. Heath Cottage ann. 0 10 6	By J. CORDY BURNOWS, Esq. Brighton.	Hulse, Mrs., Cossington ann. 1 0 0
Hole, E. C. Esq. ann. 0 10 6	Amount previously advertised ann. 208 13 0	Minyer, Mrs. ditto ann. 1 0 0
Derbyshire, W. Esq. ann. 0 10 6	Ballard, G. Esq. Brighton, annual for 1863 and 1864 ann. 2 2 0	Minyer, Miss ditto ann. 0 10 0

# THE LANCET GENERAL ADVERTISEMENTS.

£ s. d.			£ s. d.			£ s. d.									
By WM. EWANS, Esq. Middleton, Teesdale, Durham.			By E. EVANS, Esq. Cardiff.			By JAMES DE STRAAT, M.D., Shrewsbury.									
Brown, Rev. J. H. Rector of Middleton	1	0	Amount previously advertised	...	38	5	0	Amount previously advertised	...	36	1	0			
Bainbridge, Esq. Middlesex	...	1	0	Mathews, J. Esq. Lauvabon	...	0	10	0	Meymott, H. Esq. Ludlow	...	1	0	0		
Ewart, Wm. Esq. Middleton	...	1	1	Worthington, E. Esq. ditto	...	0	10	0	Cooper, Mrs. R. per R. Valentine, Esq.	...	1	1	0		
Collected by THOS. CHAS. CADR, Esq. Spondon, near Derby,			Richardson, E. P. Esq. Cardiff	...	5	0	0	R. Valentine, Esq. Ludlow	2nd don.	1	1	0			
Arkwright, F. Esq. Spondon Hall	...	10	10	Batchelor, J. Esq. Mayor of Cardiff	...	1	1	0	Fenton, H. Esq. Shrewsbury	...	1	1	0		
Cox, W. T. Esq. ditto	ann.	2	1	Pryce, J. B. Esq. Duffry, Cardiff	ann.	1	1	0	By H. LOMAX, Esq. Stafford.						
Biden, John, Esq. Spondon	...	0	10	Russell, F. M. Esq. Carnarvon	...	1	1	0	Amount previously advertised	...	23	19	0		
Cox, S. W. Esq. ditto	...	1	1	Leigh, J. Esq. Lauvabon	ann.	1	1	0	Masfen, Dr., Stafford	...	ann.	0	10	6	
Morley, Henry, Esq. ditto	ann.	1	1	By Jas. K. SAMPSON, Esq. Southampton.			A Friend	...	...	0	5	0			
Towle, John, Esq. Borewash	...	5	0	Amount previously advertised	...	11	10	0	By R. TURNER, Esq. Tunbridge Wells.						
Cade, J. W. Esq. Breaston	...	2	2	Bates, R. Esq. Botley, Hants	...	5	0	0	Amount previously advertised	...	23	15	6		
Leaver, Wm. Esq. Ochbrook	ann.	1	1	Bullar, J. and W., Drs., Southampton	...	5	0	0	Wollaston, Miss, Tunbridge Wells	...	5	0	0		
Murray, Mrs. ditto	...	1	0	Ware, J. R. Esq. ditto	ann.	1	1	0	Boyd, Mrs. A. P. Tunbridge	...	1	0	0		
Cade, Henry, Esq. ditto	...	1	0	Weston, Esq. Shirley	...	ann.	1	1	Ditto	ditto	ann.	1	1	0	
Nivou, Mrs., Spondon	...	3	0	By E. HOUKSTON, Esq. Lytham, near Preston.			Moss, W. B. Esq. Tunbridge Wells	ann.	1	1	0				
Litwell, Miss S. ditto	...	1	0	Peel, Miss, West Beach	...	1	1	0	Turner, R. Esq. ditto	ann.	1	1	0		
Osborne, J. Bateman, Esq. Chaddesden	...	1	0	Wilson, Miss E. ditto	...	1	0	0	Ditto	ditto	3rd don.	1	1	0	
Cade, Thos. Charles, Esq. Spondon	ann.	1	1	Wilson, Miss J. ditto	...	1	0	0	Ritchie, Mrs., Tunbridge	...	5	0	0		
Oldknow, Henry, Esq. Dragcott	...	2	0	Wilson, Miss A. ditto	...	1	0	0	Branton, Miss	...	ann.	1	1	0	
Draper, Mrs., Breaston	...	0	10	Quartley, Miss, ditto	...	0	10	0	By A. B. CUTFIELD, Esq. Deal.						
By W. J. LUNN, M.D., Hull.			Hornby, Miss, East Beach	...	1	1	0	Betta, W. Esq. Sandowne, Deal	ann.	1	1	0			
Amount previously advertised	...	24	18	Wilson, Miss ditto	...	1	0	Hilton, S. M. Esq. Brambling, near	...	1	1	0			
Sykes, Major, West Ella, Hull	...	1	0	Birley, Mrs. T., Hornton, Manchester	...	1	0	Wingham	...	1	1	0			
Craven, Mrs., Heath, Hull	...	1	0	Lurve, R. Esq. East Beach	...	1	0	Collected on card	...	1	1	0			
Lunn, W. J., M.D. ditto	2nd don.	1	1	Self, Rev. W. W. ditto	...	0	10	0	By J. H. BARNETT, Esq. Farringdon.						
Leadbitter and Hollow, Messrs., Druggists, York	...	1	1	Tait, Miss, Lytham	...	1	0	Amount previously advertised	...	13	9	0			
Lee, Mr. Hull	...	0	10	Ransome, Mrs., ditto	...	1	1	0	Mantell, Dr., Farringdon, annual for 1853	...	3	2	0		
Batterfield and Clark, Messrs., Druggists, York	...	1	1	Watenbury, Mr. ditto	...	0	10	6	and 1854	...	1	1	0		
Hardy, Robert, Esq. Hull	2nd don.	1	1	Loughton, Edw. Esq. ditto	ann.	1	1	0	Furnival, J. Esq. Fincham, near Little	...	1	1	0		
Beckett, Charles, Esq. ditto	...	1	1	By F. WILKINSON, Esq. Dalton Rise, Middlesex.			Messenden	...	...	1	1	0			
In smaller sums	...	0	15	Voss, Dr., Calcutta	...	5	0	0	Moorsom, C. R. Esq. Colehill, collected	...	0	10	0		
By GEORGE FINCHAM, Esq. Marlboro' hill, St. John's wood.			Miller, Dr. ditto	...	11	0	0	on card	...	...	...	...	...		
Amount previously advertised	...	60	16	Woodford, Dr. ditto	...	2	10	0	By H. M. GRUGGEN, M.D., Chichester.						
Power, W. Esq. Kilburn, ann. for 1853	...	2	2	Ditto	ann.	1	1	0	Amount previously advertised	...	21	0	0		
and 1854	...	2	2	Bedford, Dr. Gen. Hospital	...	ann.	1	1	Gruggen, W. Esq. Chichester	...	5	0	0		
Senior, J. Esq. Alfreton, Derby	ann.	1	1	Cooper, F. Esq. Garrison Surgeon Madras	...	10	10	0	Gruggen, W. J., M.D., Liverpool, 2nd don.	...	2	10	0		
By WM. L. NOOR, Esq. Cardigan.			Medical Service	...	10	10	0	Woodman, J., M.D., Leigh	...	1	1	0			
Amount previously advertised	...	16	4	Cunningham, G. V., M.D., Superintending Surgeon, N.D. Madras Establishment	...	10	10	0	Newburgh, A. Countess of, Stindon	...	1	1	0		
Evans, Rev. Griffith, Aberforth, Cardigan-shire	...	0	10	By W. D. LESLIE, Esq. Honore, Madras.			House, Arundel	ann.	1	1	0				
Jones, John, Esq. New Quay, Cardigan-shire	...	1	0	Lazcelles, F. Esq. C. S. Honore	...	2	0	0	Thompson, W., M.D., Bognor	ann.	1	1	0		
Winwood, Mrs. Thos. Cringa Newydd, Cardigan	...	1	0	Pope, Capt. 27th Regt. M.N.I.	...	0	10	0	By A. F. PRICE, M.D., Deptford.						
Jenkins, Mrs., Penrullt, Cardigan	...	0	5	Silver, J. Esq. C. S.	...	1	0	0	Amount previously advertised	...	95	6	6		
Lloyd, Mrs. Lewis, Nautgwylt, Radnor	...	1	0	Hall, A. Esq. C. S.	...	1	0	0	Frith, Dr. Counter hill terrace, Deptford	...	2nd don.	1	1	0	
By WM. ALEXANDER, M.D., Halifax.			Jefferson, J. Esq. Bombay	...	1	10	0	Crigeon, J. J., M.D., Rotherhithe	ann.	1	1	0			
Amount previously advertised	...	3	13	Woodfall, Major, 47th Regt. M.N.I.	...	0	10	0	Eve, R. W., M.D., Deptford	...	ann.	1	1	0	
Wade, Thos. Esq. late of Halifax	...	2	2	Minchin, Major	...	0	10	0	Terry, J. Esq. Brighton	...	ann.	1	1	0	
Alexander, W., M.D.	2nd don.	0	10	Jones, Dr., 48th Regiment	...	2	0	0	By JAMES SZELWELL, Esq. Uxbridge.						
Tucker, F. Hosken, Esq.	ann.	1	1	Copleston, F. Esq. C.S.	...	1	0	0	Cane, W. H., M.D., Uxbridge	ann.	1	1	0		
By G. E. STANGER, Esq. Nottingham.			Chamier, C. F. Esq. C.S.	...	1	0	0	James, Thomas, Esq. ditto	ann.	1	1	0			
Amount previously advertised	...	54	1	Huddleton, W. Esq. C.S.	...	1	0	0	James, Mrs. ditto	ann.	1	1	0		
Butler, E. Esq. Nottingham	ann.	1	1	Anderson, F. Esq. C.S.	...	4	10	0	James, Thos. Esq. Denham Mount, ann.	...	1	1	0		
Gill, Dr. ditto	ann.	1	1	Cuppuge, Major, 27th Regt. M.N.I.	...	0	10	0	Rayner, Wm. Esq. Uxbridge	ann.	1	1	0		
Morley, A. Esq. ditto	ann.	1	1	Chemins, Dr., Civil Surgeon, Mangalore	...	1	5	6	Atkinson, — Esq. Iver, Bucks, annual for	...	1853 and 1854	...	3	2	0
Miles, Rev. R. Bingham	ann.	1	1	Sallond, Dr., 27th Regt. M.N.I.	...	0	10	0	Stillwell, Jas. Esq. Uxbridge	ann.	1	1	0		
By EDW. WESTALL, Esq. Croydon.			Maltby, F. N. Esq. C.S.	...	1	0	0	By WILLIAM HARTLAND, Esq. Olveston, near Bristol.							
Amount previously advertised	...	105	8	By W. DALTON, Esq. Cheltenham.			Harvey, the Rev. Canon	...	...	1	0	0			
Smith, J. H. Esq. Purley	...	1	1	Amount previously advertised	...	233	0	0	Crossman, T. Esq.	...	0	10	0		
Henley, Thos. Leaman, Esq. Croydon	ann.	1	1	Mines, Miss, Tewkesbury	ann.	1	1	0	Gray, the Rev. H.	...	0	10	0		
Anonymous	...	4	4	Hanbury, Miss, Weeping cross	...	1	1	0	Poyntz, Stephen, Esq.	...	0	10	0		
By WM. CABE, Esq. Blackheath.			Smith, Mrs.	...	...	0	2	6	Poyntz, Miss L.	...	0	10	0		
Amount previously advertised	...	214	10	By ROBERT ELLIOTT, M.D., Carlisle.			Ward, T. Esq.	...	...	0	10	0			
Fyffe, Mrs. and family, Dacre Park, Lee	1	1	0	Elliott, Thos. Esq. Carlisle	...	10	10	0	Peach, the Rev.	...	0	10	0		
Davenport, H. Esq. Eltham	ann.	1	1	Elliott, Robert, M.D. ditto	...	10	10	0	In smaller sums	...	3	7	0		
By EDW. WESTALL, Esq. Croydon.			By J. PRICHAARD, Esq. Leamington.												
Amount previously advertised	...	105	8	Amount previously advertised	...	95	5	0							
Smith, J. H. Esq. Purley	...	1	1	Kennedy, the Hon., Leamington	...	1	0	0							
Henley, Thos. Leaman, Esq. Croydon	ann.	1	1	Lockett, Mrs. ditto	...	1	0	0							
Anonymous	...	4	4	Bilbie, Miss ditto	2nd don.	1	0	0							
By WM. CABE, Esq. Blackheath.			Jones, R. Esq. ditto	...	1	1	0								
Amount previously advertised	...	214	10												
Fyffe, Mrs. and family, Dacre Park, Lee	1	1	0												
Davenport, H. Esq. Eltham	ann.	1	1												

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\* \* The THIRTEENTH LIST will be published early in MARCH next.

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 The Beers are warranted the products of Malt and Hops, and the constituents of pure water, and not any other ingredient, organic or inorganic, as per analysis of Professor Thomas Graham, F.R.S., University College, London, and A. W. Hofmann, Ph.D., F.R.S., Professor of the Royal College of Chemistry, and of the Analytical Sanitary Commission, published in THE LANCET, Saturday, May 15, 1852, No. 20, Vol. 1st, upon ALLSOPP & SONS, EAST INDIA BITTER PALE ALE in Bottle, selected from the Stock of NATHANIEL EASTY, 132, Upper Thames-street, London.

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 Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration.—THE LANCET.  
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 Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in THE LANCET, and also in THE TIMES, (October 6th, 1852.) The fact, therefore, is now familiar to most, that artificial colour is used to give the Spring crop and the spent Autumn gathering the same appearance. If this practice were discontinued, a twofold benefit would arise; first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by HORNUMAN and CO., London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the Spring product from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE TEA, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are REDUCED:—  
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4, Leadenhall-street, London, May 6, 1854.

DEAR SIR,—I have great pleasure in testifying to the value of your Calorifere, or Heating Apparatus, on the score of *economy and utility*; it combines *warmth and purity of atmosphere*, and is a vast improvement on our present absurd system of putting a current of cold air over our bodies, to be warmed in our fire-places, and then to be wasted up our chimneys.

No doubt your Calorifere will soon be used for our conservatories and green-houses, and most likely for *warming our cattle, and drying our corn*. I find no difficulty in warming our upper rooms by your Calorifere.

I am, dear Sir, your obedient servant,

To J. Boilessve, Esq.,  
55, King William-street, City, London.

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SIR,—I have much pleasure in informing you, that I am entirely satisfied with the performance of your No. 3 Calorifere, lately put up for *warming my manufactory*; it has been in operation for a month, and I believe it to be the *best and most economical* means of drying yet invented, and particularly suited to my business, as there is no dust arising from its use, as there is from the old stoves. The consumption of coke is about one basket per day.

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**The following Works have been**

selected by the Examiners for the Examination in Logic and in Moral and Intellectual Philosophy, for the Degree of DOCTOR OF MEDICINE, in the year 1855.—

LOGIC.—Bacon's Novum Organum, Part I.

PHILOSOPHY OF THE MIND.—Cousin's Analysis of Locke's Essay (being the third volume of his Cours de Philosophie).

MORAL PHILOSOPHY.—Butler's Analogy, Part I. Stewart's Outlines of Moral Philosophy.

By order of the Senate,

Marlborough House, Dec. 1854.

R. W. BOWMAN, Registrar.

**Blenheim Street Free Dispensary.—**

Vacancies having occurred in the offices of PHYSICIAN and SURGEON at the above Institution, Candidates are requested to send their applications and testimonials, on or before the 1st of January, 1855, to N. Bennett, Esq., Honorary Secretary, No. 7, Finsbury Inn.

**Manchester Royal Infirmary and**  
DISPENSARY, LUNATIC HOSPITAL or ASYLUM.

In consequence of the Board having determined to appoint two House-Surgeons to these Charities in future, WANTED, an unmarried Gentleman to fill the office of one of the HOUSE-SURGEONS. Every candidate for the office will be required to produce a Diploma from the Royal College of Surgeons in London, Edinburgh, or Dublin, and a License from the Worshipful Society of Apothecaries in London. He must make an engagement for twelve or eighteen months. No salary is given, but the whole Medical and Surgical Practice of the house will be open to him; and he will be provided with board and lodging in the Infirmary.—Letters from candidates, together with the Diplomas and Testimonials, are to be sent free of postage, on or before Saturday, the 16th of December next, addressed to the Secretary. By order of the Board,

ROBERT THORPE RADFORD.

November 23rd.

**Northern Dispensary, No. 9, Somers'**

PLACE WEST, NEW ROAD.—At a Meeting of the Committee held at the Dispensary on the 6th December, 1854, it was resolved unanimously, that the Honorary Secretary should cause the following resolution, passed by the Committee on the 1st November last, to be published in *The Times*, *The Lancet*, and *The Medical Times*, and *Gazette*.

Moved by JOHN SAIT, Esquire, Chairman, and seconded by NATHANIEL WATHER, Esquire, and resolved unanimously,—

"That the Committee in accepting the resignation tendered by Dr. DOLTON, of the office of Resident Medical Officer, which he has so long and so meritoriously filled, desire to record the sense they entertain of the invaluable services which he has rendered to the Dispensary during the fifteen years that he has been connected with it. Having regard to those services, it is not too much to say that the extraordinary exertions, zeal, and ability which he has at all times displayed in executing the duties of his office have greatly contributed to the prosperity of the Institution, the successful carrying out of the benevolent intentions of its supporters, and the efficient relief of the physical suffering of the objects of its bounty.

"In the prosecution of his profession Dr. Dolton carries with him the best wishes of the Committee that the most eminent success may attend his exertions."

JOHN CABLEY, 31, Guildford-street, Russell-square,  
Honorary Secretary.

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French—Hy. Poltvein, Esq., (Paris.)

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## LECTURE IX.

### CHRONIC INFLAMMATION OF THE HIP-JOINT.

GENTLEMEN,—The disease to which I propose directing your attention to-day, is perhaps the most important of all articular affections. It has been denominated *morbus coxarius*, or hip-disease, *coxalgia*, &c.; but I prefer the term “chronic inflammation,” as one more significant of its nature, and more in accordance with the nomenclature now generally adopted. Chronic inflammation of the hip-joint occurs most frequently in young subjects, in whom it usually assumes a scrofulous character. It may also occur in adults or persons advanced in life, without any apparent connexion with the scrofulous diathesis. The inflammation, likewise, may commence in, and for some time be confined to, any of the tissues of the joint, and its early symptoms may thus present certain peculiarities. To these I shall presently allude, after having given you a general description of the complaint, such as we ordinarily find it in practice. It has been customary to distinguish chronic inflammation of the hip-joint into three stages, which are for the most part sufficiently well marked, and correspond with certain periods in the progress of the disease.

The first or incipient stage extends from the appearance of the earliest symptoms to the period when elongation of the limb and lameness manifest themselves. During this stage, then, we have merely a protracted, and often very low, inflammation, without any secondary lesions, at least to any extent, and hence the symptoms are often obscure, or so slight that they may be overlooked altogether. They chiefly consist in some impediment of the functions of the joint, and slight modifications in the natural sensibility of the limb; in other words, in stiffness, impeded motion, and pain. These may continue for a length of time without being accompanied by any other symptoms. The earliest symptom by which the patient's attention is directed to the state of his limb is a sensation of stiffness, impeding perfect motion. This stiffness is often most perceptible in the morning, or the patient does not complain of it until after having taken some exercise, when he experiences an unusual degree of fatigue, with an undefined sensation of uneasiness in the limb. He now soon perceives that he is unable to set his foot firmly on the ground, and that certain positions, especially stooping forwards on a single leg, are attended with difficulty, perhaps with slight pain. The stiffness and weakness of the limb are also soon succeeded by a limping gait, or a slight degree of lameness, but the period at which actual lameness becomes visible is very uncertain, depending on the more or less rapid progress of the malady, and probably, likewise, on the tissue in which the disease may have commenced. Pain is a very constant and early symptom of chronic inflammation of the hip-joint. In some cases it even precedes the lameness. From the seat of the disease, you would naturally be inclined to look for the seat of the pain in the hip-joint itself, but this is an error which must be carefully avoided. There are often some wandering pains along the thigh, resembling those of rheumatism; but the severe, fixed pain of which the patient complains in the early stage of this disease is almost always confined to the knee, or at least is so intense there that it masks the uneasy sensations about the hip. No particular seat can be assigned to this pain in the knee, nor are surgeons agreed as to the real nature of its cause. In some cases, the whole joint is painful; in others, the pain is felt just behind the patella, or on either side, on the condyles of the femur; it may extend along the leg, and in a few cases has been noticed to occupy the ankle-joint, instead of the knee. The pain is of the kind denominated sympathetic, for the most careful examination, and, indeed, the subsequent progress of the malady, proves that the knee-joint is free from organic disease, yet it is occasionally swollen, and sometimes painful to the touch. No satisfactory explanation has, as yet, been given of this symptom. It has been referred to the branches of the anterior crural or obturator nerves, but the pain does not always coincide with the points to which the cutaneous branches of these nerves are distributed; and if inflammation of the trunk of a nerve in the vicinity of a diseased joint were

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likely to be followed by pain in the peripheral branches, we might expect to observe this in cases of disease of the elbow-joint, over which the ulnar nerve is so closely applied, yet this complaint is hardly ever attended by pain in the wrist or in the cutaneous branches of the ulnar nerve. Lastly, I may observe that the same sympathetic pain in the knee-joint has been found to coincide with chronic inflammation of the sacro-iliac articulation, a disease overlooked by most writers on surgery, though carefully described by Boyer, and noticed in the clinical surgery of Larrey.

At this stage, then, the only symptoms essentially connected with the disease are, pain and impeded motion, and these become modified or of greater intensity as the complaint progresses towards the second stage. The general health is frequently unaffected, though this, of course, will depend upon the state of the patient at the moment of attack, while the presence or absence of constitutional disturbance will mainly depend on the low or active nature of the inflammation at the onset. At this period we do not discover any deviation from the natural condition of the affected limb; it is of the same length as the other; the nates are not altered in form, except under circumstances which I shall presently notice, and the spine is perfectly straight. Still, after some time, it will be observed that the patient, while walking, has a tendency to carry his limb straight, as if there were no joint in the knee, and to incline the foot either inwards or outwards. These are slight symptoms, but they should always awaken attention, and if a careful examination of the joint be now made, we shall rarely fail in discovering that it is the seat of disease.

I have already explained to you the best mode of conducting your examination in cases of suspected hip disease. Abduction of the limb generally excites more or less pain in the affected joint; but to avoid all source of error, you should examine the patient in an horizontal position, on a flat, hard surface, as a table, &c. Grasping the foot of the affected limb in one hand, and placing the other hand on the knee, you rotate the head of the femur against the acetabulum, and the increased pain which the patient experiences will apprise you of the mischief going on within the joint. Pressure should also be made with the hand on and behind the trochanter major, and in front, where the *peas* and *iliacus* muscles pass over the articulation.

From the structure of the hip-joint, and the difficulty of avoiding undue pressure between the articular surfaces of the bones, you can readily understand how, as the disease progresses, the patient employs every effort to diminish the pain and distress arising from the necessity of throwing the weight of his body on an inflamed and, perhaps, ulcerated surface. The greater part of the symptoms attending the second stage of hip disease are connected with this constant effort to keep the limb as free from motion as possible, and various physical signs are now added to the functional derangements just described. The whole limb becomes flabby and diminished in size, from the constrained state of repose of its muscles; but the diminution is best seen in the *glutei* muscles, which are so intimately connected with the joint. On looking at the patient from behind, you will at once be struck by the appearance of the nates. The affected buttock always becomes flatter and more wasted than the one on the sound side; the marked division between the buttock and thigh is lost; the buttock on the affected side is lower by an inch or more than is natural, and the whole limb appears to be longer than the one which is free from disease. The wasting and altered form of the nates are easily explained by the forced inactivity of the *glutei* muscles; but the real or apparent lengthening of the limb does not admit of such ready explanation, and has given rise to considerable discussion; some surgeons contend that the limb is actually longer than the other, while some affirm that the lengthening is merely apparent. The truth appears to be, that, in the greater number of cases, the affected limb presents an appearance of elongation; that in a few cases it is really elongated to a slight degree; and, finally, that the second stage may pass over without any change whatever taking place, either in the real or apparent length of the limb.

An actual lengthening of the limb may be produced by effusion of fluid into the cavity of the joint. I have no doubt in my own mind of this sometimes taking place, but it is not of frequent occurrence, and the elongation thus produced seldom exceeds one-third of an inch; the head of the bone cannot be depressed more than an inch without destruction of the round ligament. To understand the nature and causes of the apparent elongation of the limb, which so often characterizes the second stage of hip-disease, we must examine the patient in the erect and recumbent posture, and take into account the influence exercised on the limb by the positions which he

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voluntarily assumes. I have already discussed the different points of this interesting question, but a brief notice of them here may be useful. If we examine the patient in the erect posture, we shall perceive at once that he supports the whole weight of the body on the sound limb; the thigh is flexed on the pelvis; the leg on the thigh; the limb is commonly rotated outwards; the pelvis is inclined, that is to say, depressed, towards the affected side, and at the same time carried forwards, the anterior spinous process being more or less in advance of that on the opposite side. Now, all these circumstances tend to give an appearance of elongation to the limb, which can be produced at will in the healthy body, and which, during hip disease, often makes the affected limb appear from three to three inches and a half longer than the sound one. Indeed, in some cases of disease of the knee-joint, where the hip is unaffected, but where the patient assumes the position just described, the limb has been found apparently elongated to the extent of two inches—a fact which clearly proves that apparent lengthening may take place independently of any change in the articulation of the hip. The lateral inclination of the pelvis brings with it a corresponding depression of the fold of the buttock; and if you are curious enough to examine female patients more closely than is the custom, you will discover another effect of the same cause. One of the labia—that of course corresponding to the affected side—is much lower than the other. This is very remarkable in young subjects, from the close juxta-position of the parts. The other symptoms which accompany this second stage of hip disease are little more than aggravated states of the pain and impaired functions already noticed.

In the third stage the pain gradually increases in intensity, becomes very severe, and impedes every motion of the limb, particularly that of extension. The effect of a constrained and uneasy position may probably contribute to increase the original pain in the knee-joint, and from some recent dissections it would appear that the articulation itself is more frequently involved in the disease than we had formerly been led to think. The pain in the hip is also often violent during the night, preventing rest; the slightest movement of the joint causes agony, and the patient is either confined to bed or hobbles along with difficulty upon crutches. In many cases, however, even at this advanced period, the pain in the hip is often masked until the precursory symptoms of suppuration make their appearance. Constitutional disturbance is now observed, perhaps for the first time, and ushering in this stage of the disease. The pain in the joint becomes aggravated, and the febrile symptoms continued; there are frequent shiverings, with painful startings of the limb; the rest is greatly disturbed, and the patient experiences great distress from starting and catching during sleep. Suppuration now takes place, sometimes in the cellular tissue external to the joint, sometimes within the joint itself, in which latter case the capsular ligament soon gives way, and the effused matter gradually works its way to the surface. It is not always easy to distinguish whether the suppuration has commenced in the cellular tissue or in the joint; but, however this may be, it sooner or later comes to the surface, and is either discharged by a natural opening or with the aid of art. In many cases inflammation attacks the cellular tissue interposed between the glutei muscles; and the nates, which were formerly wasted, become tumefied and painful; at a particular point the skin now inflames, fluctuation can be distinguished, and if an opening be not made, the abscess discharges itself by ulceration. In other cases it descends along the outer and back part of the thigh, or an intra-articular abscess, having perforated the capsule of the joint, may take one of the various directions which I have pointed out in a former lecture. From the abundance of cellular tissue in the neighbourhood of the hip-joint, the quantity of matter discharged is always considerable at first, and it may soon give rise to hectic symptoms; but it is astonishing to what an extent patients are sometimes reduced, and yet recover. Arrived at this stage, the disease may terminate in one of two ways: the symptoms may gradually decline; the discharge of matter becomes less and less, until it ceases altogether, the fistulae heal up, the patient's health is slowly restored, and a cure is at length effected by ankylosis of the diseased joint. Or the symptoms may become aggravated, and signs of destruction of the joint then set in. During this period the various lesions which I have described in a former lecture succeed each other with greater or less rapidity, and by reflecting on their nature and extent you can understand without any difficulty many of the symptoms by which they are accompanied. In order to avoid repetition, I may briefly state the different changes of structure now alluded to. The ligamentum teres is ulcerated and gradually destroyed by

absorption. The capsular ligament also is thickened or softened, relaxed in some places, perforated in others, and at an advanced stage of the disease often almost entirely destroyed. Ulceration of the cartilages sometimes precedes effusion of pus into the joint, sometimes appears to be the effect of purulent inflammation of the other tissues. However this may be, the articular surfaces of the acetabulum and head of the femur are in all cases more or less damaged by ulcerative absorption, the extent of the destruction varying in nearly every case. Thus only small portions of the cartilaginous lining of the joint may have been removed, or the acetabulum is rendered deeper and wider by ulceration, while the transverse and cotyloid ligaments have likewise given way. In the head and neck of the femur every degree of destruction may be observed. The cartilage, for example, is either partially or wholly absorbed, loose portions of cartilage may be found in the cavity of the joint; or the head, and even the neck, of the femur may be more or less destroyed by ulceration and caries, with or without scrofulous deposit in the cancellous tissue of the bone.

(To be continued.)

## LETTSOMIAN LECTURES

On Surgery.

DELIVERED BEFORE THE FELLOWS OF THE  
MEDICAL SOCIETY OF LONDON,

DURING THE SESSION 1853-54.

By JOHN BISHOP, Esq., F.R.S.

### LECTURE II.

DISEASES OF THE BONES.

(Concluded from p. 493.)

HAVING now given a somewhat detailed view of the nature of the processes which are observed in necrosis, I next propose to enter into the consideration of those hard osseous tumours which have received the name of *exostosis*.

The osseous tumours in *exostosis* may be formed either on the external or internal surface of a bone. These tumours often take place spontaneously, without any assignable cause, but they are supposed to be more frequently associated with a syphilitic taint in the system. It appears that they may be developed at any period of life, and may occur on any of the bones of the skeleton, and very frequently on the cranial bones. These osseous tumours present a variety of differences in structure, and may arise either from the compact or the spongy tissues of the bone; and it is found that their structure (as may be expected) partakes almost always of the nature or structure of the base from which they take their origin. Those tumours which are situated immediately under the periosteum, and are at first disconnected with the bone, will nevertheless, after having been formed for some time, become sooner or later firmly united with the contiguous bone. They vary in size, from that of a hemp-seed to that of a walnut, and in some cases these tumours acquire much larger dimensions. *Exostoses* are most commonly formed of compact structure, and, as might be expected from what has been said of their partaking of the nature of the part on which they are situated, they are found on the compact surface of the bones, and more particularly on the internal table of the bones of the head.

A tumour of this kind presents to the eye the appearance, and to the touch the form, of a nodule, with an abrupt margin, and is frequently separated at its base from the subjacent bone by a furrow of variable thickness; and sometimes there is a deep fissure between the nodule and the bone lying beneath. The density of these compact nodules is very great, and in this state the disease is termed the *ivory exostosis*. These *ivory* tumours are of greater density and specific gravity than the normal bone with which they are associated, unless they happen to be connected with bone already in a state of induration. They are always composed of laminae, and seem never to be intermixed with spongy tissue. The density of the tumour is owing to the greater number of laminae contained in a given space, when compared with the number of laminae found in the same space in normal bone. The Haversian canals are small, and few in number, but a well-defined lamellar system is found surrounding them. The bone corpuscles are

irregularly scattered in the substance of the tumour, and in some places they are clustered together, while in other parts larger tracts are found entirely destitute of them. The colour of these exostoses is a yellowish-white, and they are of a lighter hue than the bone to which they are attached.

Rokitansky appears opposed to the hypothesis that the origin of these tumours has any relation to syphilis, and he believes the cause of their appearance to be entirely unknown. When the exostoses are of a spongy texture, they are connected with a rarefaction or expansion of the spongy bones, termed by the German pathologists *osteo-porosis*. They present many varieties in their structure, and may arise either from the spongy or from the laminated structure, or from both together: they are then compounded of an internal spongy, and an external laminated layer of the compact tissue. These mixed osseous tumours are not unfrequently found near the joints, at the head of the tibia, or on the shin, and on any of the other long bones of the skeleton. In the skull, the disease is accompanied with an expansion of the diploe, in which case there may be an exostosis on both the external and internal tables corresponding in situation with each other. In the spongy forms of exostosis, the structure may remain permanent after its development; but more commonly new matter is formed in the interior, and the structure of the bone is more or less condensed; but this altered structure is often succeeded by the bone being again rarefied, and thus the growth of the spongy exostosis outwards may be affected, and may increase to a considerable size. When this disease affects the spongy bones of the face, it has been known to produce the most hideous appearance. Some examples of these cases are to be seen in the Hunterian Museum. When the exostoses have acquired a certain magnitude, they usually continue through life unchanged. The ivory texture of the excrescence, in this disease, sometimes diminishes in size by condensation, or it may become necrosed, and be thrown off.

The spongy exostoses sometimes degenerate into caries, and in this way disappear. These appear to be the processes by which the system may be spontaneously released from the osseous growths of exostosis. Independently of exostosis, the bones during inflammation exude a fluid which ossifies, and forms a layer on their compact surface, this substance has received the name of *osteophyte*. At the commencement of this process the exudation is soft and gelatinous; it afterwards becomes tough and elastic, resembling cartilage, and in the end it ossifies. It appears that this exudation is associated with nearly all inflammatory conditions, whether of abscess or necrosis of the bones. There are many variations of form assumed by these osteophytes, as well as differences in structure.

They sometimes appear to be composed of "delicate fibrils and lamellæ, which are fixed at acute angles on the surface of the bone, and give it the appearance of velvet, or felt with a very fine nap." Though these osteophytes are at first in contact with the bone, yet they may be easily raised from it in large pieces, and although for some time separated by a layer of cellular substance, they become fixed to the bone when this membrane disappears.

The exudations which terminate in osteophytes sometimes form plates, and often anchylose some of the vertebrae by the ossification of the anterior common ligament. They occur also on the inner table of the skull, and, indeed, wherever inflammatory processes are going on in the bones.

Osteophytes have been known in a few cases to cover large portions, or nearly the whole of the skeleton; they are sometimes associated with atrophy, and at others with hypertrophy, of the bones. Although we generally find the exudations accompanied with an inflammatory condition of the bones and periosteum, the precise condition of the system that gives rise to the inflammation and exudation is not yet determined. In the imperfect union of fracture, these plates then constitute the union of the ends of the bone. To give a minute detail of the structure of all the forms of osteophytes would occupy too much of your attention in this short course, I have therefore merely touched on the subject to show the distinction in their character which has led to their separation from exostosis.

The bones of the skeleton are likewise liable to anomalies in number, size, and form. The absence or addition to the number is not very common, but is coincident with conditions of the system in a state of perfect health, and not referable to any pathological conditions: it is not, therefore, my purpose to give any detail of cases of variations of number. With regard to variations in size depending on pathological states of the bones, the case is quite different, and deserves a few remarks. In hypertrophy of the bones, they may increase in size by the addition of new osseous matter deposited on their surface

beneath the periosteum, without any change taking place in their density or specific gravity; the size of the medullary canal remains the same, but the compact substance acquires a considerable augmentation of thickness. When the increase of substance takes place in the interior of the bone proceeding from the Haversian canals, and involving the whole of the medullary system, the bone becomes more dense, both in the compact and cancellous tissues. In the latter, the walls of the cells increase in thickness, and the medullary cavity diminishes in size; the diploe disappears, and the whole bone becomes indurated. When the hypertrophy takes place both internally and externally, the bulk and density of the bone are both increased. The increase of the bones, both internally and externally, is preceded by the deposition of a superabundance of cartilaginous matter, in which the salts of lime are deposited, as in normal bone.

When the disease attacks the bones of the skull, or when it affects considerable portions of the skeleton, it becomes a serious disorder. It is a remarkable circumstance, that when the bones of the skull become hypertrophied, those of the face often diminish, so that there are actions opposite in their effects—namely, hypertrophy and atrophy, going on in the system at the same time.

The conditions of the system that give rise to these changes in the bone are not yet determined, nor do the bones themselves give any premonitory signs of the advent of the disease. The surface of the bone continues smooth, and the periosteum natural, even when the bone has acquired the compactness of ivory. In other cases, the increase in the volume of the bone is preceded by an inflammatory condition. The seat of the inflammation may be either the periosteum and the compact tissue, or the medullary membrane. When the external surface is affected, an exudation takes place on the surface of the bone, which becomes ossified into laminae; this forms a layer, which is sometimes separated from the surface of the bone by a layer of spongy tissue. When the inflammatory process has its seat in the medullary membrane, it leads to increased density either of the compact or of the spongy tissue, or of both these structures. It may be easily imagined that these organic changes cannot take place without affecting the texture of the diseased bone; and it is found accordingly, that the substance of the bone becomes hypertrophied in consequence of the expansion and infiltration of the tissue connecting the capillaries of the medullary canals and cells. The result of these organic changes is a thickening at the affected portions, the other sections of the bone remaining free, so that the surface often presents a rough and uneven appearance. The inflammatory states of the bones under consideration are frequently experienced by persons labouring under a rheumatic, syphilitic, or gouty constitution, and the treatment must depend on the nature of the causes that are associated in the production of the disease; the local treatment is that common to other organs affected with chronic inflammation.

The opposite state to that of hypertrophy, is atrophy of the bones. Whatever causes lead to the undue nutrition of bone, tend at the same time to diminish its volume. There are, consequently, many states of the system which may lead to atrophy, such as indifferent diet, want of action, exhausting diseases, palsies, fractures, ankylosis, and, indeed, anything which tends to impede the flow of blood to the bones, are all accompanied with atrophy. From the nature of the various causes just mentioned, any of the bones of the skeleton may be affected. In many cases, the bones diminish both in length and thickness, and the medullary canal becomes contracted: this condition of the bone is termed *con-centric atrophy*.

Independently of special causes, the bones of aged persons often become atrophied; they are then brittle, and break with a comparatively slight force. It appears that atrophy always begins in the medullary canals and in the diploetic structure, the cells of which enlarge, and the walls and lamellæ of the cancellous structure become attenuated, and finally disappear. The compact tissue becomes changed, and resembles the spongy diploetic structure; and the outer layer only remains unaffected, but almost as thin as paper. As the atrophy of the spongy substance advances, the external layer only remains, and incloses a cavity, with mere traces of spongy tissue at its periphery, or a soft substance with large cells. When the spongy substance is entirely removed, the thin external walls of the bones approach each other, and form a single plate. When the cavity within the bone is enlarged, it is called by Mr. Curling *ex-centric atrophy*.

The concentric form of atrophy occurs in the larger medullary canals, the ex-centric in the bones of the pelvis, ribs, and vertebrae. It will be easily imagined, that when such great organic changes take place in the bones, their physical charac-

ters alter in proportion; and accordingly, the bones thus affected become flexible, and crack when they are bent. As the loss of the internal portion of the bone proceeds, the external portion becomes diminished, and hence the skeleton in *senile* atrophy, together with the whole weight of the body, is less than in the normal state. The volume of the bones may be also diminished by continual pressure, such as that produced by tumours and aneurisms; but to these purely mechanical causes I do not wish to engage your attention.

The following proportions were found to exist between the inorganic and organic matter, in a healthy, thickened portion, and in an exostosis formed on the same bone, analyzed by Lassaigne:—

	Healthy.	Hypertrophy.	Exostosis.
Inorganic ... ..	57·	58·4	54·
Organic... ..	43·	41·6	46·

Having now given a description of the nature and growth of osseous tumours, I shall occupy the few spare minutes of your time with some very brief remarks on the nature and diagnosis of the soft tumours affecting the bones. Perhaps there is no subject in which the microscope has been of greater utility to the practical surgeon, than in determining the structure of the soft tumours of the osseous system. Up to a very recent period, tumours of the bones of the most heterogeneous and diversified character have been assembled together, and no distinction has been made between those of the mildest and those of the most malignant tendency. Thus, the older writers grouped together, under the term "*osteo-sarcoma*," the cartilaginous and osseous, the osteoid, the myeloid, and the enchondromatous tumours, and confounded these non-malignant with the scirrhous, medullary, and aveolar tumours. Under these circumstances, we cannot wonder that much discussion should arise amongst surgeons on the propriety of, and the varied success resulting from, the removal of these mixed forms of tumours.

When we look into authors on osteo-sarcoma, we find that they had no very precise idea of the real nature of the tumours comprised under this term. Some wished to restrict the term to those which are decidedly scirrhous, whilst others describe them to be of a cartilaginous texture, and none seem to have satisfactorily determined whether they are or are not wholly malignant. With such a state of confusion and complication, we need not be surprised that some operations have been attended with complete success, while in other cases the diseases have returned and destroyed the patient. To give an idea of the complete difference in the views entertained by surgeons on this subject, it is only necessary to refer to one or two of those who have confounded together the malignant tumours with those of the non-malignant character.

Thus, according to Callisen, osteo-sarcoma is a disease by which the texture of the bones is converted into a lardaceous substance, having a tendency to carcinoma. Boyer considers it a disease analogous to cancer. Dr. Cuming, of Glasgow, considers that though all varieties of osteo-sarcomatous tumours are highly formidable, yet he says "they are not all really cancerous." Mr. Mayo observed of these tumours, that they have not "much malignity;" so that if all the portion of the bone involved, with part of the adjacent sound bone, be removed by amputation, the complaint seldom reappears, either in the part, or in another bone. It would be an almost endless task to enumerate the different opinions, with the various results of these tumours; but we see how little dependence can be placed on the results respecting the cases that have been detailed, unless we could be secure of the real nature of the tumour removed. But the diagnosis of the character of the tumour is in some cases by no means easily made, and I have occasionally been in consultation with the most distinguished surgeons of the metropolis without arriving at anything like a satisfactory result.

The diagnosis of the nature of many tumours connected with the bones is one of the problems in surgery most difficult to solve; the data apparently in many cases are not sufficient for the purpose. The hereditary tendency to diseases of an organic type, the aspect of the patient, the situation of the tumour, its character to the touch, and the history of its formation, are all circumstances to aid in the research; but all these are often insufficient to enable the surgeon to arrive at more than an hypothetical conclusion. An example will suffice to show the truth of these remarks.

A few years ago, I was solicited by a gentleman to remove a tumour situated at the back of the thigh. On examination, I found it was deep-seated, soft to the touch, and apparently movable on the bone; it was of a considerable size, and had only been recently detected by the patient. Having some

suspicion of its character, I advised his having another opinion before its removal, and Mr. Guthrie was consulted; but that gentleman being of the same opinion as myself—namely, that it presented a formidable aspect, it was agreed to take the opinion of the late Sir Astley Cooper. In this consultation, Sir Astley stated, that although he was of opinion it was very likely to turn out malignant, yet that its removal would give the patient a greater chance of a prolonged life. However, considerable alarm having been excited in the minds of the patient and his family by these consultations, he was advised to take the opinion of Mr. Lawrence, and subsequently that of the late Mr. Earle. The result of their several opinions was, that it was a tumour of an uncertain character, but all agreed on the propriety of its removal.

At length the family decided that Mr. Earle should be selected to perform the operation. On cutting down on the tumour, it was found to be a medullary cancer connected with the bone, with ramifications so extensive that its complete removal could not be accomplished. The consequence was that the wound did not heal, and the patient sunk from exhaustion at the end of about three months. In this case it will be observed some of the best surgeons in London were consulted, notwithstanding which nothing but an uncertain knowledge could be formed of the character and connexions of the tumour, and it was, as the result proved, a case which required either amputation at the hip-joint, or to be left unmolested.

In order to assist us in forming a correct diagnosis of the nature of tumours, it has been suggested, and attempts have been made, to ascertain their character by means of a grooved or hooked probe, but with what success this plan has been attended I am not prepared to state; still it seems to hold out a feasible prospect of enabling us to form a better opinion of such cases before operating for their removal. It is the opinion of many surgeons that malignant diseases in the bones are not so liable to return after operation, as those of the soft parts; but as these opinions were given when the real nature of tumours was less understood, it will require further investigation to determine this question. Myeloid and enchondromatous tumours were, until very lately, considered malignant; and this may have given rise to many of the opinions formed of the curability of the patient suffering under malignant tumours of the bones by means of their removal.

## ON THE EMPLOYMENT OF COD-LIVER OIL IN PHTHISIS.

WITH CASES.  
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THE following cases are mainly interesting from the circumstance of so long a period having elapsed since they were under treatment, and of my acquaintance with the subsequent medical history of most of them. The frequent temporary arrestment of the course of phthisis, and its occasional cure, even in a comparatively advanced stage, have for long been recognised, although the latter must still be considered rather as an exceptional event. Many of the former, and a few of the latter, description of cases had fallen under my own observation prior to the date of those which form the subject of this communication; and at the present time I recollect some ten or twelve persons who, after apparently entering on that course of gradual decline which characterizes this disease, accompanied by the ordinary physical signs of early phthisis, have unexpectedly experienced a cessation of the symptoms, followed by a gradual return of comparative health. Two of these, and they are remarkable instances of recovery from an almost hopeless condition, were seen by me a few months since. Both of them are now middle-aged men, who, as long ago as twelve and fourteen years respectively, had repeated attacks of hæmoptysis, followed by purulent expectoration of many months' continuance, and, in one of the two, by diarrhoea and night-sweats as well. The recovery has in both proved so perfect, that they are now in the enjoyment of tolerable health, and able to pursue their usual avocations, which are of an active description, and chiefly conducted in the open air.

The introduction of cod-liver oil has furnished a remedy which appears to exert an almost specific influence over the tubercular diathesis. The very surprising results of its employment in the earlier cases for which I prescribed it, indeed me, some years ago, to preserve more accurate notes than usual



of such cases as were likely to be under my personal observation for some time. Some of these, after an apparent recovery, have succumbed to a relapse of indisposition. In others, the cure having stood the test of several years, may practically be considered as complete. Taken altogether, they indicate pretty fairly the amount and kind of benefit to be expected from the employment of this remedy. In addition to the cases which follow, I have recommended the employment of the oil to several hundred persons suffering from pulmonary disease, and in a great many of them with the happiest result, so far, at least, as the temporary but very decided alleviation of the symptoms can be considered as such. Most of them were only temporarily under observation, and of the final result I am entirely ignorant; whilst the pressure of other engagements prevented me from keeping sufficiently careful records of others, the detail of whose cases would have formed an interesting and valuable addition to the present series. Few practitioners now doubt the efficacy of cod-liver oil in the treatment of consumption and other strumous diseases, the many recorded instances of its successful employment in such cases, resting upon the most indisputable evidence, being sufficient to convince the most sceptical. The question of the permanency of the cure must nevertheless frequently arise, and it is to aid in its resolution that I have arranged the following cases for publication. Although I attribute to cod-liver oil the very decided relief which so frequently follows its employment in phthisical patients, I do not depend upon it alone, but employ in conjunction with it such other remedial measures as the circumstances of each patient seem to indicate. From chalybeates and counter-irritation great benefit is often derived, independently of the oil, and I continue to employ them, and sometimes even depletion, where the nature of the symptoms renders it necessary. In every instance the strictest attention to the general hygienic management of the patient is indispensable, and, indeed, without it, no permanent benefit is to be expected from any mere medicinal treatment.

In the relation of the cases, whilst I shall abbreviate them as much as possible by the omission of all unnecessary details, the identical language in which they were hastily noted at the time of observation shall be employed. This, and the circumstance that I had no intention of publishing them, will account for many slighter deficiencies and inaccuracies of description. The cases may be very conveniently classified, according to the result, into—

1. Such as were not at all, or but very slightly, benefited by the treatment.
2. Those in which great relief, and, for a time, an apparent cure, was effected, but in which, after an interval of health, a recurrence of disease, resulting fatally, occurred.
3. Those in which the cure appears to be perfect.

1. *Such as were not at all, or but very slightly, benefited by the treatment.*

CASE 1.—J. R.—, aged sixty-four, after suffering from obstinate dyspepsia, accompanied by much hepatic derangement, had diabetes in 1845, followed by diarrhoea, and, in the spring of 1847, by chronic cough and expectoration. I saw him a few times in 1845, but not again until June, 1848, at which time I found him much emaciated and extremely feeble; pulse 100; slightly hectic; expectoration copious, puriform, globular; extensive dulness on right side of chest, and corresponding absence of respiratory murmur. Ordered, infusion of cusparia, six ounces; nitric acid, eighteen minims; spirit of cinnamon, three drachms; mix, and take two spoonfuls three times a day, with one spoonful of cod-liver oil.

June 17th.—Appears rather stronger, and has had better nights; appetite improved; expectoration diminished in quantity and improved in character. Continue.

July 1st.—Very stationary, but is at least not losing ground. From this date he ceased to benefit by the treatment, and the complaint, which at first seemed to be checked, ran on very rapidly to a fatal termination.

CASE 2.—Mr. C.—, aged thirty-three, has been ill for several months, but persevered in his usual pursuits until June, 1848. Suffered a good deal at the outset of his illness from wandering pains in the chest, especially in the sub-clavian regions, between the shoulders and at the margin of the ribs. Dyspnoea, colliquative diarrhoea, and night sweats; ankles rather oedematous; considerable emaciation; tongue clean; pulse ninety to one hundred; cavernous rhonchus in the apices of both lungs, extensively in the left; pectoriloquy; expectoration copious, purulent.

The oil was perseveringly tried in various ways and in very small doses, but so decidedly disagreed with the stomach, that

after three weeks' trial it was abandoned. He sunk in the course of the autumn.

CASE 3.—Miss B.—, aged twenty-one—February 24th, 1851—has twice suffered from pleurisy, the last attack having occurred in April last; has had cough and expectoration for three months; much emaciated; hectic flush on cheeks, but is free from rigors or chilliness; pulse from eighty-six to one hundred; tongue furred; bowels irregular, diarrhoea alternating with constipation; night sweats; expectoration purulent; the catamenia have not appeared for eight weeks; cavernous rhonchus and pectoriloquy on left side; respiratory murmur puerile and somewhat harsh on right side, the expiratory sound being also prolonged. Ordered, half an ounce of cod-liver oil three times a day; iodide of iron, powdered liquorice root, of each two grains; extract of gentian, half a grain: mix; a pill to be taken three times a day. Constant counter-irritation to be maintained on the surface of the chest by means of a lotion, composed of acet. cantharides, half an ounce, and acetic acid, half an ounce.

March 12th.—Decidedly better; appetite improved; cough diminished; feels stronger, and both her mother and self think she has gained flesh. Weight this day, 6 st. 8½ lbs. Continue.

27th.—Still improving. Weight, 6 st. 10 lbs.

April 7th.—Her complaint appears checked, but there is no improvement since I last saw her. There is no return of the catamenia as yet, and the dulness on percussion, cavernous rhonchus, and pectoriloquy, are quite as evident as when I first examined her. Continue.

May 10th.—Has remained stationary until to-day, when slight diarrhoea, from which she had been free since commencing the treatment, supervened. Her weight, which has scarcely, if at all, varied from week to week, is just under seven stone. I now advised a removal into the country, desiring her to persevere steadily in taking the oil, &c. At first she was benefited by the change, but early in July she began rapidly to retrograde, and died in August.

CASE 4.—Mrs. J.—, aged thirty-eight—March 12th, 1851—is a most delicate person, having been for long in delicate health; extremely feeble and thin, and very liable to catarrhal affections; has for several weeks suffered from pain in the left shoulder and at the edge of the ribs; hacking cough, accompanied by scanty muco-purulent expectoration; bowels costive; pulse feeble, thready, 96; tongue foul; much emaciated; entire loss of appetite, and great prostration of strength; no catamenia for several months; chest flattened below the right clavicle; slight dulness on both sides, but most decided on the right; bronchophony; abnormal distinctness of heart sounds; expiratory murmur prolonged. Ordered, half an ounce of cod-liver oil, three times a day; counter-irritation to be maintained by means of the lotion with acet. cantharides and acetic acid.\*

May 9th.—Has persevered steadily in the treatment, and thinks herself much better. The cough and expectoration are decidedly less; and although still very thin, her aspect is improved. Physical signs as before. Continue.

From this date, she varied but little for several months. In the autumn, she had several attacks of hæmoptysis; was subsequently rather benefited by change of climate, but never improved decidedly or permanently, and died in June, 1852.

CASE 5.—Mrs. S.—, aged thirty-six—March 29th, 1849—has been in bad health for several months, having suffered much from dyspeptic symptoms, accompanied by profuse leucorrhœa, to which cough and expectoration have latterly been superadded; pulse 96, small; skin rather hot and dry; no appetite; tongue clean; bowels regular; complains of pain between the shoulders; left side of chest rather flattened anteriorly, and less expansible than the right; deficient resonance on percussion of both sides, but most so of right; bronchophony and tubular respiration on right side; sibilant rhonchus on both sides. Ordered, half an ounce of cod-liver oil, three times a day, followed by syrup of oranges, six drachms; nitric acid, eighteen minims; water, five ounces and a half: mix. One ounce three times a day. Counter-irritation to chest.

This lady very decidedly benefited from the treatment, and got at one time into such tolerable health as led me to anticipate a perfect recovery. Her complaints, which never entirely left her, became aggravated in the spring of 1851, and she died phthisical during the course of that year.

CASE 6.—Mr. H. W.—, aged fifty. Had this man under my care several years ago, for symptoms of incipient phthisis, which appeared to be entirely removed by counter-irritation, the ioduret of iron, and, as soon as convalescence had com-

\* See Case 3, Miss B.—.

menced, change of air. I at that time advised him, as he was well off, to discontinue or change his occupation, which exposed him to considerable and sudden alternations of temperature, and obliged him to pass many hours a day in the highly-heated and dry atmosphere of a manufactory.

Feb. 8th, 1849.—Much emaciation; considerable dyspnoea, accompanied by a short, hacking cough, and scanty expectoration; dulness below both clavicles, but most evident on the left side; tubular respiration; bronchophony; pain at the margin of the ribs on the left side; bowels regular; tongue clean; pulse upwards of 100, and thready; appetite good; the dyspnoea is increased by exertion, but he is nevertheless able to walk out daily.

Having benefited so decidedly on the former occasion from the ioduret of iron, he was again put upon its use, in combination with ipecacuanha and extract of hyoscyamus; but it induced gastrodynia and other dyspeptic symptoms. These being removed by the trisnitrate of bismuth, &c., he commenced taking cod-liver oil in March, and continued it until the month of May, when it sickened him, and his stomach again becoming much deranged and his tongue loaded, he was obliged to discontinue it. No sensible benefit arose from its employment, and being very much in the same condition as when first seen, I again sent him from home with temporary benefit. His complaint made slow progress, but eventually excavations, accompanied by hectic, diarrhoea, &c., took place, and he died consumptive in 1850.

CASE 7.—W. N.—, aged thirty-three, had influenza in the autumn of 1847; but, as was often the case in that epidemic, with comparatively little cough or pulmonary affection, the throat and digestive organs having been more especially the seat of the disorder. A few weeks subsequently, but before he had recovered from the debility induced by the attack of influenza, he lost his voice, still, however, remaining free from cough and expectoration. This continued, together with more or less of debility and general delicacy, until March, 1849, when he again came under my care. Unequivocal signs of early phthisis had now become developed. Counter-irritation was perseveringly employed, and cod-liver oil, in full doses, was taken in conjunction with nitric acid for three months. The oil did not disagree, and he made no objection to its use, but it produced no permanent benefit. He died in August, 1849, his complaint having latterly run a very rapid course.

CASE 8.—G. W. A.—, aged thirty-two—March 1850—has for several months laboured under chronic cough and expectoration; has occasional slight hæmoptysis; dulness in left infra-clavicular region; diminished vesicular murmur; bronchophony, and dry crackling, but confined to a small space on same side; slight sibilant rhonchus on right side; slight emaciation. With various alternations, this patient went on for nearly a year, but at length died, the cod-liver oil having, although well tried, produced no favourable result either on the general health or local symptoms.

CASE 9.—S. R.—, aged thirty-five, has often suffered from chronic catarrh, and has now for many weeks had morning cough, accompanied by scanty expectoration, dyspnoea, slight emaciation; is very sickly-looking; pulse 80; tongue clean; appetite good; moderate dulness on percussion of right upper part of thorax; sibilant rhonchus and sub-crepitation on same side. Counter-irritation to chest; cod-liver oil, half an ounce three times a day. The oil agreed very well, and for a brief space he seemed to benefit from its employment. He then became rapidly worse, and in the end of May went to Dublin, of which place he was a native, where he died within four months.

2. *Those in whom great relief, and, for a time, an apparent cure was effected, but in whom, after an interval of health, a recurrence of disease resulting fatally occurred.*

CASE 10.—The Rev. C. E.—, aged thirty-two, had a bronchitic attack ten years ago, which was extremely obstinate, since which, with few and brief intermissions, he has had more or less of habitual cough. When aged nineteen, he had morbus coxarius, from which, after an illness of two years' continuance, he recovered with ankylosis and shortening of the limb.

March 15th, 1848.—Dyspnoea, especially on ascending an eminence; frequent short cough, with scanty expectoration; slight dulness on percussion of left clavicular region; diminished expansibility of same side; weight, eleven stone six pounds. No note of treatment. Did not see him again until June.

June 8th.—Shortness of breath on quick motion, going up stairs, &c.; dulness on percussion of left upper part of chest,

with diminished expansibility and slight flattening; imperfect pectoriloquy; cavernous rhonchus; slight mucous rhonchus on right side; has felt uneasiness, amounting at times to pain, beneath the left clavicle for several months; expectoration mucopurulent, and occasionally streaked with blood; pulse 86; tongue coated with a slimy-looking, adherent fur. A blister the size of a crown-piece to be applied to the left side of the chest every third day. Ordered, iodide of iron, two grains; liquorice powder, two grains; powdered ipecacuanha, a quarter of a grain; extract of gentian, half a grain; make into a pill, and take three times a day. Diet, plain meat and vegetables, without wine or beer, for dinner. Milk morning and evening.

July 14th.—No change in the physical signs; cough, expectoration and shortness of breath as before. To continue the counter-irritation, and omit the pills. To take half an ounce of cod-liver oil three times a day.

August 11th.—Cough and expectoration much diminished; subclavian pain entirely gone; bowels rather costive; pulse 82, soft and of good volume; weight 12st. 3lbs. Continue.

30th.—Distinct pectoriloquy at the left infra-clavicular region, and also posteriorly over the scapula; cough greatly diminished, but still expectorates a good deal; tongue, which has for long been habitually foul, is decidedly cleaner; pulse 84; weight, 12st. 5lbs. Continue.

December 8th.—Has steadily improved in health, having continued the cod-liver oil to this date. Cough and expectoration are now both inconsiderable; breathing very much improved; pulse 80, which is in him about the natural standard. Has resumed his duty, and for several weeks taken two full services on the Sunday.

10th.—After unusual exertion of his voice and a fall, hæmoptysis to the extent of eight ounces, as I am informed by his medical attendant.

11th.—Pulse 78; skin cool; entire absence of cough and expectoration; great dulness and entire absence of respiratory murmur over a large portion of left lung. Ordered, compound infusion of roses, six ounces; sulphate of magnesia, two drachms; dilute sulphuric acid, one drachm; ipecacuanha wine, two drachms: mix, and take an ounce every third hour. Milk diet.

16th.—Is cheerful; pulse 84, steady; tongue cleaning; cough moderate; is expectorating mucus mixed with coagula; skin cool; appetite good. Milk diet. Ordered, infusion of Calumba, six ounces; nitro-muriatic acid, eighteen minims; tincture of hyoscyamus, two drachms: mix, and take one ounce three times a day.

17th.—Slight return of hæmoptysis; pulse 95, jerking. Ordered, infusion of roses, six ounces; dilute sulphuric acid, one drachm; ipecacuanha powder, three grains: mix, and take one ounce every two hours.

20th.—Pulse 84, soft; expectoration moderate in amount, but still mixed with dark clots of blood. Several small portions of tubercle have been expectorated; one, about the size of a pea, and of the consistence and appearance of friable white cheese, was surrounded, when voided, by a tenacious sanguinolent mucus.

23rd.—Pulse 80; general dulness on percussion over the left side of chest, with deficiency of respiratory murmur; distinct cavernous rhonchus below left clavicle. Resonance on right side normal; respiration easy, and scarcely accelerated; cough in paroxysms, and not very frequent; expectoration continues to be generally tinged with dark or grumous-looking, but occasionally also florid, blood.

25th.—Still improving; was up in an adjoining room for two hours to-day; pulse whilst up, 78, soft.

31st.—All tinge of blood in the expectoration has ceased for several days; pulse 78; improved resonance on left side; cavernous rhonchus.

Jan. 13th, 1849.—Cough and expectoration moderate; appetite good; tongue furred; bowels regular; pulse 76 whilst still, rises to 90 on slight exertion. To have a little chicken, and to resume the mixture with Calumba and nitro-muriatic acid prescribed on the 16th ult.

17th.—Pulse 90 to 100, small, thready; has had slight sweating for a night or two; bowels rather loose; cough much diminished, and there is now but little expectoration; tongue much cleaner; is emaciating, but fancies himself better; decided sinking under left clavicle; very evident loss of expansibility on same side; dulness below clavicle quite across from sternum, and extending as low as the nipple, but with a more resonant space in the centre; pectoriloquy and cavernous rhonchus; right side resonant; breath sounds rather exaggerated; entire absence of mucous or other rhonchus. To have good diet, and take half an ounce of cod-liver oil three times a day.

19th.—Expectoration slightly streaked with blood; pulse 90. To maintain constant counter-irritation by means of the lotion with acet. cantharides and acetic acid. Continue.

26th.—Improving in all respects; pulse 90; tendency to diarrhoea and night-sweats has entirely ceased; appetite good; tongue cleaner. Is gaining flesh. Continue.

Feb. 26th.—Continues to gain flesh and strength; walks out daily whenever the weather will admit. Continue.

March 1st.—Was perfectly well this morning, and walked out, the wind being cold and E.N.E. On his return there was a slight return of hæmoptysis; the blood, about a tablespoonful in quantity and florid, was mixed with mucus, and frothy; pulse 100, full and thrilling. Percussion sound better than for many weeks past; remarkably distinct pectoriloquy and cavernous respiration; entire absence of gurgling. Bleeding from the arm to twelve ounces. Ordered, infusion of roses, one ounce; dilute sulphuric acid, ten minims; ipecacuanha powder, one-third of a grain, every two hours. Milk diet. Blood buffed and cupped. There was no recurrence of hæmoptysis.

24th.—Much improved; is looking well; pulse 78; dulness of resonance on left side as before; resonance normal on right side. Has resumed the oil since the 10th inst.

He continued to improve daily from this date, and on April 11th is reported as very well; voice firm and natural; is in good condition, and rather disposed to be stout; appetite and digestion good; has scarcely any cough, and merely a little mucous expectoration in the morning; there are dulness of resonance and pectoriloquy in the old situation, but no gurgling rhonchus. Respiration is accompanied by a kind of creaking noise in the left lung, as though folds of leather were being expanded. He left about this time for the south of England, with directions to continue the oil.

May 19th, 1851.—Came again under my care for slight catarrh, with dyspepsia. Breathing tolerably good; left side deficient in expansibility, and much flattened; decided dulness of resonance on percussion; pectoriloquy and cavernous breathing, but entire absence of rhonchus; there is still the same creaking sound as when last seen, but I think in a diminished degree. He continued to improve, and to enjoy very tolerable health, being even able to resume his duty for a time. He wintered in the south again in 1851-2, where he had pleurisy, with effusion into the left pleura. I again saw him in the autumn of 1852, at which time there was uniform dulness over the left side of thorax, with dilation. The heart was pushed over to the right side, and there was very considerable dyspnoea. By strict attention to diet and regimen, by the employment of counter-irritation, and iodine with tonics, his general health improved, and he was gradually brought into a much more comfortable condition; but he had slight occasional illnesses, and sunk rapidly under a recurrence of an attack of pleurisy in July, 1853.

(To be continued.)

## ON CHARCOAL AS A DISINFECTANT.

By G. J. BARFORD, Esq., St. Bartholomew's Hospital.

THE substances with which we are acquainted as disinfectants or deodorizers are, chlorine, chloride of lime, lime, charcoal, &c., each of which possess this power to a certain degree, but not all acting in the same manner. The disinfecting power of chlorine depends on its affinity for hydrogen; thus, decomposing water or aqueous vapour, by uniting with the hydrogen, while the nascent oxygen oxidizes the organic matter, so that unless aqueous vapour is present, chlorine loses a great part of its disinfecting powers, and simply disguises the noxious effluvia, and is itself an irritating, offensive, and corrosive substance. Chloride of lime acts by the oxidation of the putrescent matter; but to do this effectually it requires the presence of an acid; thus, unless a considerable quantity of carbonic acid is present to decompose the hypochlorite of lime, and give rise to the evolution of hypochlorous acid, the chloride of lime will do but little as a disinfectant. Lime acts by the absorption of carbonic acid and sulphuretted hydrogen, leaving other noxious gases unaltered; thus they are all open to serious objections; but the one which practically will be found the most effectual, I believe, has received the least patronage—this is charcoal, a body whose disinfecting powers has long been known, but its mode of application has been quite neglected.

Dr. Stenhouse lately called attention to his very ingenious ori-nasal respirator, which depends on charcoal for its efficacy, the action of which is given in the *Journal of the Society of Arts* for February, 1854; the respirator having been noticed in

THE LANCET of November 25th, I need only mention it as an instance of the powerful disinfecting power of charcoal; but at once call attention to the plan I have adopted in the application of this agent as a disinfectant, bearing in mind the results of Dr. Stenhouse's experiments, which prove that charcoal not only absorbs noxious vapours and putrescent odours, but at the same time oxidizes them; or, in other words, makes them undergo a slow but sure combustion, which must have its end in the conversion of deleterious gases into compounds, whose physical and chemical properties would admit of an easy separation or removal from their bed of formation, and which on evolution would not be the least deleterious. I therefore, previous to its use, heated the charcoal thoroughly in a covered crucible, with a small hole in its lid, to allow any oxidized material which it might contain to escape, taking care not to have the hole sufficiently large to allow the charcoal to undergo combustion; when thoroughly heated it was allowed to cool, so that on exposure to the air it should not oxidize; in this state it was put into shallow vessels, and placed wherever putrescent odours existed, and in a few minutes the whole of the smell disappeared; but in a day or two the charcoal lost its power. I then thoroughly heated it again, with the same precautions as before, and placed it to perform its duties a second time, which it did with as much efficacy as on the first application; thus, by the repeated cleansing of the charcoal every or every other day, it does not deteriorate, but the same quantity will effectually remove noxious gases for an indefinite period of time.

With Mr. Holden's permission I was enabled to give it a most perfect trial in the dissecting-rooms of St. Bartholomew's Hospital, which at this time of the year must abound in noxious gases and putrescent odours, thoroughly heating the charcoal, and placing it in shallow vessels about the rooms. It acted so promptly, that in ten minutes not the least diffused smell could be detected. So quick and effectual was its action, that arrangements are being made for its constant use. It answers just as well as a purifier of water-closets, drains, wards of hospitals, and sick rooms. As a purifier of hospital wards, both civil and military, it might be applied with great advantage, saving patients from the unpleasant smells and effluvia from gangrenous sores, and for this purpose a wire gauze construction, containing the charcoal, might be made to surround the affected part at some distance from the dressing; thus the patient himself, and those in adjacent beds, would not be subjected to the influence of the putrescent odours. All these the charcoal would effectually absorb, doubtless with advantage to the patient and his neighbours also. Other quantities of charcoal might be placed in shallow vessels about the wards, and purified every morning as above mentioned. Being at the command of the poor as well as the rich, it admits of universal use; and though it may be objected to as a purifier of the wards of hospitals and chambers of the sick, under the fallacious notion that it would emit carbonic acid, and also on undergoing its daily cleansing would again give off the absorbed gases, yet this notion can never enter the minds of those who understand its action, seeing that carbonic acid cannot be generated unless the charcoal is heated in free contact with the air. This is prevented by having a covered crucible, in which it can be heated to any temperature without undergoing combustion; and the supposition that the absorbed gases are given off again when the charcoal is heated, will be removed by the fact, that they are all oxidized and converted into sulphuric, nitric, carbonic acids, and water, &c., and the heating of the charcoal is for the whole and sole purposes of removing these bodies, which exist in so small a quantity that they could not be the least prejudicial, even if driven off in the centre of an inhabited room, but, of course, they all pass up the chimney. Thus charcoal is more efficacious than any other disinfectant, when applied as above described, absorbing gases of whatsoever kind not requiring the presence of any other substance to resist its action, but without stint or scruple collecting noxious vapours from every source, not disguising, but condensing and oxidizing the most offensive gases and poisonous effluvia, converting them into simple, inert, stable compounds; it is simple and economical, coming within the reach of the poorest, and can safely be placed in the hands of the most ignorant, thus combining advantages not possessed by any other disinfectant.

December, 1854.

ARMY MEDICAL DEPARTMENT.—The Director-General has appointed nearly twenty gentlemen as dispensers of medicines to the army in the East. Amongst others are the names of Messrs. Brewer, Allenby, Fitzo, Arthy, Beechey, Rickards, Peachey, Davis, &c. They will receive 7s. 6d. per diem, with the allowance of an assistant-surgeon.

# A Mirror.

## OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORCAEUS. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### ST. BARTHOLOMEW'S HOSPITAL.

#### DIAGNOSIS OF FRACTURE.

(Cases under the care of Mr. STANLEY.)

GOING through St. Bartholomew's lately, with Mr. Stanley, we were struck with some very practical and useful observations made by this eminent surgeon in conversation with Mr. Paget and his class. A child has been in the hospital now for some weeks with the rather rare form of affection—*both* hip-joints diseased. At one side the coxo-femoral articulation is completely ankylosed, while the other hip-joint, though diseased, still enjoys some little motion. Three weeks ago, Mr. Stanley opened an abscess in one hip, last week another in the opposite one. There would not seem to be any specific form or stage of cachexia present, as there are evidently two different diseases in both hips, inflammation of the ligaments and parts adjacent to the joints in both, but not, perhaps, in the joints. The case afforded Mr. Stanley a text for some singular remarks as to the general obscurity of injuries of the heads of long bones; when the disease of morbus coxarius is more advanced, Mr. Stanley believes the apparent shortening arises from obliquity of the pelvis; or, on the other hand, the head of the thigh-bone may be absorbed; or the acetabulum may be destroyed; or, again, the head of the diseased bone and new acetabulum, as remarked by Cloquet, may both "travel" up together on the dorsum illi. If the head of the bone be thrown up on the dorsum illi in ordinary dislocation of healthy bones, the limb is turned in; if, on the contrary, the bones are diseased, he believes, with Mr. Skey, the rotator muscles become stronger, and turn the limb out. Mr. Stanley has found some peculiarities in children's bones: in the broken legs of children it is always, or almost always, as four cases of thigh broken to one of the leg below the knee. The periosteum of the bones of children is also exceedingly thick. Mr. Stanley seems to have an instinctive dread of fractures of the long bones in children, more especially near the joints. In adults also he has found much difficulty and trouble in such cases. We prefer giving Mr. Stanley's desultory remarks on these cases, as we agree with him and Mr. Paget, who observed that the points are not generally recognised in books, the ends of the long bones are more vascular, and even in children take on ulcerative disease quicker than the other parts of the bone; necrosis or fracture, on the other hand, occurs more frequently in the middle of the long bones. A man lately, in Kenton's ward, had fracture of the shaft of the thigh-bone. He merely slipped off the fourth or fifth rail of a ladder, coming on the foot, the bone snapping in the centre.

Another case in St. Bartholomew's, was that of a man settling a sheep hurdle in Smithfield, who kicked his foot against a stone, and broke his leg also. The diagnosis of fractures is a subject of very great interest. A man will fall in this way off a ladder, or into a gravel-pit, perhaps, as in another case also some time since in St. Bartholomew's. There was no pain, mobility or crepitus, to mark it out as fracture, and not till five weeks after was it detected. This arises, according to Mr. Stanley, from the fracture occurring in the cancellous head of the bone, in the femur for instance, and always going right through between the condyles, with extensive hæmorrhage taking place, and swelling all round the joint. Absence of crepitus, Mr. Stanley impressed on his class, is no sign of absence of fracture; if present, it is of course a very reliable indication of such injury. Fracture of the cancellous texture of the head of the tibia is almost impossible to make out. In obscure injury of the shoulder, again, he has found a dozen times what might be called *crepitus* from effusion into the synovial capsule, or, possibly, escape of synovia, and yet no fracture. These are practical points, which it is very useful

to note. "If this man falling into a gravel-pit happen to be a person in the higher walks of life," Mr. Stanley very properly remarked, "it would be an awkward mistake to find the fracture five weeks too late."

"I think 'Pott's fracture,'" said Mr. Stanley, much to the amusement of the class, "is the only one well understood by candidates coming up to the College. Those industrious gentlemen, the grinders, make them have Pott's fracture quite pat. Now, every broken leg is not Pott's fracture; it is, in fact, a rather insignificant accident, fracture of the lower third of the fibula, with dislocation of the tibia and eversion of the foot; it is rather a dislocation of a bad and troublesome kind, first explained very admirably by Mr. Pott, than an injury of such startling and very momentous importance as generally believed. A man jumps from a height, the foot twists outwardly, the foot is drawn up by the peronei, and you have an injury easily recognised; but take care, when you are called to what may or may not be fracture of the upper end of the same bone and tibia, near the knee, with hæmorrhage into the cancellous structure of the bone, or fracture without crepitus of the lower end of the femur, or what is nearly the same, swelling of the elbow, and a fracture not to be made out in the humerus,—in all these cases, I would advise you to act with great caution, and as if there were fracture really present. You will have, in fact, hæmorrhage of the bone, and effusion into the joint, which, I would repeat again, is one of the most untoward complications of these injuries, leading, possibly, very often to false joints or ununited fractures, and reflecting no very conspicuous credit on whoever has the fortune to meet with such cases."

### GUY'S HOSPITAL.

#### ANOMALOUS EFFECTS OF PHLEBITIS.

(Under the care of Dr. ADDISON.)

It is interesting and instructive sometimes to seize the dicta of our older physicians; that "older experience" which now and again, perhaps to students a little prosy, yet not less frequently we might say, with one of the poets, amounts

"To something of prophetic strain."

We were very much impressed in this way, a few days since, on going through Guy's.

A very puzzling case has been lately in one of Dr. Addison's beds, and as we have recently seen this disease in every possible shape, we give this one, almost impossible, variety or case.

A. B—, a poor man, complained of what seemed abscess in the head of the left rectus muscle, or it might be—as once suggested itself to Dr. Gull, Mr. Cock, and Dr. Addison—abscess of the liver itself, or the purulent matter of an empyema, pointing in this position. Some time previously he had inflammation of the chest on the left side. It seemed also a wheel had gone over his chest. The interval was very long, something like seven years; yet from the weak, typhoid state of the patient nothing further could be learned of his history. The case was one of those on the frontier line, separating medicine and surgery. The man was placed under Dr. Addison, but Mr. Cock suggested to open the abscess, which was accordingly done. The man was a perfect, almost exquisite, instance of the scrofulous diathesis; struma was written in every lineament and fibre of his system. He was weakly, and evidently about to die, though why could not be told. Now came the remarkable symptom; he was seized with paralysis of the face at the right side. Here was a man, then, with an abscess in his rectus muscle, tremors, shiverings, typhoid symptoms, and paralysis of the face. He had also, as if to fill up the list of incongruities, coagulable urine! At first, Dr. Addison could scarcely believe this when read out of the book, and, accordingly, going round, called for the spirit-lamp and test tubes. The urine was muddy, with urates, cleared first under heat, and then became quite opaque.

Dr. Addison readily recognised the nature of the case, first limiting himself to two things, either of which it looked likely to be: either phlebotic mischief going on for some time, or renal dropsy, with uræmia; the latter is more likely to lead to coma, convulsions, or other bad brain symptoms, not paralysis, so he was inclined to leave it out. While, under the view of its being phlebotic absorption, the nature of the case was more easily understood. How this abscess of the rectus muscle arose was very difficult to make out on the post-mortem examination, as nothing seemed to do the man good. An extensive suppurating deposit was found in the right lobe of the brain, near the surfaces, engaging the arachnoid, with an old-standing abscess in the cerebellum, at its left side. This, then, was no

doubt the cause of the paralysis, as the latter is connected with the thalamus, and what is known as the meso-cephalon, the shiverings and tremblings in this disease, and delirium tremens, depending on irritation of the arachnoid. The case has evidently a very extended bearing on the subject of phlebitis and pyæmia, showing how this disease may occur under circumstances not at all to be suspected. A case, apparently of traumatic fever, under the care of Mr. Lloyd, we watched also, last month, at Bartholomew's; which, as feared, ended in purulent deposits in various organs. More than one fatal case lately, at the London Hospital, has also commenced in this insidious manner; but we should be very slow, indeed, to believe that any possible amount of skill or prevision could prevent such results. In this point of view, indeed, we deem Dr. Addison's case peculiarly instructive.

#### POST-MORTEM APPEARANCES IN THE CASE OF DEATH FROM CHLOROFORM.

(Under the care of Mr. BIRKETT.)

As very unusual interest attaches to deaths from chloroform, referred to elsewhere, we give the post-mortem appearances, kindly furnished us by Mr. Birkett.

Hannah B—, aged fifty-six, was admitted into Guy's Hospital on the 15th of November, 1854, under the care of Mr. Birkett. She described herself as in good health, but presented a most cachectic appearance, edentulous, and appeared perhaps ten years older than the age assigned. She complained of chronic ulceration of her left leg for the last two years, the ulceration appearing to surround the leg at about the junction of the middle and lower thirds. Two months before admission into Guy's, the ulcer assumed a sprouting, fungating aspect, became very painful, and during the last month it bled frequently and profusely. In the left groin there was an enlarged gland. Various means having been ineffectually employed to destroy the cancer, amputation below the knee was proposed and agreed to by the patient. The woman had a little wine-and-water, according to a recent suggestion, before taking the chloroform. And here we may remark that the fatality of chloroform would seem to be greater at some hospitals than at others, while in Edinburgh it has been said no deaths have occurred.

At one o'clock P.M. on the 5th, she was brought into the operating theatre, and chloroform administered in the usual method at Guy's, on folds of lint. During the inhalation of the vapour, the tourniquet was adjusted to the femoral artery; it was screwed tightly for a few seconds, to ascertain if it commanded the artery, but, we observed, was immediately after slackened. The inhalation had been continued a minute or two, when considerable muscular movements, so frequent in this stage, took place; these were followed by rigidity. Mr. Birkett was about to operate, when Mr. Callaway, in the capacity of assistant at the operation, called attention to the only remarkable circumstances noted, the pulse stopped at the wrist, swelling of the veins of the neck, expirations performed also with considerable sufflation of the cheeks and sudden opening of the lips. The poor woman was less than five minutes under the action of the vapour; there had been no vomiting, and particular care was taken there should be no solid food in the stomach. We give these particulars, as we think the working out of the problem of the cause of death after chloroform inhalation one of the most interesting perhaps which can engage the profession at present.

The post-mortem, conducted with great care and skill by Dr. Wilkes, revealed a very large amount of organic disease. The external appearance was that of a woman at least ten years older than her real age; hair quite grey; *arcus senilis* of the eyes; body spare, the skin presenting the smooth, yellow appearance too often indicative of senile fatty degeneration. A chronic ulcer, of very bad kind, existed on the right leg, and on the left a large fungating mass. There was the usual amount of blood in the brain; the membranes healthy; the subarachnoid fluid greatly increased in quantity, due perhaps to wasting of the brain; the convolutions were shrunken, but healthy; the ventricles contained an increased amount of serum; one choroid plexus vesicular; the cerebral arteries contained atheromatous matter and bony patches; the medulla oblongata did not exhibit any morbid appearance. The larynx, trachea, and pleura were all healthy; the lungs were very much congested with blood, bleeding very freely when cut. The heart was of usual size; *all its cavities empty*; the endocardial membrane of the left ventricle had various patches and streaks of fibroid degeneration; the heart-fibres presented zig-zag lines of fatty degeneration; they were slightly granular,

and contained fat, as seen under the microscope; this was more in the right ventricle than in the left; the fleshy columns of the mitral valve were also diseased in the same way. The liver was also diseased. On examining the ulcer on the leg, it was found to be full of cancer-cells, large and nucleated.

#### KING'S COLLEGE HOSPITAL.

##### THE CAUSES OF SCURVY IN ARMIES.

(Under the care of Dr. BUDD.)

A CASE of scurvy in this hospital has given Dr. Budd an opportunity to make some practical bed-side remarks on this disease, which he feared will attack our English army in the spring if timely precaution be not taken to avert such an evil. The causes of scurvy, or at least the causes popularly conceived to produce scurvy, are singular instances of bad reasoning—the *post hoc* put for the *propter hoc*. At one time, and not long ago, it was thought it was the cold of winter produced this disease; then on board ship it was believed it was salt meat, as it occurs after long voyages, and chiefly in spring or in the end of winter. These are not the causes, but they run parallel with the cause—namely, want of vegetable food. This Dr. Budd believes to be the great, if not the one only, specific cause of scurvy. Scurvy is often mistaken for purpura; but the latter, we need hardly remark, is more of the nature of a hæmorrhage, and often met with where there is plenty of vegetable food. In scurvy the gums are soft and swelled, spongy, and bleeding readily. It is a disease marked by excessive debility, but readily cured by lemon-juice, fresh vegetables, or fruits; the latter supplying something which bread or meat or other kinds of food fail to supply to the blood. The farinaceous seeds, wheat, barley, oats, rye, are found to be deficient in those principles; while potatoes, according to Vauquelin and Erichoff, though paradoxical it may appear, possess the same acid as lemons. The Turkish army, according to some work quoted by Dr. Budd, suffered severely from scurvy last spring under Omar Pacha. Dr. Budd rather gravely remarked, without premeditation, they might prove with scurvy under Lord Raglan, which raised considerable laughter in the class, always attentive to this excellent lecturer's addresses—an interruption he turned to account by remarking that we, too, might have our own poor troops destroyed by it if timely care were not taken. The class seemed to think the Turks our defenders, rather deserved scurvy for running away so often—a feeling too sad when applied to our own troops; but fixing the matter painfully in the recollection, as, by the last accounts from the seat of war, scurvy was already making its appearance.

##### THE VALUE OF THE MICROSCOPE IN CANCER

(Under the care of Mr. PARTRIDGE.)

MR. PARTRIDGE removed a breast some days ago, or rather a scirrhous mass from the region of the mammary gland—an operation in itself of little moment, but a subject which has caused considerable speculation, and gained no little importance of late in clinical conversation in hospitals, from the recent singular statement of Velpeau, that, in spite of our microscopes and micrology, he has cured twenty cases of cancer. Some of our London surgeons agree with the Paris school, or rather the section headed by this eminent writer, in believing that there is no specific cell characteristic of malignant growth, and the so-called specific cells are too often visible in growths apparently benignant. Mandl, Virchow, Bennet, and Mr. Paget, have, it is true, brought their learning to bear against the plain common sense of Velpeau; but it seems the latter is right, and on repeating his observations in London, it is found these so-called malignant cells are very often secondary products or formations, even at best, sometimes of no very marked character. There has been seldom so much wit and learning brought into a discussion as in this on the value of the microscope in the diagnosis of malignant growths. We should be sorry to find the microscope lose any of its *prestige* as almost an additional sense conferred on the practical man. Witness only the singular revelations of adulterations of food and medicine in the pages of the "Analytical Sanitary Commission" of THE LANCET; or in the works of Peyer or Pereira; yet we cannot help believing that in hospitals, more especially in the practice of older men, like Mr. Lawrence, Mr. Green, Mr. Luke, &c., there has been for some time growing up considerable doubt, not as to the value of the microscope, for these gentlemen are rather amiably ignorant of its value, but as to the regularity of return or repulsive character of what are otherwise deemed malignant



growths. Even Mr. Paget has lately addressed his Abernethian Society friends on what he calls the *degeneration* of cancer. The final result of all this may possibly be to put more faith in nature, and less in lenses. At an operation last Saturday at St. Bartholomew's for what proved a malignant growth, opinions seemed about equally divided as to its removal; the microscope told nothing. In the present case of Mr. Partridge's there was no doubt at all, the tumour was growing rather in the gland. Where we have no cancer-cells we have fibro-plastic tissue, but what the exact connexion between these may be, seems still open to doubt. Velpeau was called to see a polypus-like growth on the nose of a private patient, which Lebert, a microscopist *pur sang*, declared non-malignant. It was removed, but returned again, and the man died. In another case, according to the verdict of the microscope, a tumour in one breast of a woman was malignant, as being full of cells, but a similar tumour in the other breast non-malignant, being free from cells! The malignancy of epithelial cancer by this test alone of cells or heteromorphic elements, must remain very unsatisfactory and dubious. A case, published by Mr. Paget, was operated upon as fibro-plastic tumour in 1836, and once again, but remained cured. Malignant, indeed, gives the rather inspiring opinion, that operation, notwithstanding the school of Mr. John Simon, of London, and others, does in reality cure cancer; nay more, from the experience of French hospitals, he is quite satisfied a patient may have *two* cancers, so to call them, in his life, one quite independent and unconnected, except by the histologists, with the other. Were the microscope less exacting in its verdicts, we might obviously be more correct. One speaker said he could bring thirty cases to prove the existence of malignant cancer where there were no cells, and cells where there was no cancer. A good deal of the discussion has taken place between the old and new schools of physic. Very possibly, on one side we may have prejudices as strong as on the other; for in the later parts of the discussion some of Velpeau's facts have been a little staggered. The microscope cannot, any more than the stethoscope, lay claim to infallibility. We may or may not be able to tell the existence of tubercles at their first dawn in the lungs, but we may from the previous history of the case. There are subtle differences or degrees in cancer, epithelial growths, fibro-plastic tumours, &c. We should not wish, however, for any divorce between medicine and the microscope; but a closer, more rational, and perhaps less exacting, union of the two.

### Medical Societies.

#### MEDICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 9TH, 1854.

MR. HEADLAND, PRESIDENT.

##### ARREST OF DEVELOPMENT.

A CHILD, thirteen months old, was exhibited by Mr. YEARSLEY, which had been born at the full period, without either the upper or the lower extremities. The scapula and clavicle were present, with the rudiment of the head of the humerus. There was no trace of a hip-joint.

##### AN EGG-CUP IN THE ILIUM.

An egg-cup was exhibited which had been removed from the ilium of a man who died from strangulated hernia. The case occurred in the practice of Mr. DENDY, and was reported in THE LANCET upwards of twenty years since. The patient would not consent to an operation to relieve the strangulated intestine, and the cup was discovered in the position stated. All the small intestines were diseased. No previous history of the case could be obtained.

##### POISONING BY ESSENCE OF ALMONDS.

MR. STREETER related the case of a child, about six years of age, who had swallowed a few drops of "essence of almonds," which had been obtained from a chemist's for the purpose of flavouring a custard. The symptoms developed themselves about half an hour after the poison was swallowed, and consisted of vomiting, with tetanic convulsions. Sulphate of zinc was administered as an emetic, and the child placed in a warm bath, cold being applied to the head at the same time. The child recovered.

DR. THUDICUM exhibited a

##### NEW BROTH FOR THE SICK.

To prepare this broth, half a pound of the flesh of a recently-killed animal (beef, or the flesh of a fowl) is chopped fine, and

well mixed with a pound and an eighth of distilled water, to which four drops of pure muriatic acid, and from half to a drachm of common salt, have been added. After an hour, the whole is thrown on a common hair sieve, and the fluid is allowed to run off without pressure. The first portion, which is turbid, is poured back, until the fluid runs off quite clear. On to the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red colour, and an agreeable taste of broth. The sick are allowed to drink a cupful cold at pleasure. It must not be heated, as it then becomes turbid, and deposits a thick coagulum of animal albumen and hematin. The broth possessed great advantages over other preparations of meat, from containing albumen, and being remarkably easy of digestion. Cases were referred to in which its efficacy in this respect had been tested. Some conversation took place on the advantages which this broth possessed over concentrated beef-tea, &c.

MR. JABEZ HOGG exhibited—

##### A PLACENTA WITH DOUBLE MEMBRANES, ETC.

It was thrown off by a patient during her ninth pregnancy, four of which had been healthy, and she has now living as many children. At intervals, she had miscarried, and the three last pregnancies in succession, extending over a period of twenty-seven months, had been of the same character as the one now described. The patient is a fine, healthy woman, thirty-three years of age. Her pregnancy proceeded well up to the sixth month, when she complained of a rapid increase in size, and, during the next fortnight, was unable to move about without causing pain, which was accompanied by a slight hæmorrhage. Treatment was of no avail; and at the seventh month she was seized with labour pains, and in about two hours from this time the membranes were ruptured, and the bed and bedding saturated with the amniotic fluid; this continued to flow for some minutes into a footbath which was at hand; another pain quickly followed, and another stream of fluid, which in all amounted to upwards of a gallon, caught in the bath. The child was brought down at the same moment, and the placenta, with membranes of an unusually large size. The child was, as on the former occasions, still-born, and covered thickly over with the *vernix caseosa*. The substance of the placenta when examined under the microscope appeared to be made up of hypertrophied or dilated tubules of fibrous tissue, enclosing within them granular matter. Upon digesting a small portion of this in dilute hydrochloric acid the greater part dissolved out with effervescence. Another portion, after drying upon bibulous paper, was digested in ether; this was carefully decanted and evaporated, and found to consist wholly of fat-globules.

DR. COTTON read a paper

##### ON A PREVAILING FORM OF CHRONIC PNEUMONIA.

After a brief comment on the increasing frequency of chronic diseases within the last few years, the author entered upon the description of a peculiar form of low or chronic pneumonia which has fallen under his notice at the Consumption Hospital. The old and the young, the strong and the feeble, are, with nearly equal frequency, the subjects of the disease. There is, at the commencement of the attack, very seldom any local pain; neither is there dyspnoea nor much cough. The expectoration is scanty, or perhaps entirely wanting, the rust-coloured sputa so characteristic of active pneumonia being but rarely observed. The pulse is at first very slightly affected, seldom exceeding eighty or ninety in the minute. There is little symptomatic fever. Every symptom of the disease, indeed, is of a passive character, scarcely exciting the apprehension even of the medical attendant. It may thus continue for weeks or even months, until a little local pain or slight dyspnoea, or a severe and intractable cough, with perhaps emaciation and night perspirations, lead to a suspicion of something more formidable than the dyspepsia or the bronchitis, to which hitherto the symptoms had probably been referred. The author was of opinion that, under early and judicious treatment, the great majority of cases may recover; but that the disease too often either degenerated into true pulmonary tuberculosis, or ended in a fatal softening and breaking up of the pulmonary structure. He dwelt particularly on the importance of an early and careful examination of the chest, stating that dulness on percussion, with weak and harsh, but not bronchial, respiration, and little if any change in the external form of the chest, were the characteristics of the early stage, the breathing becoming weaker, and marked by sub-crepitant rhonchi, and the thoracic parietes undergoing contraction, as the disease advances. He had very rarely, indeed, heard the

fine crepitation of more acute pneumonia. Dr. Cotton considered that in the early stage the lung was simply engorged; that at a later period it was the seat of an albuminous or fibrinous exudation, which, in cases still further advanced, had undergone the softening process. He illustrated these statements by briefly narrating cases in point. He was anxious to distinguish the disease he was describing from *pleuro-pneumonia*, which he considered was usually a more severe and acute seizure, although he believed that now and then the one may pass into the other. When the attack was of recent date, cupping or leeching were recommended; but if, as generally happened, the state of engorgement were passing away before the case came under treatment, counter-irritation with blisters, and subsequently with stimulating and iodine liniments, were specially advised; the author, indeed, considered this practice of equal or even greater importance than any other part of the general treatment. Mercury, in moderate doses, (except in cases evidently associated with phthisis,) with (in some instances) antimony and general expectorants and sedatives, were the appropriate remedies for the early periods of the disease; slight mercurial action, together with tonics, being suited to the more advanced and chronic stages. Amongst the latter class of medicines, the author particularly spoke of the iodide of iron and cod-liver oil, either separately or in conjunction, the iodide of potassium, quinine, and steel. Whatever medical means were resorted to, he insisted upon the great importance of hygiene, stating his conviction that healthful and happy associations, with thorough physical and mental relaxation, together with a liberal and nourishing diet, should ever form a part of the physician's prescription.

Dr. GLOVER thought the cases related were analogous to those instances of disease recorded in "Guy's Hospital Reports," by Dr. Addison, under the title of "Albuminous Infiltration of the Lung"—a disease neither tuberculous nor inflammatory. It attacked the middle portion of the lung, whilst pneumonia attacked the lower, and phthisis the upper portions. The effusion was more organized than that of scrofula, and less than that of pneumonia.

Dr. CAMPS thought the cases detailed were not new, but had been overlooked formerly from our imperfect means of diagnosis.

Mr. ROSS had seen cases similar to those detailed by Dr. Cotton, and which, though of a chronic kind, presented all the marks of acute pneumonia. He had noticed that the occurrence of diarrhoea was a critical and favourable symptom in these cases. The same kind of disease had been prevalent in Edinburgh, and had been described by Dr. Hughes Bennet.

Dr. ANDREW CLARK said there were several points of great scientific, as well as practical, importance in Dr. Cotton's valuable paper. He was of opinion, however, that the term pneumonia could not be correctly applied to the cases detailed. This seemed proved by the symptoms during life, and particularly by the appearances found after death. The general symptoms, auscultatory signs, long duration of the disease, and results of treatment, went, on the whole, to show that the disease described was not a true pneumonia. This inference was rendered almost certain by what was found in the two cases examined after death. In the first, the lung was contracted and carnified. The state of carnification had no direct relation to pneumonia, and rarely led to it. The condition of lung termed *splenization* had such a relation, and was usually considered as the first stage of pneumonia. But between these two states there was great difference. The carnified lung was tough, firm, fleshy, diminished in volume, collapsed, devoid of air, rather dry, free from exudation, and rolling between the fingers like a piece of muscle. In splenization the lung was of full volume, soft, friable, of a bright red colour, not devoid of air, and loaded with sero-sanguinolent or viscid fluid. For these reasons he considered the state of lung resembled collapse more than any other. Exclusive of abscess, the only form of pneumonia leading to contraction was the interlobular, that which attacked the investing areolar tissue of the lobules. In the second case there were small abscesses. These, he did not think, proved the existence of pneumonia. Abscess, and particularly small abscesses, were rare as the result of pneumonia. The state of lung described was probably owing to some other cause, to capillary phlebitis perhaps, or some blood disease. In any case he did not consider it probable that a state of inflammatory stasis would continue for three months without advancing to exudation or subsiding into resolution. Dr. Clark agreed with Dr. Cotton in his treatment, and concluded with some remarks on the presence of hæmoptysis, and its practical value as an indication of disease.

Dr. THEOPHILUS THOMPSON considered the diarrhoea in these cases was neither critical nor useful, but a dangerous complication. When it occurred, it was usually in weak constitutions,

and produced by the same cause as the chest affection. In these cases only the mildest remedies could be employed. The diarrhoea should not be controlled by opium, and was best treated by mild doses of mercury and chalk, followed by the trinitrate of bismuth. Dr. Cotton, he thought, had grouped together a variety of conditions in his paper. The remedies he had employed, with the exception of mercury, appeared to have been given, rather to remove the results of diseased action than to combat disease itself. He doubted the value of counter-irritation in acute cases of chest affection, such as those described; but it was valuable in pleurisy and bronchial irritation. In the cases detailed, when curable, mercury, antimony, and iodine were the chief remedies. Mercury combined with antimony must be used cautiously, with the avoidance of ptialism. If he used iodine in these cases, he did it in the form of iodide of potassium, combined with small doses of antimony. In certain cases in which debility was early developed, he gave iron, combined with citrate of ammonia or antimony, from the first.

Dr. GIBB mentioned a case of chronic pneumonia terminating in tuberculosis.

Dr. RADCLIFFE agreed mainly with the remarks of Dr. Clark. During the last six or eight months there had been no lack of affections of the chest, but they were usually of the asthenic character, the middle lobe of the lung being that which was affected. In no case scarcely could the disease be treated as inflammatory. Support must be given from the first. Blisters in some cases could be applied with advantage.

Dr. O'CONNOR did not regard the disease described by Dr. Cotton as pneumonia, but allied to that condition of the lung which was an accompaniment or sequela of some other disease, such as fever. When exudation was present, the cautious use of mercury was useful. The treatment recommended in the paper was that suggested by Drs. Stokes and Graves.

Mr. HINTON suggested that the condition described by Dr. Cotton was rather one of degeneration than inflammation, and analogous to cirrhosis of the liver, which had been classed by Dr. Jones under the head of degeneration.

Dr. BURKE RYAN had seen cases in St. Mary's Hospital similar to those described by Dr. Cotton, the lower part of the upper and the middle lobes of the lung being the parts affected.

Dr. COTTON in reply, stated his belief that the increasing frequency with which we now recognised the disease was not owing to improved diagnosis, as he could show that year by year more cases were actually occurring, where the same pains had long been taken in the examination of patients; the disease he had been describing being, in this respect, comparable to the furuncular inflammation which has lately become so common. He could not regard the diarrhoea said to be in such cases of a critical character in that light, but agreed with his colleague, Dr. Thompson, in always looking upon this symptom with extreme dread, as being too generally the precursor of dissolution. In answer to some objections, as to the disease he had been describing deserving the name of pneumonia, and which he confessed he had anticipated, he knew not what else to call it, as it resembled acute inflammation of the lung in everything but its acuteness, being attended with the same pathological changes, and giving rise, indeed, to very many of the same symptoms, modified simply by a different type of the disease. The pneumonia of typhus was a disease of a different nature, both as to its cause and its results. Although hæmoptysis had occurred in three cases he had seen, Dr. Cotton regarded this symptom as far from being a common one, and in every case warranting the suspicion of phthisis, although he had known it occur in cases which afterwards proved not to have been tuberculous. Altogether, he must regard the form of pneumonia he had been describing, and which he was pleased to hear other fellows had seen likewise, of no little importance, both from its own character and from the ease with which it may be overlooked.

## Reviews and Notices of Books.

*Transactions of the Pathological Society of London.* Vol. V. Including the Report of the Proceedings for the Session 1853-54. pp. 371.

(Concluded from p. 422.)

*Diseases, &c., of the Urinary and Generative Organs.*

UNDER this head, twenty-four communications, with reports upon some of them, are arranged.

Dr. SEMPLE exhibited the kidneys of a man who had died from Bright's disease. They were large, striated, and

granular. A microscopic examination discovered many epithelial cells, with the *débris* of tubercles, a few fat globules, and mineral matter, probably phosphates. The patient had suffered from scrofulous abscesses for five years, and after an attack of fever became anasarous, with albuminous urine of low specific gravity. The anasarca gave way to treatment by warm baths, Dover's powder, antimony, and diuretics, but the patient died suddenly and unexpectedly.

Dr. BRISTOWE is the author of two papers. One had reference to the kidney of an intemperate man, aged thirty-one, who had died comatose, after an illness of more than four months, with a pectoral affection and general exhaustion, and whose urine was very albuminous and loaded with phosphates. It was small and lobulated, and contained abscesses, which were filled with a substance resembling fine, moistened plaster of Paris. This substance consisted of imperfect, broken-down cells, of a puriform appearance, with free granular matter, oil-globules, and cholesterine. It did not effervesce on the addition of acid. The author was of opinion that it was not tuberculous matter, but concrete pus. We should hesitate to adopt his conclusion. The ureter was impervious at a point about one inch from the hilum. The second case was of ovarian tumour, accompanied by internal effusion, the result either of an escape of fluid through perforations of the external walls of the tumour, or of peritonitis. The remarkable points in the communication were the great length of the cervix uteri—viz., three inches and a half, (the uterus being atrophied,) and the explanation which the author gives of its production. He conceived it to result from traction exerted by the peritoneal fluid acting upon the vaginal walls. "The presence of the ovarian tumour, and its adaptation in form to the abdominal walls, probably diverted the dilating force of the peritoneal effusion into an unusual direction. Thus the recto-vaginal pouch became distended, and gradually protruded the posterior wall of the vagina before it. The protrusion of this exerted a certain amount of traction on the os uteri, and through the latter on the anterior walls of the vagina, and by the long continuance, rather than by the actual amount of force, ultimately caused the excessive elongation of the cervix before noticed." The author very properly goes on to state: "It might *à priori* have been supposed that traction excited in this way would have produced prolapsus of the uterus; that the round ligaments, Fallopian tubes, &c., would have yielded more readily than the cervix."

Dr. QUAIN presented an interesting communication on a case of abscess of the left kidney, emptying itself behind the colon, so as to form a cavity extending from the diaphragm to the pelvis. It ultimately pointed in the left groin, and on being opened emitted four pints of ill-conditioned pus, the sudden removal of which led to a mechanical obstruction of the colon, and death from constipation and its effects in twelve days. The kidney was atrophied, and on its back part presented an opening which communicated with internal cysts, and through this the original abscess had been discharged. The lady, aged fifty-three, had, two years before, suffered and recovered from an attack of nephritis. The fatal attack was ushered in by violent pain, vomiting, and severe general disturbance. Afterwards subcutaneous oedema and a deeper-lying solid tumour were discovered over the left kidney, which ultimately proved to be the abscess between the colon and the integuments. The urine was scanty, and presented a brownish-yellow deposit of pus globules. In reference to diagnosis, Dr. Quain refers to the history of the case and the condition of the urine, and remarks that it was distinguished from lumbar abscess by the absence of any symptom referable to the vertebral axis, and by the facility of movement of the legs; and from ovarian tumour or enlarged spleen, by position, form, and immobility.

Mr. CONWAY EVANS has described a cystic condition of the left kidney of a man who died suddenly, after an illness, and without having presented albuminous urine. The cysts were very numerous, and varied in size from that of a pin's head to

larger than a pea, and contained a glutinous material, consisting merely of finely granular, unorganized matter, probably albumen.

Mr. PART is the author of two communications. The first (illustrated) has reference to an extensive deposit of small, round, or oval non-nucleated cells, which contained in their interior very finely granular matter, and, on the whole, were not unlike pus globules, only smaller, less constant in shape, and uninfluenced by acetic acid; or, according to the reporter, Dr. Bristowe, of small, round, or oval unenclosed nuclei. The latter gentleman hesitates, whilst he expresses an opinion that the disease was cancerous. It was widely distributed. In the kidneys it appeared as white nodules, in the lateral portion exclusively. On the diaphragm the same kind of lumps were observed, sessile or pedunculated, whilst a very large mass occupied both the anterior and posterior mediastinum, the pleura, thymus gland, trachea, and bronchial tubes, and, with the aid of a large quantity of fluid, compressed the lungs and the heart, and greatly dilated the intercostal spaces. The patient was a fast liver, and had had syphilis for a long period. He never suffered from pain in the chest, but died from pectoral affections. The diagnosis was very obscure during life. The second case, presented through Mr. COUSINS, was one of non-malignant ovarium, and tubular enlargement of the size of an ostrich egg, occupying the right iliac fossa, and consisting of a cystic mass containing pus. There was great distension of the right ureter at the top, and of the pelvis of the kidney, and the ovary and Fallopian tube could not be found. The right iliac vein and anterior iliac artery were obliterated, and the ganglion of the sympathetic nerve enlarged and vascular.

Mr. PARTRIDGE exhibited the bladder of a boy, aged sixteen, which presented a rupture through all its coats, about a quarter of an inch in length, and which, together with fracture of the pelvis, was the result of violence. It illustrated two points amongst others—viz., first, that bloody urine is not an essential symptom of ruptured bladder, and that it may recur after the first effusion; secondly, that the bladder may soon resume its power of retaining a certain quantity of urine.

Dr. SEPTIMUS GIBBON described a rare case of medullary cancer, in which the bladder was greatly distended, and completely filled with the mass, and was also firmly attached to the pelvis by the same malignant growth. The neighbouring parts on the prostate and urethra were also infiltrated, and the mesenteric glands were much enlarged. The same substance was also found in the dura mater, and in the skin. No hæmaturia had been observed, and the destructive process had commenced in the centre of the growth.

Mr. SHAW also exhibited a fungous tumour of the size of a walnut, in the bladder, which occurred in a woman, aged eighteen; but in this case there was constant stillidium of urine loaded with blood, or of pure blood. The pain was excruciating over the pubis, and at the lower part of the back. The tumour was said to be composed of fibrous tissue, a fact which does not well comport with the fungous character which has been ascribed to it. He also relates the particulars of a case in which sloughing of the sub-perineal cellular membrane appeared to have resulted from extravasation into the cellular membrane surrounding the fundus of the bladder sacculated at that part. Mr. Shaw was of opinion that the contractions of the viscus had led to the extravasation.

Another instance of malignant disease of the bladder is furnished by Mr. HOLT. It accompanied and followed stricture of the urethra, and was of an ulcerative, tuberculous character. The urine was offensive, and loaded with pus, mucus, and blood.

Dr. RAMSBOTHAM has also communicated two cases of malignant disease, in one of which the bladder, rectum, and vagina were implicated, and in both the os and cervix uteri were the primary seats of the deposit.

Mr. HENRY THOMPSON has described a case in which a malignant deposit was found in the prostate gland, and also in the spinal column, inducing a loss of sensation and motion, the former as far as the arm-pits, and both up to the hips.

The same gentleman also communicated the particulars of a case in which long-continued stricture had led to extravasation of urine, (which called for incision,) extreme dilation of the bladder, ureter, and kidneys. The right pelvis measured seven inches and a half in its long diameter, and the corresponding ureter two inches and a half. He further describes a case of chronic inflammation of the bladder, accompanied by a large abscess of the prostate and vesicula seminalis; and also another case of obliteration of the urethra consequent upon a stricture which followed a severe blow on the perineum.

Two cases of urinary calculus are detailed: one was by Mr. S. WELLS, which was emitted from the rectum after the opening of an abscess in the neighbourhood of the prostate. No urine followed the operation, and he was of opinion that the calculus either passed directly from the ureter behind, without entering the bladder, or that it passed through the prostatic portion by an opening which became closed before the pus was evacuated externally. It consisted of phosphate and oxalate of lime, with a little uric acid at the centre. The other was by Mr. JAMES SALTER, and was peculiar in that three stalactite-like projections of ammonia-magnesian phosphates started out from a central, large, oval mass of lithic acid or lithate of ammonia. These three prolongations had occupied the three openings into the bladder. He conceived that the central mass of lithic acid had fallen into an ulcerous spot in front of the trigone vesicale, and had become coated with phosphates, from the alkaline state of the urine, resulting from the ulceration of the mucous membrane.

Mr. HAYNES WALTON exhibited the testis of a gentleman of a consumptive diathesis, in which a deposit of fibroid matter was found amongst the wasted tube-tissue. The disease had commenced whilst the patient was seeking to improve his health in Egypt; and having at length, by ulceration, passed without the scrotum, the testis was amputated by the author. Dr. Handfield Jones considers the fibroid deposit to be owing to something more than chronic inflammation. Mr. Harvey Ludlow has also some remarks upon a fibro-cystic formation in a testis extirpated by Mr. Ferguson; and Mr. John Wood exhibited an atrophied state of that organ.

Dr. O. WARD related some particulars of a case of rupture of the uterus, from obstruction to labour offered by an ovarian cyst capable of holding a pint. The patient was one of six sisters, who had all died of dropsy at about thirty-two years of age, and one of them in labour, and the author inferred that there was some hereditary condition which caused the obstruction and consequent laceration. The rent was from near the os uteri to the attachment of the placenta, a distance of about four inches, and the placenta itself was detached for about three inches along its edge.

Dr. SIMPSON, on the part of Dr. Gibb, exhibited thirty-one calculi, varying in size from that of a pin's head to that of a pea, taken from between the middle and external coats of the vagina of a coloured woman in Canada, who had died from chronic peritonitis. They consisted of an organic meshwork, inclosing carbonate and phosphate of lime, and phosphate of magnesia, and hence closely resembled phlebotites.

Thus we have made manifest the interest which we take in the proceedings of this Society, and the favour with which we regard this volume of its "Transactions," by the unusual length to which we have protracted our remarks; but we have now attained our limits, and must dismiss the remaining part of the record in a few words.

There yet remain upwards of one hundred pages, containing forty-seven communications, of equal value and interest with those which have preceded them. They are divided into *Diseases of the Osseous System*, ten communications, and *Diseases, &c., of the Ear*, three communications, by Messrs. Pilcher and Toynbee; whilst twenty-five are of a miscellaneous character, and nine are arranged under the heading *Specimens of Disease from the Lower Animals*, of which the indefatigable Dr. Crisp is the contributor of more than one-half.

In concluding our review, we beg to propose two questions to the attention of the fellows.

First. Our observations have been rather in the nature of a literary than a critical analysis, since we were of opinion that, by so doing, we should further the interests both of the Society and the profession, more than by selecting a few cases only for critical consideration; but we now seriously put it to the Council, if in future volumes it would not be wiser to use the pruning-knife with less reserve? We think it quite possible that a communication, with a specimen, may not be unworthy the attention of the fellows assembled at their periodical meetings, which might not be worthy of a permanent place in any volume of "Transactions." With the present profusion of publications we have no need for cases which illustrate points beyond which science has already passed; nor, with few exceptions, do we require illustrations of those points to which our profession has now attained; but we do want those which shall tend to establish science on the points to which she is eagerly stretching forward, and which will, in their turn, lead to others as yet altogether unseen by us. Let us have an abundance of such cases, and such only as will answer affirmatively to the inquiry, "Will this case, irrespective of the name of its author, or the popularity of its subject, really help science onward?"

Second.—Here we have a goodly volume, of nearly 400 pages, got up most carefully, and in a handsome manner. How much time do the fellows think one or both of the hon. secretaries must have given to its preparation? We have no doubt of its having required the labour of many weeks to collect together so large a mass of cases, to analyze and arrange them, and to do all the tiresome work which belongs to the correction of the press. We have no doubt, further, that these gentlemen are in a similar position to our own—viz., that of being required to convert their brains and available moments into guineas or some lesser coin. Is it right, therefore, that whilst the fellows and members of the Council of the Society quietly enjoy themselves, and "sit at home at ease," they should permit the editorship of such a work to be an honorary office? We complain justly that the non-medical committees and governors of our public charities engage our services, without seeking to reward them, but here, within ourselves, the very same evil is rampant, and contrary to the old adage, dog is eating dog. We put it to the Pathological, the Royal Medical and Chirurgical, and all other Societies which publish "Transactions," whether this ought to continue?

## Fine Arts.

### PORTRAIT OF PROFESSOR SIMPSON.

THE likeness of this distinguished physician-accoucheur is in many respects an excellent and admirable one. The world-wide celebrity of Dr. Simpson will render the portrait an acquisition to a large number of professional gentlemen—friends, patients, and pupils. It is executed in the best style of lithography by Messrs. Schenck and Macfarlane, of Edinburgh, from a drawing made by Mr. Hahnisch, during the present year. To those who know Dr. Simpson, the present likeness will bring his features vividly before them. If we were inclined to be critical, we might, perhaps, say that it is smoother in outline than the original, and somewhat fails of conveying a true impression of the great mental energy and incessant action of this remarkable man. He certainly does not find time to sacrifice to the Graces. His hair, in particular, is almost leonine in its arrangement, and somewhat hides the large development of the anterior cerebral lobes. The portrait is nearly full-faced, and one of the great peculiarities in the head of Dr. Simpson is its powerful depth from the forehead to the occiput, so that the contour of the engraving is less massive and striking than the original. Still, as we have already observed, the likeness is an admirable one, and the execution of the engraving in every way worthy of praise.

# THE LANCET.

LONDON: SATURDAY, DECEMBER 16, 1854.

IN addressing a letter to the President of the Board of Control, on the constitution of the New India Medical Examining Board, Dr. JAMES BIRD has performed an act of great courage and utility. The criticisms upon the recent appointments are manly and straightforward, and at the same time so powerful in facts and arguments, that Sir CHARLES WOOD must, we should imagine, see reason to regret, if not to retrace, the steps he has been induced to take. It is, we believe, the intention of Dr. JAMES BIRD to place his letter in the hands of every member of the Houses of Lords and Commons, and we have no doubt that early in the session public attention will be directed to this important matter. In the mean time we proceed to put our readers in possession of the opinions advanced by the author of this excellent Letter.

Dr. BIRD directs attention to the hopes excited amongst the medical officers of the Indian service by the Bill of last session, which seemed to promise that in future the medical patronage of India would be distributed, not amongst the most favoured, but the most competent. It was also a satisfaction to the entire profession to see a principle of right and justice thus advanced to the first rank, and much good was expected to accrue to Medicine by the adoption of the same principle in the distribution of places of honour and profit in our hospitals and public institutions. It was, in fact, the first great recognition in this country of the system of the *concours*. But it was also stated by the Ministers that the India Medical Examining Board was an experiment which, if found to answer, should be applied to the other departments of the public service in India. This, moreover, must be taken in connexion with the plan broached by the present Government, of arranging a system of examinations for the vast number of places now at the disposal of Ministers in the civil service of the whole country and our forty colonies throughout the globe. It may well therefore be matter of chagrin and regret that the first tentative step of this vast and comprehensive reform should, in medical hands, have been converted into a paltry and discreditable job.

As Dr. BIRD very forcibly points out, the miseries of the sick and wounded in our military hospitals in tropical or European climates, originate not so much from want of civil medical knowledge, as the comprehension of the varied and intricate causes which lead to sickness wherever masses of men are congregated together for purposes of war. It is not by the pleurisy, or the fever of peace; or by the wounds of the bullet or the sabre, (though these require special knowledge,) that an army is decimated, but the men fall by hundreds or thousands—as we have recently seen in the ranks of our army and those of its allies at Varna, Balaklava, and Scutari—from hospital gangrene, dysentery, camp fever, cholera, and other army epidemics. Into the causes of these things the army surgeon must enter; but they have little or no place in the civil medical education of this metropolis. The conditions of climate, the seasons, the massing of men together, the supply of food, clothing, hospital arrangements for the sick and wounded, and

many other special points, require special study on the part of candidates for military medical service. These things being so, Dr. BIRD very properly asks—“Can a Board of Examiners, selected from two medical scholastic establishments of this metropolis, possessing comparatively little practical acquaintance with the diseases incident to tropical climates or to military life, be best prepared to judge of the knowledge and practical efficiency of assistant-surgeons for India?”

It is dwelt upon that the selection of men from the junior staffs of University College and St. Bartholomew's Hospitals conveys an unmerited obloquy to the distinguished physicians and surgeons of the Indian army, and affords little encouragement to them to prosecute studies that may be useful to the armies and people of India, or to advance medical education in the British empire in the East. Already, as we may see by a Memorial published at page 515, and to which Dr. BIRD refers, the medical service of India labours under serious disadvantages; and now, when an opportunity of doing a great substantial good offered itself, an additional stigma is cast upon this meritorious class of public servants. In the appointment of the new India Medical Board, the President of the Board of Control, no doubt misled by others, has followed exactly the principle formerly adopted by the Court of Directors—a principle which was one of the chief reasons advanced for the reform of the Company. The Court of Directors selected their “examining physician” without any reference to knowledge relating to medical affairs in India, and Sir CHARLES WOOD appoints his Medical Examining Board upon precisely the same principle?

As the matter is now arranged, the Medical Examiner, who has probably never attended a case of Labour, or seen a case of difficult parturition, will have to examine in midwifery and the diseases of women. The midwifery of India may well be expected to improve under such auspices! Every military surgeon in India, be it remembered, has to undertake the care of women in childbirth, and to treat the diseases of women and children. The military surgery of India will be under the care of an assistant-surgeon of St. Bartholomew's, who has not, we believe, the care of a single bed in his own hospital! Need we add a word more? In botany and the use of the microscope, the new Board is admirably represented by Mr. BUSK and Dr. HOOKER, and probably, under the new régime, botany and histology will be the points of the greatest consequence in relation to the military health of our Indian armies, and the qualifications of candidates for assistant-surgeons in the East India Company's Service. The scheme of the proposed examination is as faulty as the constitution of the Examining Board. No certificate of moral character is required of the candidates. All restraint in this matter is removed. Candidates are required to have attended lectures on Botany and Zoology, but they may attend or not, as they choose, lectures on Military Surgery. Indeed, with such a Board of Examiners, to have required attendance upon such lectures would have been a censure upon the constitution of the Board itself.

We agree with Dr. BIRD, and there is, and can be, but one opinion upon the subject in the profession, “That the objects of the new India Bill are likely to be defeated by the impaction and insufficiency of the Examining Medical Board as now constituted;” and that “the nominations of examiners which exclude from the Board the advice and practical experience of intelligent army medical officers from India” cannot give satisfaction in this country or in India.



With Dr. BIRD's proposals for the amendment of the Board we heartily agree, and we trust Sir CHARLES WOOD, who can have in view no other object than the increased qualification of the medical officers of the East India Company, and the welfare of our armies in the East, may take them into his most serious consideration.

Dr. BIRD's advice is,—

"First, that certificates of each candidate's moral character and general conduct while a student should be adduced in his favour before the Board shall proceed to his examination.

"Secondly, that on the subjects of examination it shall be imperative on the candidate to possess a knowledge of military surgery and tropical medicine.

"Thirdly, that a special examination be appointed to test the candidate as to his knowledge of midwifery, and of the diseases of women and children.

"And, fourthly, that in the composition of the Examining Medical Board for India some constitutional check should be provided to prevent the undue preponderance of particular medical interests."

To these we may add, that there should be upon the Board at least one examiner having some experience in military surgery and the diseases of tropical climates.

OUR impression of this day contains the details of another death by chloroform! Guy's Hospital is the scene of the catastrophe, and the victim an unhappy female, whose leg it was proposed to amputate for chronic or malignant ulceration. Our reporter graphically tells us that this poor woman had suffered for two years or more from unhealthy painful hæmorrhagic ulcers of both legs: how, edentulous, attenuated, and cachectic, grey or rather white-haired, with a marked *arcus senilis*, she presented an appearance of age more akin to that of seventy than of fifty-four, which she was stated to be: that on being brought into the operating theatre a limited quantity of chloroform was administered to her in the usual manner; and that in five minutes afterwards she was a corpse. The surgeon having used his best skill to restore animation, with wonderful pre- (or rather post-) science declaring his conviction that "the heart would be found fatty." The post-mortem examination showed the accuracy of his judgment. He had performed an *experimentum crucis*: the heart was fatty throughout.

Probably it may not be forgotten that, a few weeks ago, we made some remarks on this subject. We showed that the indiscriminate use of chloroform had led to the most fearful results; that deaths had, over and over again, occurred from the administration of this agent in cases in which there did not exist the slightest occasion for its use; and we concluded by saying:—

"In the first instance, then, chloroform must not be administered almost *ad libitum*, as has hitherto been done. Its use must be reserved for those cases in which the intensity or duration of the pain in an operation constitute serious complications, or where insensibility is essential for the success of the surgeon's proceedings. To this the practice must come at last. The sooner it does so, the less will be the expenditure of life."

Had these words been acted on, the life of a human being would not have been sacrificed. Was the intensity or duration of the pain in an amputation of the leg sufficient to justify the fatal risk in such a subject? Or can it be said that insensibility was essential to the surgeon's proceedings? Surely not. There are those who will agree with us in thinking that it were better that a thousand individuals should each bear, when necessary,

the momentary pain of amputation, than that one of the thousand should die in an attempt to remove this momentary suffering. On the occasion referred to we felt it right, not only to point out the necessity of limiting the use of chloroform, and of care in its administration, but we also endeavoured to show the risk of the practice under any circumstances in certain cases. We discussed then, more particularly, the subject of fatty degeneration of the heart in its relation to death by this agent, and, amongst other observations, remarked, in speaking of the symptoms of this state of heart—

"We may expect to find such features in those whose vigour has yielded beneath the influence of want or chronic disease, in the aged, or the young grown prematurely old by over-application or constitutional decay, and in the dissipated, whose physical constitution is as degraded as their moral attributes. In all such cases, the paralyzing influence of this agent on a fatty, feeble heart may be feared, and its use should be avoided."

Had these words been written after the event above related, they could not have more pointedly illustrated the event itself. Here, in fact, is the case itself—the "prematurely old" subject, with a "degraded physical constitution," suffering from "chronic disease" and "anxiety," falls a victim to "the paralyzing influence of this agent on a fatty, feeble heart." Once more, then, we raise a voice of warning against the indiscriminate use of chloroform. It is a dangerous agent; its effects have painfully reached the consciences of some; it may so happen that they may affect others in a more tangible form, and that regret will come when there is no remedy. Our observations must not be misunderstood. We fully appreciate the value of chloroform: we more fully appreciate the dangers attending its use, or rather its abuse. It is that abuse, now become general, we seek to arrest; we do so for the sake of humanity and for the character of our profession, which should not risk the loss of its reputation for prudence, and for its high estimate of the value of human life.

Of all the methods of imparting practical knowledge and skill in Medicine and Surgery, there is certainly none that can surpass Clinical Instruction by a master in the art. There are some branches of knowledge that can be prosecuted with success by the solitary student in his closet: Medicine is not one of them. There is no art, no handicraft, that more imperatively requires daily and hourly oral and manual illustration. No didactic systematic works, no lectures delivered away from the hospital wards, and not seeking for examples amongst recent cases which the student can witness for himself, can compare with the clinical lectures of the experienced physician or surgeon drawing his illustrations from living Pathology, and exemplifying by his own manipulations and appliances the principles of treatment. The greatest of our modern physicians and surgeons have also been the most renowned as clinical teachers. It demands but ordinary acquirements and corresponding confidence to expound in a college theatre a course of dogmatic lectures on the Theory and Practice of Medicine and Surgery. If, by the delivery of such a course, a man may fail to earn or to extend a reputation, he is at any rate secure from the risk of exposing to his pupils and to the world his own incompetency to carry those principles into action which he has inculcated as the rule of practice. But it requires courage of no common order, such courage as can only be engendered in a vigorous mind by a long experience of success, to put the accuracy of his theory and the soundness of his practice daily to

the test of crucial experiment and the criticism of numerous observers. The man who boldly encounters this ordeal not only renders the greatest possible service to the students of his time, but evinces in himself the possession of that confidence which shrinks from no public observation. But there is a degree of merit and courage, if possible, greater than this. It is that of a man who, placed by private fortune above the usual incentives to professional exertion, who having long acquired, by his practice, his clinical instruction, and his writings, a foremost place amongst the scientific celebrities of the age, who already seems in the possession of that for which men strive, both in present fortune and future fame, is still willing to devote himself to the toil of instruction, to expend time that might without reproach be given up to the enjoyments of an honourable retreat from the anxieties of practice, in giving health to thousands of the poorest of mankind; still to challenge the criticism—not always fair or friendly—of the world upon those doctrines and methods of practice which are the basis of his reputation. Such is the courage of Professor SYME. With nothing to gain, and fearless to lose, the great surgeon of the northern capital, still animated by the love of his art, the desire to prolong his career of public usefulness, and nobly confident in the truth of those principles which he has long earnestly taught, is still anxious to afford the world ample opportunity of confirming or of refuting them, by placing before it the results of those principles as carried into practice in the clinical wards of the Edinburgh Infirmary. But we doubt not that by the course which Professor SYME has adopted, of publishing his clinical lectures in *THE LANCET*, he will add to his well-established fame. That, indeed, scarcely needs an increase, but that which the world will always want is the example of men careless about personal toil, and capable of devoting themselves, without the hope of adequate reward, to the public service.

In thus referring to the conduct of Professor SYME, we may be permitted to observe, that there is a peculiar fitness in the publication of his course of clinical lectures in this journal. The great and living principle of *THE LANCET* has, from the day of its first issue, been the diffusion of hospital clinical instruction. The present development of clinical teaching in the London hospitals is largely owing to our unwearied exertions. No clinical teaching, deserving of the name, had ever been pursued in London until after the establishment of *THE LANCET*. And we still feel a just pride in the reflection that, while clinical teaching has grown up in this metropolis to be an integral part of the system of medical education, under our observation, and greatly through our aid, the usefulness of this great means of instructing young men, and enlarging the sphere of medical knowledge, is not confined to the arena of the hospitals, but is, through these widely-journeying pages, felt by the most distant practitioners, whose information is thus increased, and whose resources are enlarged; and benefits suffering mankind in every quarter of the globe where the English language is read.

AMONGST the worst hardships to which the practitioner of medicine is exposed must be classed the injury to which he is subjected by boards of guardians. He is placed between two classes, often, it is to be regretted, antagonistic to each other. On one side are those appointed by law to protect and succour the pauper population, on the other the poor themselves. To

ours of our brethren be it said that, with rare excep-

tions, they have stood forward as the defenders of the poor persons committed to their care. The sacrifices which the noble union surgeons of this country have made, pecuniary and otherwise, in the cause of humanity, are seldom acknowledged, and too frequently mistaken and ignored. The "village HAMPDENS," who have stood forward as the champions of those who have "no friend beside," have often been marked out for destruction by those whose tyranny they have had the virtue and manliness to oppose. The pages of this journal, for thirty years past, have abounded in instances of this kind. Unfortunately, the enemies of right and justice have been too frequently successful. The list of those who fall in this holy warfare is, notwithstanding these fearful results, not yet filled up.

True to the honourable calling which they have been destined to follow, the union medical officers of this kingdom still occupy with undaunted courage the position of being the friends of the poor. Even in what would be regarded an enlightened and philanthropic locality, the honest and humane surgeon occasionally falls a victim to the jealousies and ignorance of those who appoint him to his office. At the present moment, the guardians of the populous and important parish of Islington are placed in the unenviable position of having dismissed their medical officer for having endeavoured to procure for the inmates of their overcrowded workhouse such improvements in their sanitary condition as were absolutely necessary, and therefore imperatively demanded.

The workhouse of that district was built at a time when the inhabitants numbered about 10,000. Since then the population has increased tenfold, whilst no additional accommodation has been afforded to the unfortunate paupers who have to become inmates of the building. It became too painfully evident to the parochial surgeon, Dr. SEMPLE, that the insufficient accommodation of crowded wards, and the bad management generally of the poor-house, were fertile in the production of sickness and death. Acting under this impression, and fortified by the directions which had been issued by the Board of Health, Dr. SEMPLE represented to his employers the absolute necessity of better accommodation for the inmates, of the improvement of the imperfect drainage and ventilation of the house, of greater space for its inmates, and a systematic classification of those affected with disease. These recommendations were duly forwarded to the Board of Health, and also to the Poor-Law Board, and we cannot believe that the authorities of these two important establishments could regard the recommendations of Dr. SEMPLE with anything but approval.

We perceive that a public meeting of the medical practitioners residing in Islington is announced to take place at Baker's Rooms, Upper-street, on Friday evening next, the 22nd inst., at eight P.M., "to consider the dismissal of Dr. SEMPLE, and to take such steps thereon as may be deemed expedient."

If boards of guardians do not always evince a scrupulous anxiety to obtain a reputation for fair dealing and honour, they can seldom be accused of prodigality in the administration of the funds committed to their charge. They adhere with unswerving tenacity to the great commercial principle, of getting the most they can for the money. Those who would see many interesting examples of the art of exaction carried to the point of robbery, cannot study in a richer history than in

that of the dealings of boards of guardians with medical practitioners! We purpose on the present occasion to refer to one example of this kind. The parochial medical officers are occasionally called upon to examine and report upon the mental soundness or unsoundness of paupers, with a view to their removal to an asylum. The mode in which this important duty is to be performed is clearly stated by the Lunacy Acts; and the remuneration for it is likewise indicated. Boards of guardians, acting on the assumption that the union surgeon, being in their pay for the performance of other specified duties, is bound, or may be compelled, to perform this extraordinary duty likewise, not seldom refuse to pay the fee provided by the Act of Parliament. There appears to be no question that the fee must be paid when the surgeon certifying to the insanity of a pauper is not the union surgeon. But boards of guardians, availing themselves of a presumed authority over their medical officers, sometimes contend that they are not bound to pay a fee when the certifying surgeon happens to be the union surgeon. We will not indulge in the superfluous discussion of the equitable claim the union surgeon has to a moderate fee for the discharge of an anxious and responsible duty, for which he does not receive payment in any other form. It is more profitable to set in a clear light his legal right to the fee in question. It is, then, expressly provided by 16 and 17 VICT., ch. xcvii., sect. 69, relating to pauper lunatic asylums, that the justices may order payment of a fee to any medical man called on to examine a "neglected" or "wandering" lunatic. A pauper lunatic is almost invariably sent to an asylum under the certificate of a justice of the peace, who has to call to his assistance a medical man; such justice can in every such case direct a proper fee to be paid. But then some boards of guardians pretend that the signing of these lunacy certificates is part of the ordinary duty of the medical officer, for which he is paid his salary. That is an assertion which they are bound to prove. We at least find nothing to support such a conclusion. If we could imagine a case in which it was especially inserted into the contract between a board of guardians and a medical officer as a part of his ordinary engagements, then there would be a voluntary surrender of the right, and the question could not arise. But the fact that the question does arise, and give occasion to altercations, proves that this duty is not a specified part of the contract.

The course we advise Poor-law medical officers to adopt is, on every occasion of their attending before a justice, to ask him for an order for payment of a fee. We do not believe the auditor of the Poor-law Board would think it his duty to refuse such order in the union accounts.

### SURGICAL PENSIONS IN THE EAST INDIA COMPANY'S SERVICE.

*To the Honourable the Chairman, Deputy-Chairman, and the Honourable the Court of Directors of the Honourable East India Company.*

The humble Memorial of MATTHEW STOVELL, Surgeon, Bombay Army, most respectfully sheweth,—

THAT on the appointment of your Memorialist, in 1828, to the medical service of your Bombay Presidency, medical (in common with military) officers were permitted, in accordance with the retiring regulations of 1796, to retire from the service on the pension of the rank to which they had attained.

2ndly.—That this principle of granting pensions to your medical servants according to rank was abolished by the rules

of 1842 and 1844, which substituted a scale of pensions according to length of service.

3rdly.—That this departure from the principle of granting pensions according to rank is a grievous blow to your Memorialist, and likely to prove most injurious to his interests.

4thly.—That while this principle was departed from in the case of your medical servants, it was inviolably maintained in behalf of your military servants, for, in 1837, when your

Honourable Court's Letter, dated 20th of September, 1837, paragraph 4.

honourable Court granted to your military servants the boon of pensions according to length of service, it was at the same time expressly stated that such boon was to be "without prejudice to any claims arising out of the retiring regulations, as established in the year 1796,"—viz., pensions according to rank.

5thly.—That the principle of protecting the financial interests of all classes of your servants, by never giving other than prospective effect to rules prejudicially affecting them, has ever, until now, been held sacred and inviolable by your honourable Court, and, as one of many illustrations, your Memorialist would beg to remind your honourable Court that, when the pension of a chaplain was reduced from the pay of a lieutenant-colonel to that of a major, such reduction was ruled to have only prospective effect, and was not made to affect injuriously the interests of chaplains then actually in

your service. Again, when an alteration was made in the pay and pensions of veterinary surgeons, it was ruled, that those then in the service "should not be deprived of the benefit of the present regulations."

6thly.—That the same principle of protecting the interests of public servants has ever been held, and is still held, equally sacred and inviolable by her Majesty's Government, and, as a recent illustration in proof of this assertion, your Memorialist begs to quote the following extract from a despatch from Earl Grey, Secretary of State for the Colonies, to the Governor of the Cape of Good Hope:—"The interests of existing office-holders must be protected, because they accepted those offices with expectations which cannot justly be disappointed. But, subject to these interests, there is no objection to the

Legislature fixing whatever scale of emoluments they may think fit for public servants to be hereafter appointed."

7thly.—That the scale of pensions laid down for your medical servants according to length of service is wholly incommensurate with the corresponding scale previously laid down for your military servants, and that the latter is as follows:—

To every officer of twenty-three years' service (three years furlough included) the pay of a captain—viz., £191 2s. 6d. per annum.

To every officer of twenty-seven years' service (three years' furlough included) the pay of a major—viz., £292 per annum.

To every officer of thirty-one years' service (three years' furlough included) the pay of a lieutenant-colonel—viz., £365 per annum.

To every officer of thirty-five years' service (three years' furlough included) the pay of a colonel—viz., £456 5s. per annum.

8thly.—That while your military servants are thus enabled to retire on the pay of a major four years after being entitled to that of a captain, and on the pay of a lieutenant-colonel four years after being entitled to that of a major, your medical servants, previously deprived of their privilege of retiring according to rank, are compelled to serve eight years after being entitled to the pension of a captain before they can retire on the equivalent of that of a major, (instead of four,) and twelve years before they can retire on the pension of a lieutenant-colonel (instead of eight.)

9thly.—That by the operation of these rules, military officers, entering your service at the average age of seventeen, become entitled to the pension of a lieutenant-colonel at the age of forty-eight, while medical officers, entering your service at the average age of twenty-four, do not become entitled to the same pension till the age of fifty-six.

10thly.—That thirty-one years ago, your honourable Court formally recognised and admitted the just and gracious principle that your medical servants were entitled to equal consideration, in all things affecting their interests, with your military servants, and distinctly stated your opinion that the provision then made "for the comfort and advantage of the

Medical Retiring Regulations of 1844.

Honourable Court's Letter,  
5th of February, 1823.

officers of your medical establishment" was "fully commensurate with the advantages of your military servants."

11thly.—That the facts stated by your Memorialist in paragraphs 2, 4, 8 and 9, prove how completely this principle was lost sight of in framing the medical retiring regulations of 1842 and 1844.

12thly.—That your Memorialist has served your honourable Court upwards of a quarter of a century, and he believes with fidelity and zeal as in duty bound, and he now most respectfully and earnestly prays—

1. That he may not be deprived of the benefit of the retiring regulations which were in existence when he received his appointment of assistant-surgeon, and on the faith of the permanence of which he entered your service.

2. That he may be allowed the option, in common with your military servants, of retiring on the pension of a major *four* years from the date on which he became entitled by existing regulations to the pension of a captain, and on the pension of a lieutenant-colonel *four* years from the date on which he would thus become entitled to the pension of a major. And your Memorialist feels confident that your honourable Court, guided by the principles of justice and equity, will graciously sanction his prayer.

And your Memorialist, as in duty bound, will ever pray.

M. STOVELL,  
Surgeon, Bombay Army  
Bombay, July 31st, 1854.

## Correspondence.

"*And aliter partem.*"

## TREATMENT OF GUN-SHOT AND INCISED WOUNDS RECEIVED IN BATTLE.

To the Editor of THE LANCET.

SIR,—Will you kindly afford me a little space in your valuable journal to express an opinion upon the importance of depletion by venesection in the treatment of wounds received in warfare? such as those occurring from puncture, especially *bayonet wounds*; from laceration, as by bullet or any other missile; incised wounds; and in cases of severe contusions, as from spent balls, fragments of shell, &c. &c., and adopted at a time when the system has fully recovered from the shock of such a casualty, and before severe inflammatory action has set in; and particularly in those cases where the nature of the injury has not involved any serious hæmorrhage, which that oracular military surgeon, Mr. Guthrie, states seldom to be the case. It must be ceded to me, that the danger of every wound is enhanced in proportion to the extent and severity of the supervening inflammation; and when terminating fatally, the event is attributable almost solely to the failure in the subduction of that most serious condition; most wounds assuming a benign character before inflammatory reaction occurs, and in many instances are subjects of a favourable prognosis; to anticipate and control which morbid state is my object in advocating timely and sufficient depletion. In a conversation I had with the late memorable Mr. Liston upon the subject of bloodletting, he and a surgeon who was present, I believe Mr. Johnston, both fully concurred with me in the propriety of its adoption in all acute inflammations, and Mr. Liston stated to me emphatically that "he never found the loss of blood any impediment to the success of his operations."

A corroborative case, which occurred in the practice of the late Sir Astley Cooper, many years since, which from its extraordinary character and the miraculous recovery of the patient became a matter of great notoriety, is one of the innumerable instances supporting my theory. It was that of a man who was impaled by the shaft of a carriage passing through his body, upon the retraction of which an unprecedented hæmorrhage ensued, and which was no doubt the proximate cause of his recovery. For what more could Sir Astley do in such a case than cover the external wounds, to ward off the approach of the irritating atmosphere, and attend to the general health of his patient, and leave the *vis medicatrix nature* to complete the cure? Another case more apposite to this subject occurred to a gentleman of the name of Ponsonby, who was lying wounded on the field of Waterloo, when a French lancer riding by perceived him, and exclaimed, "Vous n'êtes pas encore mort, coquin," piercing him at the same time with his lance, which wound bled profusely, and his recovery was attributed to that accidental circumstance. Heurnius,\* in his "Com-

\* *Lazarismus talem habitum copiosæ evacuatione, maximeque Phlebotomia,*

mentary upon the third Aphorism of Hippocrates," strongly advocates and confirms the propriety of depletory treatment by the example of the Prince of Orange, who, being wounded in the neck, lost pounds of blood daily without any fatal diminution of strength; which, if, as I think does not admit a doubt, it is in the slightest degree competent to mitigate the sufferings and enhance the chances of recovery of the brave fellows engaged in war, more especially our gallant Crimean band, should not be neglected and lost sight of amidst the vulgar prejudices to the use of the lancet, amongst those who are ignorant of its value, from a perfect incompetence to form an opinion, never having properly tested it.

I am, Sir, yours respectfully,

JOHN LANGLEY.

Upper Albany-street, Regent's-park, December, 1854.

## IS THE ASIATIC CHOLERA CONTAGIOUS?

To the Editor of THE LANCET.

SIR,—My attention was drawn to a letter, in last week's LANCET, from Mr. Waddington, headed "Is the Asiatic Cholera a Contagious Disease?" I for one quite agree with the sentiments he expresses, that the Asiatic cholera is neither "contagious nor infectious." I had ample opportunities of witnessing the disease in all its forms when it was raging in 1849, and the conclusions I then formed were, that the cholera did not spread by contagion, but the greater number who fell victims to its ravages were influenced by fright and a dread of the disease, which, acting upon the weak, the ill-fed, and the ill-clothed, rendered the body predisposed to receive the complaint. I have no hesitation in affirming that the disease spreads from place to place from some unknown atmospheric cause acting upon the nervous system, and not from infection. It is a well-known fact, that lunatic asylums are exempt from this direful enemy.\* During last year, when the disease made such havoc in Newcastle and the neighbourhood around, the inmates of the lunatic asylum did not suffer; whilst workhouses, prisons, and barracks, are always visited by this unwelcome guest, simply because they are informed that the disease is making great havoc on the outside of their domiciles, which produces an alarm and shock to the nervous system. But the inmates of lunatic asylums are in that state of mental derangement as to be incapable of receiving an impression or shock upon the nervous system. I am not aware that the disease has ever entered any of the lunatic asylums. Now, if it is a contagious disease, why are these places exempt? and why are so few medical men and nurses taken off by the disease? Those medical gentlemen who have fallen a sacrifice to this affection are those who have been in constant attendance upon the sick, producing thereby an enervated state of the system, and rendering the body predisposed to receive the disease. The first case, which occurred at Jessore, could not have arisen from contagion, neither did it spread by contagion. Could the vessel which arrived at Sunderland, in 1832, containing cholera cases, have been the cause of the outbreak in that town? Certainly not: the few cases of cholera which occurred on board that vessel could not have contaminated the whole atmosphere of Sunderland. The disease broke out in parts of the town a long distance from where the vessel touched, and where no communication had taken place between the healthy and those suffering from the affection. The landing from the vessel happened to be a coincident, but the medical men referred the cause and the contagious nature of the disease to that event.

I am, Sir, your obedient servant,

Brynmaur, Breconshire, December, 1854. HENRY HANCOX, M.D.

## THE JOURNAL OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—If I address the following replies to the Editor of the Association Journal, who does me the honour to ask my

hoc est, largæ sanguinis emissione. Videmus ex corporibus bene habitis, per vulnera, incredibiles interdum sanguinis copiam efflari sine noxa. Illustrissimus Auranthius Princeps Guilielmus Nassovius Antverpiæ à latrone laqueo sclopeto in collo, ita ut iugularis vena magnam maximam copiam sanguinis funderet, per plurimos dies, cum cottidie plures libras sanguinis emitteret, salvis verbis evasit. Non enim potuit fastidia surio. Tandem quidam strepto digestivo illito se involuto coelestis perfecti.—HEURNIUS, Comment. Hip. p. 32.

This is not correct. The inmates of the lunatic asylum at Fekham, amongst others, were visited severely by cholera.—Sub-Ed. LANCET.

opinion, I am afraid they will not be published. I hope you will pardon the infliction.

I am, Sir, your obedient servant,

A TRUE FRIEND TO COERMACK.

Q.—1. Can the plan and manner of the *Journal* be improved?

A.—The plan *might* be improved in all those points in which *THE LANCET* has not yet been copied; but I do not hope you will succeed beyond the imitation of type and printers' work. Dulness cannot imitate genius. What you mean by the "manner" of the *Journal* requires to be explained. If you mean "manners," there is room for great improvement.

Q.—2. State in a condensed form the manner in which you think the *Journal* may be improved.

A.—By infusing a little vigour and originality, and by writing in *English*.

Q.—3. Leading Articles: Ought the leading articles to be continued or discontinued? Have you any remarks to make on the nature of the subjects selected for discussion in the leading articles, and on the general manner in which they are handled? Specify some of the leading articles which you specially approve or disapprove since January, 1853.

A.—It matters very little whether the leaders be continued or discontinued, as nobody reads them, except to economise a dose of morphia. The few I had resolution enough to read left so severe a headache, after recovering from the primary narcotism, that I very much disapprove of them. I fear they were a fair sample of the rest, so that I cannot go wrong in disapproving all.

Q.—4. Original Communications: Can you make any suggestions for the improvement of this department? Ought it to be continued, discontinued, curtailed, or extended?

A.—You should certainly try to get a few original communications that are worth something more than the cost of paper and print.

Q.—5. Bibliographical Notices: Can you make any suggestions for the improvement of this department? Ought it to be continued, discontinued, curtailed, or extended? Do you like a preponderance of analytical or of critical notices of books?

A.—As to "analytical or critical" notices, I preponderate towards the analytical. You handle the scissors and paste very industriously.

Q.—6. Editor's Letter Box: What do you think of this department?

A.—It is a compound of dulness and cant. Publish *all* your answers, and I shall have my opinion strongly confirmed.

Q.—7. Enumerate the departments which ought to be continued, discontinued, curtailed, extended, or modified.

A.—Drop the whole thing. This can be done; but do you think *you* can be improved? I am sure you don't, or you would have added a fourteenth question, which I hope you will pardon me for suggesting—namely: *Do you think the Editor of the Journal can be changed for a worse?*

## SURGERY OF THE WAR.

NAPOLEON, at Eylau, taking a diamond star from his breast, placed it on that of a young medical officer. In a deadly charge the day before, we are told, thousands were wounded; at last the serried lines of the French gave way, and retreated by a series of manoeuvres, in one of which, amongst dead and dying, a surgeon was seen, suddenly called to a general terribly wounded. A large artery was open; cold and harassed, the surgeon knelt by his patient; shouts were raised on all sides for him to save himself. The battalions of the enemy literally rode over him; the bullets of the opposing army whistled in hundreds by his ears; still he pressed on the artery, and ultimately saved the life of the young officer. A bitter cold night followed a more frightful day. The surgeon crunched the snow in his hand, and applied it to the wound. Something little short of a miracle had occurred, but the surgeon never deserted his post; and on Napoleon seeing him next day the diamond cross was placed on his breast. A few months ago a tourist in France saw this cross on the coffin of an old village surgeon, and heard the story.

All honour to our military surgeons! The French can boast of this old Dr. Becourt, and Pontier, the Larrey of their present

hospitals at Sebastopol; we can feel a pride also in the names of Mackenzie, Williams, and Thomson. It is too true we have no decorations or honours for our medical men, but their names and deeds live enshrined in the hearts of all who esteem a manly appreciation of duty, of truth, and Christian bravery; for who is it in the dread field of death and battle, though wearied and worn in spirit himself, that can carry such hope and animation to the mind of the wounded soldier, if it be not the surgeon? Who is it that is expected to be awake at all hours, while others sleep,—who is it, while night falls drearily on tent and camp and field, as Homer delights to tell us, still works and watches, and inspires hope and confidence? If accident had not led this tourist into one of the little villages of France lately, we should not have had this anecdote, (to be found in one of the French daily newspapers.) Far from the noise of the outer world, neglected and forgotten, this poor surgeon died; and yet this rare devotion, this true heroism, this life of mental thought and overwhelming work, do not attract the crowd. The great general or diplomatist, the Minister of the War-office, &c., have all or each a peerage or a pension; but the surgeon is,—we will not say forgotten; for here, at least, in the medical journal, we must take note of such generous deeds, such noble devotedness, while in their writings will Larrey, Guthrie, and Ambrose Père be never forgotten. Parliament has now assembled, and we trust a better feeling will be apparent towards our Navy and Army medical officers. Five hundred wounded more are added to the hospital at Scutari, rescued from the ambulances and tents all blown down in the storm of last month. We learn, however, that an hospital ship, the *New York*, has been despatched with seventy-five ambulance carriages, vegetables to prevent scurvy, and various medical necessities.

The charge, the rout, the flying squadrons, the glittering colours, and other "pomp and circumstances" of war, are no doubt very grand. The martial music of the marching army; the kings and generals and their staff; the surgeon meanwhile, perhaps on foot, unnoticed. But a day comes when the surgeon takes the place of all this popular display; that is, the day after the battle. It is for him now a peculiar glory to be calm when all others are excited. There is more of interest and beauty then for him in the resources of anatomy, and in the wise arrangements of nature in healing wounds. He may have galloped with cavalry, as Dr. Wilson, lately, into the thickest of the enemy; but in his hospital no emotion must influence his hand in operating. Russian, French, and English patients are all alike; he must know what to say to the poorest soldier, as well as to the greatest general. We know few men, in fact, that require to be so much masters of general knowledge. We have said that he will find much of beauty in his art and in the arrangements of nature in healing wounds; he will find also much to influence him in the parting words of the dying—secrets confided to his keeping, and last words to be conveyed to the loved ones far away. The surgeon must decline no office. The younger military surgeon must be a thorough man of thought and feeling; the joyous companions of former times, officers he has joked with perhaps in former regiments, are dying, and require one manly, Christian word of a religious kind. He must control his emotions as a surgeon; he must feel deeply as a friend. One tear betrays the man, but less than a tear takes away the *prestige* of the soldier. There is a country and a cause to be fought for, above every other consideration. At the plague of Jaffa, it is told, the soldiers all refused to fight, fearing the contagion of this disease. In vain the generals harangued. The skeleton figures of those soldiers who had caught the plague terrified the entire army, till Desgenettes, a surgeon, offered to sleep with those stricken with the plague, and inoculated himself with it, even under the bullets of the enemy! Taken prisoner afterwards, this noble act was even respected by the enemy, and his life saved. Here is a man, then, all but sacrificing himself to a sense of duty. Yes, the military surgeon has much of moral grandeur in his quieter conquests, superior even to that of the battle-field; kneeling by the straw bed of the ambulance, bent double to reach the ground, he has myriad thoughts to engross his mind, a crowd of contending emotions to regulate; he has to inspire hope, and yet feel as one without hope; his unbroken moral courage must do many things for the poor soldier, struck down and dying, which the world never hears about; he is the great repository of the farewell secrets of the wounded, of a favourite ring, or note, or seal, great things or small; he is expected to manage everything. Like a sentry, the surgeon watches at all hours, and when the morrow arrives he has still to keep watch and ward in the trenches, or on the grim battle-field itself; he has to improvise all sorts of resources; he is at once



carpenter and nurse, secretary and soldier, physician and friend.

On the 21st of September the surgeon of the *Vulcan*, quite unexpectedly, received on board his small ship 500 wounded from the battle of Alma. Dressings, lint, calico, &c., were wanted; but the sailors and officers gave all their sheets, shirts, &c., to the wounded, so great was the moral influence of the surgeon over them. The surgeon of the *Agamemnon* came on board, but it was midnight before they were all dressed. Another surgeon had to operate several times without chloroform, amputate thighs, his orderly or servant alone assisting him. The Minié rifle bullet splits and smashes the bone, while the old bullet bored holes in it. A dozen instances are given of surgeons left to shift as best they can, without ambulances, without wine, without lint or bandages; yet the moral courage of such men beats down all difficulties; the character of the true surgeon wins all hearts, triumphs over every disaster.

A very general impression seems to prevail, in and out of Parliament, that at home, perhaps, everything that the Director-General, Dr. A. Smith, could do, has been done. Our severest want, a deficiency of ORGANIZATION on the field of battle and at Scutari; the contrast at the hospitals of our French allies in the war, is curious, and eminently instructive; already the French have had 9538 sick and wounded in the hospitals previously alluded to, and 472 deaths. In our own hospitals there were this month 4000 sick and wounded. A very large proportion of the deaths, it is to be regretted, occurring from diarrhoea, while "cholera, gangrene, typhus, and erysipelas," are said to be prevailing to a great extent. As we only pretend to give a few passing glimpses at this immense field of action, and, if possible, to mix the darker and lighter shades of the picture,—to mix, according to the good old Horatian maxim, the *utile et dulce*, we give a "Diary," kept by a surgeon in the trenches. Amongst other things, we learn the French wounded soldiers have already "sheep-skin jackets." His various experiences in the trenches are worth recording.

DIARY.—October 23rd.—Lieutenant Ruthven has had his shoulder-blade out—an operation only once before done. Poor O'Leary, the surgeon who performed it, was killed a little while afterwards himself by a round shot.

24th.—Dressing shattered limbs to-day, and popping, *pro re nata*, occasionally at Russians in the Inkermann valley—extreme Minié range 1000 feet—no go! I took a shot, and made one Muscovite fellow look round, but that was all, save that he raised my ire a little bit by politely bowing. Got my horse shod. Heavy showers; sky as umbrageous as the surgery; B—looking a little "shady." I met at the "diggins" (trenches) a man of ours who shattered his left arm to-day; settled it all square again.

25th.—Lovely morning. Russians forced the Turks redoubts, and in return we drove them from them. A regular "mill" then commenced; the Greys got into a battalion of Russians, and committed fearful slaughter.—*Vespere*, as we used to say at the hospital. Large meet of officers round bivouack fire. Every one had heard a different story as to the engagement of the morning; the only deduction to be drawn that we are in "queer street," for the Russians hold one of our redoubts, and have captured in it some guns. By the way, the Turks—bono Johnnies—behaved very badly; bolted into Balaklava, and only came out when forced to do so by Britishers. (Bravo Britishers! this in a parenthesis.)

26th.—Lovely day. Returned to camp. Dense column of infantry crown the hills, and four guns. I returned to the hospital, where I was soon at work. The first division supported us; the enemy advanced.

(This was the day succeeding the terrible engagement at Balaklava, after which, 1200 to 1500 wounded of the French alone were transmitted to Pera, and 100 capital operations performed. The serious character of these engagements may be best learned, perhaps, by contrast with the hospitals of Brussels after Waterloo, where there were only about twice as many wounded. It is curious Mr. Guthrie describes the same confusion and want of organization at Waterloo in the medical department. The "assistant-surgeons," he says, "were doing everything they should not have done; they were overwhelmed with work, and half dead. The result was, that the great battle of Waterloo, with its host of wounded, and its almost wonderful opportunities, added but little to surgical science. The same result has followed the four great battles in India, the same loss to science, and solely because the surgeons of the Royal and Indian armies were overwhelmed by the extent of their labours." The total treated in the hospitals of Brussels, after Waterloo, was only 3959; operations, 387; deaths, 146. About twice this number (8000) were wounded. At Waterloo, simple

incised wounds were stuffed with lint, which bred a bad fever. Lock-jaw was also fearfully prevalent, Larrey using the actual cautery as a cure! Mr. Wardrop stated that the wounded left on the field of Waterloo, not taken to hospital—it was then, however, midsummer—recovered much better, *ceteris paribus*, than those exposed to the bad air and pyæmia of the hospitals. A good deal of confusion is described as occurring the day after the Alma. It is pleasant to find, however, there was some chloroform—eight ounces for each regiment. "One surgeon, however, was borrowing from another's small pannier stock, when he could ill spare the loan. There was no general canteen for general purposes. The rations of the wounded (raw meat, &c.) were brought down, uncooked, from their regiments; it was disgusting to see these meat rations, which they had no means of turning to use, if they wished, laid down and left at their side. A good deal of this, of course, in battle, is unavoidable, and Larrey, Guthrie, Hennen, &c., tell us of their similar disasters. There was no distinguishing mark to point to the General Hospital; no flag to show this celebrated prison-yard, described as the hospital "on the right of the road down the little river Alma," where, from morning till sunset, surgical operations were proceeding on all sides. The soldier who had just had a limb amputated lay next the one who was the subject of a similar operation. Every operation was performed on the ground, and the postures of the operators almost as much, as their labours were a source of serious irksomeness and fatigue. Active as the surgeons were, it was impossible they could keep pace with the demand on their exertions, for when the time came that those who had been dressed could be removed to the ships, their places were at once occupied by others who were only then brought in from the field. Thus it went on till darkness came, and so it continued the following day, till about five p.m." The same writer says: "The Director-General sent out a numerous body of surgeons. Many succumbed to climate, disease, and hard labour in Bulgaria. Enough, however, remained, with proper organization, more especially if the offer of assistance from the fleet had been frankly accepted; but organization there was none." The regimental surgeon who had four or five wounded, when they were attended to, went away, perhaps, or remained with them; while another surgeon had five times as much as he could attend to. This is all interesting, as the contrast with the French surgery, where all was organization, is described as most remarkable.)

27th.—Up at half-past six o'clock. Got most of our wounded off for board ship, but detained some Russians for operations. "*Fiat experimentum*," &c. &c.; in fact they can't be moved without it. Had breakfast. Surgeon —, now in charge of the — Regiment, not having had an operation yet, I let him amputate one of my Russian's thighs, and —, his assistant, another. Work begins to be dreadfully hard; I find my back very achy—*vide* Guthrie *passim*. Total loss yesterday: killed, ten; wounded, sixty-six; officers, two. Took a look from the top of the hill. As I was returning, I met an extraordinary friend—an old acquaintance, an officer of the Royal Navy, on the outside of an immense lubber-fiend-of-what?—a horse! with literally a rope from his hammock-strings for bridle, and sitting flat like a Turk on a pad pack saddle! Dinner; evenings lovely; moon again of service; bed at eight; two turns out during the night to heavy firing from picquets, but we did not move our ground.

28th.—Here I am as usual, early in the morning, writing in the open air; and pretty cool it is, too, *recubans*, without the *tegmine fagi*. I can say nothing of the siege. I know nothing at my hospital, save that we go on firing all day, and popping all night, the Russians replying, but not with the vigour of old. The 30th picquet brought in just now seven fine horses, the riders (Cossacks) shot last night; yet, with all our fine horse-flesh, what would I not give to be sitting in the old arm-chair, waiting for the dear ones at home to come down to breakfast; and that jolly bread, and, above all, the Tipperary butter—oh! murder! as they say; but here the post-office is closing—*Valc*.

THE WOUNDED ENGLISH AT SCUTARI.—A committee of ladies has just been constituted in Leeds to devise means for the relief of our brave fellow-countrymen wounded in the war, and already an active canvas for linen and other articles has been begun. The first day's contributions include 81 drawers and shirts, 103 pillow-cases, 120 linen sheets, 1 bale of old linen, 276 linen shirts, 11 dozen linen bandages, 7 cases of lint, 248 stockings and socks, 1 bundle of slippers, 30 towels, and a great number of miscellaneous articles, newspapers, caps, muffs, pincushions, dressing-gowns, writing-paper, &c.

## House of Commons.

WEDNESDAY, DEC. 13TH.

## BOARD OF HEALTH ACTS.

SIR B. HALL said, that after the Christmas recess he should propose to repeal the Health of Towns Act of 1848, and the Nuisances Removal Acts, and to introduce two entirely new Bills upon the same subjects. He gave that early intimation of his intentions, because he was aware that notices had appeared for several local Bills. He would venture to suggest to the local authorities that it would be advisable to incur as little expense as possible in the first instance, as the provisions of the Bills which he hoped to introduce might perhaps supersede the necessity of prosecuting the applications of which notices had appeared.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 8th inst.:—

BEERE, WILLIAM HENRY, Banbury, Oxfordshire.  
BIRCH, JOHN PARRY, Cheshire.  
CORBETT, WILLIAM HENRY, Kingston, Canada West.  
DEVILLE, JEAN CHARLES AMEDEE ERNEST, Gerrard-street, Soho.  
ELKINGTON, THOMAS, Fenny Compton, Warwickshire.  
GILBORNE, JOHN HENRY, Army.  
O'CONNELL, PETER, Waterford, Ireland.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

*Thursday, December 7th, 1854.*

ATWELL, JAMES BUCKLEY FALCONER, Wilmington-square.  
BOOTH, JOHN GREGORY, Haslingden, Lancashire.  
BROWN, THOMAS EDWIN BURTON, St. Mary-Axe.  
CROFT, JOHN.  
DOUGLAS, THOMAS SADLER, Whitehaven, Cumberland.  
HODGSON, JOSEPH WALLY, Leeds, Yorks.  
RAYMOND, LEWIS ROBERT.

**UNIVERSITY OF LONDON.**—**DOCTOR OF MEDICINE.**—*First Division:* Henry Briggs, University College; Richard Neale, University College; William Roberts, University College; Charles Brodie Sewell, University College; Thomas Buchanan Washbourn, Guy's Hospital.

**SECOND EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.**—*First Division:* John Crown Agnis, B.A., University College; George Buchanan, B.A., University College; Henry Vandyke Carter, St. George's Hospital; Wilson Fox, B.A., University College; Frederick William Headland, B.A., King's College; Thomas Hillier, B.A., University College; James Champion Penny, St. George's Hospital; Henry Robert Silvester, B.A., King's College; Julius Woldemar von Tunzelmann, University College.—*Second Division:* Alfred Playne, King's College; Henry Stevens, King's College; Richard Wilkinson, King's College.

**EXAMINATION FOR HONOURS.**—*Physiology and Comparative Anatomy:* George Buchanan, B.A., gold medal, University College, F. W. Headland, B.A., gold medal, King's College, equal; Henry Vandyke Carter, St. George's Hospital, Thomas Hillier, B.A., University College, equal.—*Surgery:* George Buchanan, B.A., scholarship and gold medal, University College; Thomas Hillier, B.A., gold medal, University College; Henry Robert Silvester, B.A., King's College; Henry Vandyke Carter, St. George's Hospital; Julius Woldemar von Tunzelmann, University College.—*Medicine:* George Buchanan, B.A., scholarship and gold medal, University College; Thomas Hillier, B.A., gold medal, University College; Frederick William Headland, B.A., King's College; Wilson Fox, B.A., University College.—*Midwifery:* Henry Robert Silvester, B.A., King's College; George Buchanan, B.A., University College.

**FRENCH PATRIOTISM.**—Dr. Jules Cloquet, inspired by a generous feeling, has proposed to the Emperor to lend his country house, situated on the sea-shore, near Toulon, for the reception of officers of the army or navy wounded in the East. Louis Napoleon has written to Dr. Cloquet to say that he willingly accepts his offer, and congratulates him on the patriotic and charitable manner in which he has proposed to employ his villa.

**ABERNETHIAN SOCIETY, ST. BARTHOLOMEW'S HOSPITAL.**

—We regret to learn that this debating Society, which was founded in 1797, and remodelled in 1823, exhibits symptoms of very rapid decline. Several officers of the hospital are, however, taking active steps, with the concurrence of the senior members, in an attempt to raise the Society to something like its former prosperity. On Friday, December 8th, a special general meeting assembled, in order to investigate, if possible, the causes which have led to the prolonged non-attendance of the more distinguished members during the whole of the present session. The two presidents of the Society for the current year, Dr. Kirkes and Mr. Hutchinson, attended; and other senior members and officers, such as Dr. Baly, Mr. Chalmers Miles, and Dr. Edwards, were energetic and assiduous in their endeavours to incite the majority of those present to do everything in each one's power to improve the forlorn condition of the Society. After considerable and animated discussion, the meeting did not arrive at any unanimous conclusion upon the object of their assemblage, and therefore another special general meeting is summoned in the library of the hospital at eight P.M. this day, and the "attendance of members is earnestly requested."

**BOROUGH OF MARYLEBONE.**—MR. JACOB BELL, one of the candidates for this important borough, has always acted with the greatest honour towards the medical profession. He is opposed to "counter-practice" on the part of chemists and druggists, and deserves the support of the medical practitioners of Marylebone.

**COMFORTS FOR THE WOUNDED IN THE CRIMEA.**—Our readers will be glad to learn that Mr. Hooper, of Pall Mall East, had the honour of receiving an order on Wednesday to submit his water-cushions and mattresses to the Queen and Prince Albert, and that her Majesty was pleased to make a selection of different sizes, to be sent to Miss Nightingale to relieve the suffering of our wounded soldiers who have so nobly shed their blood for their Queen and country. These excellent appliances have been in general use in H. M. Navy Hospitals, Infirmarys, Asylums, and Unions for some time, as well as by the H.E.I. Co. and the emigrant-ships; and we confess we cannot understand why the army alone should be denied the comfort they afford, and which we learn from our chief medical authorities is greater than can be well conceived. We hope such medical men as have had personal experience of their usefulness will, we trust, urge on their wealthy patients to follow the example of our excellent Queen.

**GROSVENOR-PLACE SCHOOL OF MEDICINE.**—In a paragraph respecting St. Mary's, which we inserted a week or two ago, we made an observation that might be construed into an injury to the School in Grosvenor-place, a matter which was far from our intention. We mentioned that some of the preparations belonging to Mr. Lane had been removed to St. Mary's, but we did not mean to imply that the museum of the Grosvenor-place School had been damaged thereby. We believe the very fine surgical collection of Mr. Pilcher, and the anatomical and obstetric museums of Mr. Blenkins and Mr. Bloxam, are perfect of their kind, and that the materials for teaching belonging to this School are altogether of a high order.

**MEDICAL LIBRARY, OXFORD.**—The "Radcliffe," at Oxford, the medical library of the University, was favoured with something new on the 9th inst. Dr. Acland, the successor of Dr. Kidd, entertained about 500 of the *élite* of the colleges, to arrange the new museum shortly to be erected in this city. The Radcliffe, usually as cold as St. Petersburg, was brilliantly lighted up, and warm from apparatus lately introduced for that purpose by Dr. Acland. The Vice-Chancellor, the head of the University residents at Oxford, was quite complimentary to the medical faculty and medical gentlemen invited. "The improved warmth of the library now in winter," he said, was "only emblematical of Dr. Acland's own enlightened mind and warm heart." The recent regulations for lectures on Medicine by the College of Surgeons have given very general dissatisfaction.

**THE WOUNDED IN TURKEY.**—Most of the Russians were shot low down in the legs or in the back, our troops all in front; several shot through the chest were doing well; more than one had the bullet split in two by the sharp edge of the shin-bone. At one time the deaths were fifteen daily, and the dead were merely sewed in sacks and placed in one grave. About a dozen wounded Russian officers were in one room, the great difficulty with whom seemed to be to prevent them moving their bandages, as they thought the English surgeons had poisoned them. Of sixty deaths, by the latest accounts up to November 25th, not less than twenty-seven had died of

dysentery and diarrhoea, twenty of their wounds. One surgeon was called to see 127 wounded, while sixty-six of his men were killed. Fifty-one more nurses, accompanied by a physician, had arrived.

**DUBLIN HOSPITALS.**—A large deputation of medical and surgical practitioners waited on the Lord-Lieutenant of Ireland, last week, to gain his support for these institutions. We believe the grants will be continued in a modified shape, and would never be disturbed but for the popularity-hunting agitation of the matter by certain census writers and other functionaries.

**THE HOSPITALS IN THE CRIMEA.**—The English steamer *New York* has been despatched, and is to be stationed off Balaklava, for the conveyance of sick and wounded to and from that port to Scutari. She has taken out for the French army seventy-five ambulance carriages, medical and surgical necessaries, biscuit, vegetables, flour, &c.; everything necessary, in fact, to guard against scurvy or other diseases in the army.

**APPOINTMENT.**—Mr. Andrew Bolton has been appointed house-surgeon to the Newcastle-on-Tyne Infirmary.

**SURGEONS FOR THE ARMY.**—In consequence of the great number of medical men required for our army, the Court of Examiners of the College of Surgeons find it necessary to meet three times a week to examine gentlemen, producing the Director-General's warrant to proceed to the East. We understand the Court meets on the 18th, 20th, and 22nd, and on each occasion with the full complement.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, DEC. 9.**—The weekly return continues to exhibit a rather high rate of mortality, the number of deaths registered in London last week having been 1331. That class of the population which suffered most appears to have been the young, 656 deaths, or nearly a half of the total number, having occurred to children under 15 years of age. Of these children 98 were carried off by scarlatina, and 103 by pneumonia, the effect to some extent of recent lowness of the temperature. Small-pox is also making progress, and was fatal in the week to 19 children and 11 adults. 323 deaths were caused by diseases of the zymotic class, and 303 by affections of the respiratory organs, exclusive of 131 by phthisis.

Last week the births of 777 boys and 769 girls, in all 1546 children, were registered in London.

## Obituary.

**JOHN MORGAN SALTER**, wrecked in *H.M.S. Prince*, off Balaklava, aged twenty-one. Though so young, the deceased was a B.A. of the London University, and was admitted a member of the College of Surgeons so recently as the 15th May last. The death of Mr. Salter has cast quite a gloom over King's College, of which institution he was a most promising pupil, and from his quiet, gentlemanly deportment, had secured the affection of professors, pupils, and all who had the pleasure of his acquaintance. Mr. Salter leaves two brothers in the profession to deplore the loss all have sustained in his death. He was a nephew of Thomas Bell, Esq., F.R.S.

## TO CORRESPONDENTS.

- A Subscriber, (Margate).**—The letter has escaped our notice. Communications of the description named are of the most objectionable character. Very little benefit is derived by the party making them, and an incalculable amount of mischief is done to the profession at large. We cannot believe that the gentleman who wrote the letter was actuated by self-interest, but that he imagined he was rendering a service to the public. If our correspondent will forward to us the paper that contains the letter complained of, we will give it our attention.
- A. F.**—Application should be made to the Parving Board of the parish. If the nuisance is not remedied by that means, the matter should be placed before the Secretary of State.
- X. Y. Z.**—Under the circumstances, no extra charge can be made for treating a case of fractured patella.
- Mr. H. W.**—As yet no authentic report of the trial has been published; the plaintiff held a licence from the Society of Apothecaries. As soon as we can procure an account of the trial, we shall make some observations on the subject. Our opinion remains unaltered respecting our correspondent's legal right to recover.
- A Young Surgeon.**—We do not recommend particular works. There are several recent publications on the subject, embracing all that is known up to the present period.

**A Rejected Candidate for the Diploma of the College of Surgeons.**—The following are the arrangements for the examination of candidates, and we can scarcely imagine any fairer mode of testing the qualification of students, as far as a verbal examination is concerned.—In the examining-room, the examiners sit at four tables, and the candidate is examined at each in succession. No candidate can be entirely rejected unless the whole of the four tables decide against him. Two examiners sit at each table, and both of them must agree in their opinion of the merits or demerits of those who come before them. No student can ever, therefore, be rejected by any one of the examiners. Many unsuccessful candidates fall into a misapprehension upon this point. If three of the tables pronounce in favour of a candidate, although the fourth may be against him, he obtains the diploma. If two tables should be against him, and two in his favour, he is not rejected, but is allowed to have a written examination on the following Friday after the oral examination. Many good men are sent back for the written examination, owing to not being able, from nervousness, &c., to answer satisfactorily when before the Examining Board. We agree with our correspondent, that many students who really understand their profession can place their ideas and the knowledge they possess upon paper with more facility and correctness than they can when stationed before their judges.

**F.R.C.S.**—The list appeared at the proper time. We cannot re-publish it.

**M.D.**—The Universities are now united. We agree with our correspondent that the union will be of advantage to both institutions.

**Obituary.**—It is impossible. Still the evidence of the girl, if reliance could be placed upon it, might lead to the formation of a tolerably rational conjecture on the subject.

**A. M.**—The facts were published when the trial took place.

**Aspic Finem** will find the subject noticed in *THE LANCET* of December 2nd.

**Macdon.**—The subjects are not yet announced, but will appear in due time in the columns of *THE LANCET*. Whatever changes may take place, it is desirable that the examination should be passed. Labour expended upon preparation will certainly not be lost.

**J. T.** had better consult some respectable practitioner. The disease is simple, and easy of removal. The postage-stamps, which were enclosed in the letter forwarded to *THE LANCET* Office, will be returned on a notification being made as to where they may be sent.

**M.D. (Liverpool).**—Whatever laws may be passed to regulate the profession, regard will be had to the vested rights and privileges of those gentlemen in practice who hold degrees or diplomas from recognised universities or colleges. Our correspondent must not suppose that the Bill, to the draught of which he has directed our attention, will, in its present form, pass either House of Parliament.

**R. W.**—We shall be happy to receive the communication.

**M.R.C.S. and L.A.C.**—In addition to the possession of the diploma of a College of Surgeons, the candidate must undergo an examination by the Army Medical Board.

**An Old Subscriber, (Maidstone).**—Alfred-place, Bedford-square.

**Surgicus.**—1. By examination.—2. A member of the College of fifteen years' standing, who was a member on the 14th of September, 1843, will be admitted for ballot on presenting a certificate, signed by six fellows of the College, of his respectability, and a declaration from himself that he does not sell drugs, and dispenses medicines only for his own patients.

**One who knows all about it.**—Thanks for the information. It may be of essential service at the proper time. The letter marked for "return" shall be preserved.

## QUEEN'S COLLEGE, BIRMINGHAM.

To the Editor of *THE LANCET*.

SIR,—In your journal of December 2nd, mention is made of a testimonial presented to me by the students of the Queen's College upon my retirement from the surgery of the hospital. This, allow me to say, is an error. It should have been the resident surgeon. Mr. B. W. Hall, I beg to observe, was vice-president at the dinner, and not of the College, that distinguished position being held by the Right Hon. the Earl Howe.

I have the honour to be, Sir, your obedient servant,

Suffolk-street, Birmingham, Dec. 1854.

BENJAMIN HUNT.

**An Old Subscriber** shall receive a private note, if he will send his address.

**THE** reports of the Harvelas, the Western Medical, and Epidemiological Societies, are unavoidably postponed.

**ERRATA.**—In the article on "The Parisian and London Hospitals," in last week's *LANCET*, p. 401, first col., line 23 from bottom, for *Forville*, read *Forville*; also, second col., same page, line 6 from top, for *Towers*, read *Jowers*.—Amongst the Communications, &c., p. 406, for *Mr. E. W. Furness*, read *Mr. C. W. Turner*.

**COMMUNICATIONS, LETTERS, &c.**, have been received from—Mr. Coulson; Dr. Henry Hancox, (Brynawr, Dreconahire); Mr. Howard; Dr. Collier; Mr. W. N. Chipperfield, (Margate); Mr. Southam; Mr. Day; Mr. Richard Haughton, (South-end, Croydon); A Young Surgeon; Clericus; A. N.; Aspic Finem; Mr. Wilkinson, (Rotherham); An Army Surgeon; Surgicus; Mr. R. W.; R. M.; An Old Subscriber, (Maidstone); Mr. G. Hopkins, (Chapel-en-le-Frith); Mr. J. Somerville, (University of Edinburgh); Mr. J. Turle; Dr. Andrew Clark; Mr. C. W. Turner; Mr. A. Bolton, (Newcastle); Miss Master; Mr. E. W. Hall, (Birmingham); Mr. B. Hunt, (Birmingham); Mr. C. Hugo, (Plymouth, with enclosure); Alpha, (with enclosure); Mr. A. K. Maybury, (Emsworth); Mr. Langford, (St. Clements); Mr. E. A. Watson, (South Somerset, with enclosure); A Rejected Candidate for the Diploma of the College of Surgeons; A Subscriber, (Margate); A. F.; F.R.C.S.; M.D.; Mr. Geo. Bodington; Macdon; J. T.; M.R.C.S. and L.A.C.; One who knows all about it; An Old Subscriber; &c. &c.

# MEDICAL BENEVOLENT COLLEGE.

The Treasurer has the satisfaction to announce the following Donations and Subscriptions, which were received too late for publication in the Medical Journals of the 9th inst., and to publish those that were inadvertently omitted, or incorrectly entered, in the last Advertisement.

			£	s.	d.				£	s.	d.
Cape, Lawson, M.D., Curzon street, May fair ...	...	...	10	10	0	Hayne, W. R., M.D., Devonshire terrace, Camden road ...	ann.	1	1	0	
Cornwall, John, Esq., Ashcott, near Glastonbury ...	...	ann.	1	1	0	Marshall, F. M. Esq., Moulton, Northamptonshire ...	2nd don.	10	10	0	
Draft on Thirsk Bank, paid to Messrs. Goslings	...	...	10	10	0	Mash, James, Esq., St. Giles' square, Northampton ...	...	10	10	0	
Griffith, Samuel Clewin, Esq., Chester place, Regent's park...	...	...	10	10	0	Oswald, Henry R. Esq., Douglas, Isle of Man ...	ann.	1	1	0	
Hopewell, —, Esq., Beaufort street, Chelsea ...	...	...	1	1	0	Sedgwick, Chas. Esq., Hillingbourne, near Maidstone ...	ann.	1	1	0	
Howitt, Ralph, Esq., late of Lincoln ...	...	...	10	10	0	Wynter, John St. Thomas, Esq., Winslow, per Dr. Barker, Bedford, ann.	...	1	1	0	
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Marsland, Capt., Highfield House, Heaton	...	...	2	2	0	Downes, George, Esq., Surgeon, Stockport	ann.	1	1	0	
Norris ...	...	...	1	1	0	Graham, George Young, Esq., Surgeon, Stockport	ann.	1	1	0	
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Kershaw, James, Esq., M.P. Victoria Park, Manchester	ann.	...	1	1	0	Brooke, Isaac, Esq., Surgeon, Stockport	ann.	0	10	0	
Thomson, A. T. Esq., Surgeon, Oldham	ann.	...	1	1	0	By C. A. WALTERS, Esq. Stockport.					
Heginbotham, Henry, Esq., Surgeon, Stockport	...	...	1	1	0	Marshall, James, Esq., Whitefield House, Brinnington, Cheshire	...	10	10	0	
Blackshaw, J. Esq., Surgeon, Stockport	...	...	0	10	6	Howard, Cephas, Esq., Brinnington Hall, Cheshire...	...	1	0	0	
Massey, Thomas, Esq., Surgeon ditto	...	...	0	10	6	By JAMES T. HESTER, Esq. Oxford.					
Walters, C. A. Esq., Surgeon, ditto, ann.	...	...	0	10	6	Amount previously advertised ...	£	s.	d.	4	6
Adshend, N. Esq., Heath Cottage, Stockport	ann.	...	0	10	6	Bull, the Rev. Dr. Canon of Christ Church, Oxford	...	10	0	0	
Hole, Robert Charles, Esq., Stockport	...	...	0	10	6	By JOHN COLMURER, Esq. Clifton.					
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Donors of TEN GUINEAS are Life Governors of the College; Subscribers of ONE GUINEA Annually are Governors during the continuance of their Subscription.

Gentlemen desirous of acting as Honorary Local Secretaries in behalf of the College would oblige by communicating with the Secretaries, at the Office, 37, Soho-square, where Subscriptions are received; and by the Treasurer, John Propert, Esq.; also by the following Bankers:—Goslings and Sharpe, 19, Fleet-street; Coutts and Co., 59, Strand; Drummonds, Charing-cross; Glyn and Co., 67, Lombard-street; Scott and Co., 1, Cavendish-square; Hoare and Co., Fleet-street; the Union Bank of London, Regent-street Branch; Messrs. Williams, Deacon, Labouchere, and Co., Birchin-lane; and by Cunliffe and Co., Manchester.

By order of the Council,

EDWARD HENRY SIEVEKING, M.D. Hon. Sec.  
HERBERT WILLIAMS, Assistant-Secretary.

Office, 37, Soho-square, Dec. 13th, 1854.

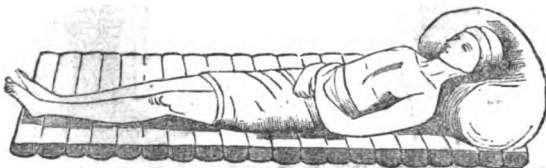
\* \* The THIRTEENTH LIST will be published early in MARCH next.

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BEDS, and CUSHIONS for AIR or WATER, for placing on an ordinary Bedstead. Being made of India-rubber, without the admixture of cloth materials, leakage is avoided. (Extract from THE LANCET, Jan. 25, 1851.)



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Finchbury-square, February 27, 1852.

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JON. PARRISH, M.D., Physician to the London Hospital.

Infirmary, Chichester, March 21, 1852.

Sir,—We are all much pleased with your Cushions, and still more so with the Mattresses.

Yours truly,

THOS. NEWHAM, House-Surgeon.

HOOPER, 7, Pall Mall East, and 65, Grosvenor-street.

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45, Museum-street, Bloomsbury, London.—JOHN HARNETT begs most respectfully to call the attention of Lecturers, Students, and Gentlemen connected with the Medical Profession, to his large and select Stock of Anatomical Preparations, consisting of Skeletons, loose and articulated Skulls, Hands and Feet, Vertebrae, and Loose Bones, at the lowest possible prices.

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MARKWICK'S PATENT SPONGIO PILINE.

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to or bathing the Eye, is self-acting, simple, and portable. The immediate relief obtained from its use particularly recommends it to the notice of all who are much engaged in reading, writing, or designing; it has been employed with the most favourable results by patients under the care of Haynes Walton, Esq., Surgeon to the Central London Ophthalmic Hospital. Price 20s.; carriage paid to any railway station.

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supplied with the best SURGICAL INSTRUMENTS cheaper than any other house in the trade, at PRATT'S, 420, Oxford-street. Travelling Urinals, from 12s.; Brass Enema Syringe in Case, 7s. 6d.; Elastic Stockings, 6s.; Case of Amputating Instruments, £3 15s.; Pocket Case, 30s.; Tooth Instruments, from 25s.

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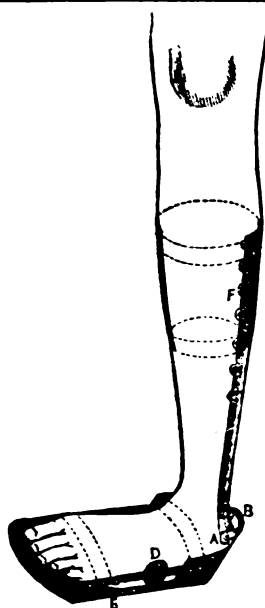
**Application of**  
VULCANIZED INDIA-RUBBER TO THE CURE OF CLUB-FOOT AND SPINAL CURVATURE.—A cord of Vulcanized India-rubber resembles more closely the action of LIVING MUSCULAR STRUCTURE than any other mechanical power, Mr. H. Bigg has therefore employed it to overcome the contraction existing in CLUB-FOOT, and also for the purpose of yielding the support needed in cases of SPINAL CURVATURE. The greatest advantage of this new principle consists in the treatment being pursued without the least interference with muscular motion, respiration, or anatomical development.

These apparatus, being PATENTED, can be procured only of

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celebrated Nursing Bottles, the best Artificial Mother ever invented, enabling the most delicate infant to feed from its birth with the greatest comfort and ease, are adapted to milk, biscuits, and all kinds of food. The Nipple, of novel material, is elastic, soft, durable, very cleanly, and so beautiful an imitation of nature, that no infant ever refuses it.—BENJAMIN ELIAM, 196, Oxford-street.—7s. 6d.—Each is stamped with my name and address.

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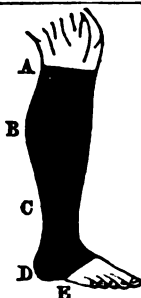
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Double ditto	5 0	Double ditto	10 0
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Double ditto	9 0	per yard	0 6
Case of Tooth Instruments			£1 0 0
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Brass Enema Syringe, complete in mahogany case			0 10 0
Case of Dissecting Instruments, Ivory handles			0 12 0
Best Bleeding Lancets, per dozen			0 15 0
			0 18 0



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Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realized by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, &c.

H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stockings: Circumference at A, B, C, D, and E; length from A to D, and D to E.

HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.

## Mr. Bourjeaud's Registered Elastic

APPLIANCES, acting spirally, and free from Seams, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mirat's Hotel, London; and 17, Rue des Beaux Arts, Paris.

At home from One till Five.

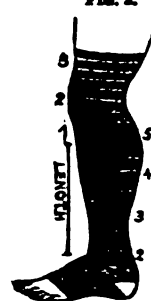
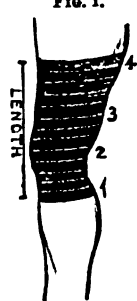


FIG. 1. THE THIGH AND KNEE-PIECE.—Mr. Bourjeaud begs to state that these are combined to answer certain purposes of compression when oedema or distension of the thigh and knee exist together.

FIG. 2. SPIRAL STOCKING MADE TO FIT FROM THE TOES TO ABOVE THE KNEES.—This appliance is one of the most valuable, and gives such support to the whole limb that the venous blood is returned with great ease. Patients affected with varicose veins should generally resort to this stocking, which, like the other appliances, is made of varying compressing force to suit every shade of difference among patients. All the above spiral apparatus may be put on with the greatest ease, as they will stretch to almost double the size, and the force is so managed that support is given without creating the least uneasiness.



# CAUTION.—Have the QUALITY of the GOLD STATED on the INVOICE, and

REDRESS is OBTAINABLE in a COUNTY COURT.—WATHERSTON and BROGDEN beg to announce that they have TAKEN SPACE in the CRYSTAL PALACE, with the view of giving universal publicity to the principle of SELLING GOLD CHAINS by weight and workmanship. To those who have not yet tested its value, the following examples will be found useful, showing the relative prices paid for Labour in the purchase of a genuine and of a spurious Gold Chain:—

Genuine Gold Chain.		
Assumed cost of gold chain, of equal weight...	£10	0 0
Intrinsic value, if the gold is of 15 carats .....	7	0 0
Left, for labour and profit.....	£3	0 0

Electro-Gilt, or Polished Zinc Gold Chain.		
Assumed cost of gold chain, of equal Weight ..	£10	0 0
Intrinsic value, if the gold is of 7½ carats .....	3	10 0
Left, for labour and profit .....	£6	10 0

Difference, 115 per cent.

WATHERSTON and BROGDEN, Goldsmiths, Crystal Palace, Central Transept, No. 23, Gallery of Precious Metals.—Manufactory, No. 16, Henrietta-street, Covent-garden, London. Established A. D. 1798. N.B. Assays made of Chains and Jewellery for 1s. each.

## Water Filter for the Pocket, with

DRINKING-CUP and INSTRUCTIONS, and will filter any quantity of Water. Size, 4 inches by 2. Price 3s. 9d.  
J. SOLOMON, Wholesale Optician, and Photographic Depot, 22, Red Lion-square.

## Carriages.—A very light Double-

seated Brougham, suitable for a Country Practitioner, Twenty-five guineas; also several others; one little used, and quite equal to new, at WHITE'S Coach Manufactory, Westminster-road, opposite the Asylum, where may be seen a variety of New and Second-hand Carriages.

## Patent Mincing and Sausage-making

MACHINE.—Price, £2 2s., is particularly adapted for Private Families. Its recommendations are, cleanliness, simplicity, durability, and great saving of time. It will mince two pounds per minute, and, being all metal, is easily cleaned; neither heat nor cold will injure it. Medical Gentlemen will find the above Machine worthy of their notice and recommendation for the use of Invalids. Already it has been patronized by several members of the Profession, and has given the greatest satisfaction. Post-office order to Samuel Nye for £2 2s., and 1s. for packing-case, will receive immediate attention.

79, Wardour-street, Soho.—Prospectus sent free.

## Ford's Eureka Shirts.—Patterns

of the new Coloured SHIRTINGS in every variety of colours. Upwards of 200 different Patterns for making FORD'S EUREKA SHIRTS, sent per post free on receipt of six postage stamps. Price 27s. the half-dozen.

FORD'S WHITE EUREKA'S, best quality, Six for 40s.; second quality, Six for 31s.; if washed ready for use, 2s. extra.

CAUTION.—Ford's Eureka Shirts are stamped "38, POULTRY, LONDON," without which none are genuine.

\* Catalogues with particulars post free.

RICHARD FORD, 38, POULTRY, LONDON.

## The 16s. Trousers reduced to 14s.—

Trousers and Waistcoat, 22s.—Coat, Waistcoat, and Trousers, 47s., made to order from Scotch Tweeds, all wool, by B. BENJAMIN, Merchant Tailor, 74, Regent-street.—A perfect fit guaranteed.

## To Professional Men and others.—

The Oxford Mixed Dockskin Trousers, price 21s. The Striatus Cloth Vest, price 10s. 6d. Stock for choice, or to measure.

S. BATTAM, Coat and Trousers Maker, 160, Tottenham-court-road, four doors south of Schoolbred and Co's.

Patterns of the material and Directions for Measuring sent free per post.

## R. T. Pigram, Practical Tailor, and

Inventor of the Indicator of the Human Figure, whereby a perfect fit is secured, respectfully invites the attention of the public to his mode of art, since none can doubt the importance of an easy and exact adjustment of wearing apparel. Superior Trousers at 17s. 6d. per pair.

R. T. PIGRAM, 51, Lamb's Conduit-street, Foundling Hospital.

## Abstract regarding Economy in

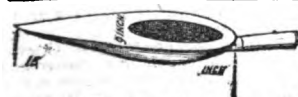
CLOTHES.—From *The Times* of October 30th, 1864.

"Every yard of Cloth sold at THE LONDON CLOTH ESTABLISHMENT is sold at the WHOLESALE PRICE, and Gentlemen purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the premises at the expense only of the workmen's wages, in addition to the price of the trimmings."

### THE ECONOMY OF THIS SYSTEM

Is Proved by the saving of from thirty to fifty per cent. in the price of every garment; besides the very obvious advantage of selection from such a stock, with the guarantee of a superior fit, good taste, and the best work. The Proprietors refer with satisfaction to the high character which their "Tyrian Dye" Black Cloths and Dockskins have obtained; they never change colour, and will (without injury) bear the application of the strongest acids.

LONDON CLOTH ESTABLISHMENT, No. 16, Coventry-street.



## Metal Bed-Pan,

Price 6s.—Acknowledged to be the most convenient in form, and much more durable than any now in use.

To be had of the Manufacturer, J. LAWRENCE, 20, Great Charlotte-street, Blackfriars; of Messrs. Gale, Baker, Warde, and Oldfield, Bouverie-street, Fleet-street; and of Messrs. Leadbitter and Hollon, York.

Orders from the Country must be accompanied by a Remittance.

## Royal Polytechnic Gas Fire.—

BACHHOFFNER and DEFRIES'S PATENT.—The Public is respectfully informed that arrangements have now been made for the supply of this unique and beautiful mode of Warming Private Houses, Shops, Public Buildings, &c. Smoke, dust, ashes, and accidents from fire are effectually prevented by its use, while it presents all the comfort and appearance of an open coal fire, securing, at the same time, perfect ventilation. To be seen in action at DEFRIES'S Office, 145, Regent-street, London.

## Ten Thousand Stoves.—The Tenth

Thousand of the PATENT PORTABLE SUSPENSION STOVE is now on sale. These Stoves, so justly celebrated for preserving a pure and healthy atmosphere, and for their extraordinary economy in the consumption of fuel, are sold, wholesale and retail, by DEANE, DRAY, and CO., 46, King William-street, London-bridge, and may be obtained of most Ironmongers. The Improved Patent Ventilating Stove, which is strongly recommended, may also be seen at the above establishment. Prospectuses, &c., forwarded, post free.

## Exhibition Stove—Rettie's Patent

ECONOMIC.

CAUTION.—Several Medals were given for piracies on the above Stove. E. M. and M. RETTIE can forward to Scotland or Ireland, or any part of England, the above, suitable for CHURCHES, Hospitals, Private Buildings, Drying-rooms, Manufacturing purposes, Ships, Hot-houses, &c. Prices from £3 3s. to £20 each, burning only from two lbs. to eight lbs. of coal per day, and warming buildings from six to thirty rooms, and no pipes required throughout the building, nor risk of fire—giving a pure, warm air, and aiding the ventilation; as now used in Her Majesty's Treasury, Royal Mint, Tithe Commissioners, the Arctic Vessels, and in Churches, Prisons, Schools, Public and Private Buildings.

All communications, post-paid, to Mr. Rettie, Consulting Engineer, (by letter,) 7, Brompton-road, (stamp enclosed), when Circulars of the newest improvements for Curing damp Houses and Smokey Chimneys. Sanitary Inventions in Self-acting Sewer-traps, Kitchen-sinks for streets and buildings—the only means for preventing Cholera and Fevers.—The New "Nonpareil Gas Burners."

## Purification of Linen.—Prevention of

Disease.—J. BOILESSVE, 55, King William-street, City, London, solicits the attention of the nobility and gentry to his CALORIFERE, for drying by hot air all the family linen, avoiding any contamination with those of unhealthy persons, and thus removing the most shocking cause of disease.

From his Grace the DUKE OF BEDFORD, Woburn Abbey, Sept. 24th, 1853.

SIR,—His Grace the Duke of Bedford has desired me to say, his Grace has received your letter inquiring about the Calorifere (drying machine) put up in the Laundry at Woburn Abbey in May, 1852, by Mr. Boilessve. In answer to that inquiry, I have to state, that nothing can exceed it in effect and economy. I sent to the Laundry for the man who has the management of it, and he says, that they can dry off the linen in much less time than they could with the old stove, without dust or dirt of any kind in the Laundry. They can obtain any degree of heat they wish for, and that at a great saving of fuel.

I am, Sir, your obedient servant,

J. Boilessve, Esq.

J. PALFREMAN, House Steward.

## Warming and Ventilating, by Hot

AIR, CHURCHES, HOSPITALS, TOWN HALLS, and other PUBLIC BUILDINGS.—J. BOILESSVE, C.E., 55, King William-street, City of London, respectfully solicits the attention of the Nobility, Gentry, Clergy, &c., to the following Testimonial, and begs to say he will attend personally any appointment:—

Highfield, Berkhamstead, Herts., January 24th, 1864.

SIR,—I read some time ago in your valuable paper, an article advocating the need in this climate of warming dwellings with some simple apparatus, giving ventilation, combined with the healthiest temperature, at a great saving of fuel. I am very glad to give you the result of my experience of a new kind of stove, named "Calorifere," erected some months ago at this residence by Mr. J. Boilessve, London; it answers its purpose perfectly; the house and every room to which the ventilation is adapted, is kept at an agreeable temperature, with an *after* absence of the oppressive atmosphere usually experienced by all other methods of warming dwellings; that I have seen several persons, some of them highly scientific, who have examined the apparatus and have expressed themselves satisfied, and consider it a most perfect application of warm air and ventilation combined. The cost of warming the house and conservatory attached, has been *Eightpence per twenty-four hours*, during the late cold weather, and the trouble of attendance is very little. The economy of fuel will cause this stove to be generally adopted. I have no doubt, more especially as the charge for coals is constantly on the increase. The stove in operation should be seen to be appreciated, and I can add, from my experience of its effects during this winter, that it is invaluable for any invalid in so variable a climate as ours, and no one can be aware of the comfort until it is tried.

I am, Sir, yours obediently, a Subscriber,

The Editor of the Times.

E. W. FERRIS.

## Recherché Wines.—Sherry: A very

fine Sherry, (Amontillado and Montilla.) Brown and Pale, for Cash, at 42s. per dozen; 42l. per quarter-cask; 24s. per hogshead; 24s. per butt.

Post.—Very fine old dry Wine (Vintage 1827, 1830, 1832, 1834), lately imported: from the Wood at 42s., 54s., 63s., and 68s. per dozen.

First Class Champagne, (Ay, Avize, Pierry, Verzenay, and Sillery.) Sparkling and Still Moselle, Sparkling, Still, and Red Hocks, and Bordeaux Wines, at very moderate prices.

These Wines are patronized and recommended by several eminent Physicians, and are especially recommended to Connoisseurs. Samples and List of Prices forwarded on application.

H. H. HAMMICK, Importer, 11, Pall-mall, London, opposite the "Travellers' Club."

## Allsopp's Pale Ale in Bottle, as

supplied to the CRYSTAL PALACE; also in casks of 18 gallons. Recommended by BARON LIEBIG.

Address, HARRINGTON PARKER and CO., 54, Pall-Mall, London.

## Pale India Ale and Stout, 4s. 6d.

per dozen quarts; 2s. 9d. per dozen pints. Scotch Ale, 5s. 6d. per dozen quarts. Delivered free within four miles of London, and carriage free to all railway stations in England at 6d. per dozen extra.

WOOD & WATSON, 18, Clement's-lane, City.

## Oysters.—Chaloner and Co., 43, Bell-

yard, Temple-bar, still continue to supply the BEST NATIVE OYSTERS at 6s. per Barrel.—Established upwards of fifty years.—Fish of every description forwarded to order.

## Soyer's Aromatic Mustard.—"M."

Soyer has just brought out a New Mustard, which possesses a most beautiful bouquet; and which is entirely free from adulteration."—THE LANCET.

Sole Agents: Messrs. CROSS and BLACKWELL, 21, Soho-square, London.

## To Invalids and those desirous of

PRESERVING HEALTH.—The Sanitary Commission instituted by THE LANCET having pronounced the Cocoa purchased at 15, Rathbone-place, Oxford-street, to be "entirely free from deleterious admixture," the attention of the public is directed to EDMONDS and CO.'S HOMEOPATHIC COCOA.

Edmonds and Co., Tea Dealers, &c., 15, Rathbone-place, Oxford-street.

## Pure as well as Fine Tea.—

Tea, when pure, is well-known to produce a most wholesome beverage; the impolicy of allowing it to be coloured by the Chinese is fully set forth by the Analytical Sanitary Commissioners, in THE LANCET, and also in THE TIMES, (October 8th, 1852.) The fact, therefore, is now familiar to most, that artificial colour is used to give the Spring crop and the spent Autumn gathering the same appearance. If this practice were discontinued, a twofold benefit would arise; first, the fine qualities would have all the fragrance and strength unimpaired; and, secondly, the inferior faded leaves could not then be passed off as good, causing the flat, insipid infusion, so frequently the subject of complaint. The uncoloured Tea imported from China, by HORNIMAN and CO., London, is perfectly pure; the Green, from the absence of the usual artificial colouring, is of a natural olive hue. The Black, and also the Green, are exclusively of the Spring product from young and vigorous plants, which yield not only more strength, but the full degree of fragrance which FINE Tea, when purely natural, and seasonably selected, alone possesses; ONE TRIAL induces a continued preference. The prices are REDUCED:—

Finest Congou, 3s. 8d. Finest Lapchee Souehong, 4s. and 4s. 6d.  
Fine and Pure Green, 3s. 8d., 4s., and 4s. 6d.

HORNIMAN and CO., Wormwood-street, London, Importers of the most approved Teas in general use, but free from the objectionable artificial colour on the surface.

Agents in London, PURSELL, 80, Cornhill; and ELPHINSTONE, 227, Regent-street, and 368, Oxford-street.

Sold by authorized Firms in all Towns, 1 lb., ½ lb., and ¼ lb. packages only.

THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

## Robinson's Patent Barley, for making

superior Barley Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation as the purest farina of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and alternately with the Patent Barley, is an excellent food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, & Co., Purveyors to the Queen, 64, Red Lion-street, Holborn, London.

The proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest Tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets at 6d. and 1s., and in Family Canisters at 2s., 5s., and 10s. each.

## Aërated Waters of sufficient and

uniform strength. BLAKE, SANDFORD, and BLAKE, 47, Piccadilly, having given great attention to the manufacture of Mineral Waters, and feeling it important that medical men should be assured of the quantity of Alkali contained in each kind, beg to submit the following list of their preparations:—

Potash Water, 18 grains of the Bicarbonate in each bottle; Citrate of Potash, (a new and valuable auxiliary in Gout and Rheumatic affections,) 30 grains; Soda, 15 grains; Magnesia, 18 grains, and Ammonia, 10 grains.

B. S. & B. would especially recommend their Seltzer and Vichy Waters; the latter now bottled in half-pints as well as pints.

BLAKE, SANDFORD, and BLAKE, 47, Piccadilly.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyocymus Niger, Conium Maculatum, Atropo, Belladonna, Cytiledon Umbilicus, &c.); also to his Liq. Taraxaci, Liq. Galli Aparinis (a valuable alternative), Liq. Fariolantæ (diuretic), and Liq. Belæ (prepared from the Eggle Marmelos, or Indian Bael), for Dysentery and Diarrhea.

W. T. has a large supply of INDIAN BARK on hand.

2, Edward's-street, Portman-square.

## Cotyledon Umbilicus. — Epilepsy

successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (vide THE LANCET, Feb. 4th, and March 25th, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 6s. 6d. per lb.

Insipiated Juice. Dose, half a drachm to a drachm; 10s. per lb.

Solid Extract. Dose, five to fifteen grains; 30s. per lb.

Taraxacum (Davenport's) Liqueur, or Fluid Extract, prepared by Spontaneous Insipation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a liquid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, 33, Great Russell-street, Bloomsbury.

## Matthey Caylus' Gluten Capsules

contain the purest Copaliba, either simple or combined with Citrate of Iron, Ratanhy, Cubebs, &c.; acknowledged by the London and Paris Hospitals; also by the Lock Hospital; M. Lesueur, chef de Travaux Chimiques à l'Académie de Médecine; Drs. Riord, Cullerier, &c., who have granted written attestations, to be the best prepared Medicine for the cure of certain diseases.

Extract of a Letter from Dr. Cullerier:—

"I cannot induce you too much to extend the use of your preparations; by so doing you will render a valuable service to the therapeutic of hemorrhagic affections."

"I am, &c.,

"CULLERIER,  
"Chirurgien de l'Hôpital de Lourcine."

Sold in Bottles, at 2s. 9d. and 4s. 6d., sealed and stamped with the Government stamp, bearing the name of the Patentee. To be had wholesale and retail of Robert King, French and English Pharmaceutical Chemist, 11, Princes-street, Hanover-square; and all respectable Chemists in the United Kingdom.—Country agents required.

## Newfoundland Cod-Liver Oil.—

Messrs. CHARLES FOX and CO. beg to announce that they have just returned from their Sixth Voyage to Newfoundland, with a supply of PURE COD-LIVER OIL, the whole of which is now in the hands of the Wholesale Houses. They confidently recommend it to the Medical Profession and the Public generally, as the very best Oil offered in the Market. It has been most carefully prepared, without any other process but the slight application of heat, under their own immediate personal inspection, and its purity is fully guaranteed, as Newfoundland affords no other livers for the preparation of the Oil but those which are legitimate. References to houses of the highest respectability can be had on application to Messrs. CHARLES FOX and CO., Cod-liver Oil Merchants, Scarborough.

November 24th, 1854.

## Tarratt's Bandage and Strengthening

PLASTER.—This Plaster, from the nature of the composition and the material on which it is spread, is adapted for a permanent bandage, as it neither produces irritation of the skin, nor, when applied, does heat cause it to lose its adaptation to the part. Having these qualities, it is peculiarly valuable in the treatment of ulcerated legs, varicose veins, &c., where equal and constant support is required. Several of the most eminent surgeons continue to use this Plaster in their practice, preferring it in certain cases to any other. It is well suited for exportation and use in warm climates, the high temperature having less effect on it than on any other plaster.

The profession are referred to Messrs. Westwoods and Hopkins, Wholesale Druggists, Newgate-street, where the plaster may be had in packets containing three yards, for 2s. 6d., or spread upon skins of chamois leather, at 3s. 6d.

Westwoods and Hopkins also call attention to their Compound Adhesive Plaster for fractures and wounds, as likewise to their concentrated preparations, essences, &c.

## A New Discovery.—Mr. Howard,

Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will never change colour or decay, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth rendered sound and useful in mastication.

52, Fleet-street. At home from Ten till Five.

**Messrs. Lane and Lara,**  
MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC  
ASYLUM REGISTRARS,

14, JOHN STREET, ADELPHI.  
(Established A.D. 1828.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.

Office hours from 12 till 4.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,**  
LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

**Fixtures, &c., Wanted.—Any Gentle-**  
man having for Disposal Fixtures, Fittings, Bottles, Stock of Drugs and Sundries, suitable for a first-class Chemist's Shop, may hear of a Purchaser by addressing, with full particulars, to L.A.C., care of Mr. Bowmer, 50, Lincoln's-inn-fields.

TO DISPENSING ASSISTANTS.

**Wanted, by a Firm at the West-end**  
of London, a Dispensing ASSISTANT, to live out of the house.—Apply to Y. H., No. 1, Windsor-terrace, Maida-hill.

**Wanted, a Young Man to Dispense**  
and attend to a small Retail. He will have to Visit and take a case of Midwifery occasionally. High moral references indispensable.—Apply to J. T. S., 11, North-place, Kingsland-road.

**Wanted, an Out-door Assistant, to**  
Visit and attend Midwifery. One who is L.A.C. or M.R.C.S. preferred, but no objection to a Student who has attended two sessions, and has had experience in Midwifery. Salary, £80 or £100 per annum, according to the qualifications.—Address, Dr. Vincent, East Dereham, Norfolk.

**Wanted by an M.R.C.S. and L.A.C.,**  
aged twenty-five, a situation as In-door ASSISTANT to a General Practitioner. The advertiser has been two years House-Surgeon to a Hospital, and is well acquainted with Union and general practice. Salary required, £80 per annum. A permanent situation preferred.—Address, Medicus, 51, Gloucester-street, Queen-square, London.

**To be Disposed of immediately, on**  
very moderate terms, a respectable GENERAL PRACTICE, long established in the county of Hants, and presenting good prospects to any qualified Gentleman of address and experience prepared to take it at once.—Address, enclosing reference, Sigma, THE LANCET Office, 423, Strand, London.

TO COUNTRY PRACTITIONERS.

**A Gentleman, who has been accus-**  
tomed to a very extensive Country Practice, including a Union and several Clubs, wishes for a Re-engagement as Visiting and Dispensing ASSISTANT. Unexceptionable references given.—Address, stating terms, &c., to A. B. Z., Post-office, Northampton.

TO SURGEONS, &c.

**A Surgeon wishes to Dispose imme-**  
diately of his Practice and Retail in the suburbs of London, an opportunity offering itself of his taking a country practice. The shop is very neatly fitted. The Practice returning £200 per annum. Rent, £28. A very small sum required. An introduction will be given.—Apply, personally, to W. M., at Messrs. Preston and Sons', 84, Smithfield-bars.

TO SURGEONS AND OTHERS.

**To be Disposed of, a Private**  
Establishment in the Country for Insane Persons of the upper and middle classes of society. The house is beautifully situated in its own grounds, well furnished, and is of easy access by rail from all parts of the kingdom. To a medical practitioner this presents a most favourable opportunity, as there is a good opening for a General Practice, in addition to the business connected with the house. Sum required about £300.—For particulars apply to X. Y. Z., THE LANCET Office, 423, Strand, London.

**To the Medical Profession.—To be**  
Disposed of immediately, by private treaty, at Northwich, Cheshire, in consequence of the decease of the Proprietor, the Stock, Surgical Instruments, Fixtures, &c., of a Surgeon, together with a large Collection of Valuable Surgical Books, if required. Any Gentleman wishing to Commence Business will find this well worthy his attention, the late proprietor having had an extensive Practice for the last eleven years.—For particulars, and to treat for the same, apply to Mrs. Weston, Northwich; or to Mr. Thompson, Chemist, 12, Church-street, Liverpool.

Medical Transfer and Partnership.

30, Bucklersbury, London.

**Mr. Orridge, Medical Transfer Agent**

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connection enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to RELINQUISH, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

**A Physician (M.D. Lond., and Univer-**

sity Medical Scholar) residing within convenient distance from University and King's Colleges, St. Mary's and St. George's Hospitals, will be happy to receive into his house, at Christmas, a Gentleman whose college studies require superintendence.—Address, M.D., Mr. Rice's Library, Mount-street, Grosvenor-square.

**Practice to be Sold in a Town in the**

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PHILOSOPHY OF THE MIND.—Cousin's Analysis of Locke's Essay (being the third volume of his Cours de Philosophie).  
MORAL PHILOSOPHY.—Butler's Analogy, Part I. Stewart's Outlines of Moral Philosophy.

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AUTHOR OF "FOOD AND ITS ADULTERATIONS," &c. &c.

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*Extract from "THE DUBLIN MEDICAL PRESS," December 13, 1854.*

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# Lectures OR DISEASES OF THE JOINTS.

*Delivered at St. Mary's Hospital.*

By WILLIAM COULSON, Esq.

SURGEON TO THE HOSPITAL.

## LECTURE IX.

### CHRONIC INFLAMMATION OF THE HIP-JOINT.

*(Concluded from p. 500.)*

SUCH extensive lesions as these cannot exist without being accompanied by distressing symptoms, although the severity of the latter is by no means a certain index of the extent of mischief which may have taken place in the interior of the joint. Many of the local and general symptoms already described continue, but in an aggravated form. The pain is severe during the day, and becomes still more distressing at night, disturbing the patient's rest or interrupting it altogether. The patient is unable to bear the slightest motion of the affected joint, and generally assumes a very awkward and characteristic posture in bed, bulging out the hip, and crossing one knee over the other to relieve the pressure of the head of the femur on the inflamed or ulcerated surface of the acetabulum. The nature and quantity of the discharge from the different sinuses which surround the joint vary in different cases. Sometimes we find a succession of abscesses, closing and breaking out at uncertain periods; at other times the secretion of pus is very profuse, and the patient quickly sinks in a state of hectic, or, as more commonly happens, he may struggle for a considerable time against the local disease, until some vital organ becomes affected, when death soon ensues. Scrofulous cases frequently terminate in this manner. As the constitutional powers become exhausted, a tendency to organic disease sets in, the lungs or abdominal viscera become the seat of scrofulous affections, and these prove the immediate cause of death. In some cases, the patient is suddenly cut off, at this stage, by an affection of the brain, which in young subjects is probably of a tubercular nature. I have witnessed cases of this kind where patients with disease of the hip-joint in its third stage were suddenly seized with cerebral symptoms, and died in a few days. Indeed, death may occur from cerebral complication at any period of the disease. Scrofulous children are frequently subject to the deposit of crude tubercles in the substance of the brain; these tubercles remain latent for a long time, and give rise to few or no symptoms by which their existence can be detected; but let any serious disease arise in another part of the frame, or any febrile excitement be produced, and inflammation, with softening of the cerebral tissue around the tubercle, sets in, or effusion of serum rapidly takes place into the ventricles of the brain. Mr. South has recorded a very interesting case, which illustrates this fact, in his translation of *Chelius' Surgery*. The patient, a child, ten years of age, had been lame in the right hip for five or six months, but had presented no other symptoms whatever of a disease of the articulation until a fortnight before his death, when he complained of violent pain on the slightest motion of the joint. At this period symptoms of effusion into the ventricles made their appearance, and after death tubercles were found in the substance of the brain. This case is peculiarly interesting to me, because it confirms the opinion which I had long maintained, that hip-disease usually commences with inflammation of the ligamentum teres and adjacent synovial membrane. On examining the joint, a small quantity of dirty, brown-coloured fluid escaped from the capsular cavity, the synovial capsule itself was thickened and soft, granular on the surface, and of a yellowish colour; the round ligament and the contiguous synovial membrane had been the seat of inflammation, their vessels were injected, the membrane was thickened, and a small quantity of lymph adhered to its surface.

But to return to our more immediate subject: the characteristic symptom of chronic hip-disease in its third stage is a gradual or sudden shortening of the affected limb, which had previously been elongated. The foot of the shortened limb is usually everted, though in some cases the foot has been turned inwards. The shortening of the limb is almost always real, not apparent; and on making careful measurement, in the way described in a former lecture, the affected limb will be found two, three, or more inches shorter than the

No. 1635.

sound one. Still this shortening may depend on position; thus in some cases we find that the pelvis on the affected side is elevated above its natural level, that the spinous process of the ilium is thrown backwards, that the thigh is flexed, and, at the same time, abducted; under these circumstances the limb will appear to be some inches shorter than the one on the sound side, and when it is firmly fixed in this position, there may be great difficulty in distinguishing the case from one of actual shortening. As for this latter condition, it may depend either on dislocation of the head of the femur, or ulcerative destruction of the cotyloid cavity, head, and neck of the thigh-bone. The shortening of the limb from dislocation upwards and backwards on the dorsum ilii requires no explanation; and you can also readily understand how the same effect may be produced when the head and neck of the femur are more or less destroyed by ulceration, and the cavity of the acetabulum deepened, for under these circumstances muscular action, in bringing the parts together, may shorten the limb to an extent equivalent to the angle formed by the neck of the bone in a healthy state, and to the amount of destruction in the acetabulum. It was formerly the custom to refer all cases of shortening of the limb during the third stage of hip disease to dislocation, but I am convinced that this displacement occurs much less frequently than is supposed. However this may be, it should be remarked that the displacement is either partial or complete, and that the former species of dislocation occurs more frequently than the latter. When the round ligament is destroyed, and the edges of the acetabulum ulcerated at its upper and outer part, the head of the bone rests on the ulcerated edge, without being completely separated from the cavity; but in some cases the rim of the acetabulum is intact, yet the head of the femur, or whatever remains of it, is found lodged on the dorsum of the ilium, and completely removed from the cotyloid cavity, as in examples of traumatic luxation, with considerable destruction of the soft and hard tissues which compose the joint. The mechanism of this species of secondary dislocation is easily understood, but we cannot so readily see how the femur is luxated in cases where the cavity of the acetabulum has been slightly or not at all injured. Many writers on diseases of the hip attempt to explain the displacement, by supposing that while the round ligament is destroyed, the head of the femur is gradually thrust outwards by deposits of pus, &c., in the acetabulum, until it has passed beyond the projecting margin of the cavity, when it is easily drawn upwards by the action of the glutæi muscles. But, it may be asked, if this be the efficient cause of displacement, why other joints as well as the hip are not subject to dislocation from collections of pus and lymph, &c., within their articular cavities? A more rational explanation can, I think, be found in the influence of the position which patients almost universally assume during this stage of hip disease. The thigh is flexed, the limb adducted, and turned inwards. In this position a slight effort suffices to luxate the head of the femur, provided the round ligament be destroyed, and the bonds of union between the articular surfaces relaxed.

It is not always easy to distinguish secondary dislocation of the femur on the ilium, and the numerous errors of diagnosis which have been committed in this matter, prove that the signs commonly laid down are not infallible guides. Thus, you will find it stated that the displacement now alluded to may be known by the shortening of the limb, accompanied by elevation of the trochanter major above its normal level, and turning of the foot and knee inwards. But all these symptoms may exist without any real displacement of the head of the bone from the articular cavity. This has occurred over and over again in practice. The limb may be shortened even to the extent of four inches, the great trochanter may be raised upwards and forwards to a considerable extent, while the knee and foot are turned inwards, and fixed in that position; the surgeon considers the case to be one of secondary dislocation, yet after death the head of the femur is found in the cavity of the joint. It therefore becomes a matter of interest to determine by what means we can distinguish these cases of apparent luxation from actual displacement of the bone, and avoid errors of diagnosis, which are always discreditable, even if they do not lead to errors in practice. The difficulty arises not so much from imperfection in our knowledge as from the fact that characteristic signs of distinction between the two sets of cases are often absent. Sometimes, however, the symptoms of true dislocation are evident, and there can be no excuse for overlooking it. Thus, in protracted cases, when the swelling has subsided and the patient becomes emaciated by the long continuance of the disease, the head of the femur can be distinctly felt resting on



the ilium and underneath the glutei muscles; indeed, if the head of the bone has not been much destroyed by ulceration, in these cases its shape can be traced with the fingers through the substance of the wasted muscles. The trochanter major may be elevated beyond the level of the anterior superior spinous process of the ilium, or when the pelvis is fixed and extension made, the head of the bone may perhaps be moved on the smooth surface of the ilium. In all these cases, secondary luxation evidently exists, and by attending to certain circumstances, you may even form a correct notion of the extent of destruction by which it is accompanied. For example, when the head of the femur can be moved on the dorsum ilii, we may conclude that the soft parts are extensively softened or destroyed, while no attempt at bony or ligamentous union has yet been made. If the shortened limb be rotated outwards, it is reasonable to infer that the head, and probably the neck, of the femur are completely destroyed; finally, the degree of rotation inwards, and the extent to which the limb admits of being rotated outwards, will afford some measure of the amount of destruction which has taken place in the head and neck of the bone. But you may ask, what course is to be pursued for clearing up the diagnosis in difficult cases? The point you have to determine is, whether the abnormal appearances of the limb—its shortening, rotation inward, and projection, with elevation of the trochanter major, depend on real displacement of the bone from the articular cavity, or on apparent shortening from an altered position. When the case is evidently one of a scrofulous nature, and when the shortening, with inward rotation of the limb, has already existed for several months, there can be little doubt but that it depends on displacement. On the other hand, when the affected limb can be brought into the same position as the sound one, by the means which I have pointed out in another lecture, and which I need not, therefore, describe to you now; and when the deformity of the limb is not suddenly reproduced after extension has ceased, then we may fairly conclude that luxation has not existed, but that the shortening depends on altered positions of the pelvis and limb.

Dislocation may also take place forwards into the obturator foramen, when the limb is lengthened, the knee bent, and the foot turned outwards, with the toes pointing to the ground. Many surgeons have questioned the existence of this form of secondary dislocation, but though extremely rare, some undoubted examples are on record. Portal examined the body of a patient affected with this species of luxation: the round ligament was not destroyed, yet the head of the femur rested on the inner and lower surface of the obturator foramen. Boyer also relates a case of the same kind. The Museum of the College of Surgeons contains a preparation, exhibiting dislocation into the foramen ovale from the effects of hip disease, and I have related a case in my work "On the Hip-Joint."

The history, gentlemen, which I have just given of chronic disease of the hip-joint is a general one, and applies to the great majority of cases which you will meet with in practice, but some cases differ from others, particularly during the early stage, and this difference probably depends on the nature of the tissue in which the disease has commenced. When the disease commences in the cartilages, pain is for a long time the only symptom which attracts attention, and it is usually referred to the knee rather than to the hip-joint; the wasting and flabbiness of the limb occurs earlier than in other forms, and they are more striking from the absence of effusion into or around the joint. Primary disease of the bone is rare after puberty: it is accompanied with little or no pain during the early stage, or until the disease has extended to the cartilages and soft parts, and even then it is less acute than when the malady has commenced in the other tissues of the joint. Suppuration is apt to exist around the joint rather than in it during the third stage, and the articular cavity seldom presents the same degree of destruction as the bone; hence dislocation rarely takes place until the head of the bone is completely destroyed, and when it does occur the shortened limb is rotated outwards. We have still to describe the diagnosis of hip disease and the treatment appropriate for each stage, but these points I shall reserve for my next lecture.

**RE-VACCINATION.**—M. Bayard, a French surgeon, has found much difficulty in re-vaccinating soldiers and other patients at the age of twenty-one. He believes there is not any degeneration of the vaccine virus, as has been suspected, as the same lymph was tried on children with the best success. Re-vaccination in adults seems rather to be interfered with by various other diseases—scrofula, syphilis, &c.—lying latent in the constitution.

## ON THE EMPLOYMENT OF COD-LIVER OIL IN PHTHISIS.

WITH CASES.

BY E. HEADLAM GREENHOW, M.D.,

PHYSICIAN TO THE BLANKIN-STREET DISPENSARY.

(Continued from p. 506.)

**CASE 11.**—Miss T—, aged nineteen, of decidedly strumous diathesis; her mother died of phthisis. Was consulted by her several years ago for enlarged cervical glands, with otorrhoea, which were cured by cod-liver oil and the iodide of iron, since which she has enjoyed good health.

February 16th, 1849.—Slight emaciation; constant languor and drowsiness, with diminished interest in her usual pursuits; cough and expectoration, the latter being occasionally tinged with blood; pain in left side; quickness of breathing; pulse 100; tongue furred; slight sweating of a morning; menstruation regular and normal; dulness of percussion-sound on both sides of thorax, but most decided on the left, in the apex of which lung there is also slight gurgling; respiratory murmur deficient on left side, of puerile character on right; weight, 6st. 10lb. Counter-irritation by means of small blisters, renewed every third day. Ordered, iodide of iron and Equorice powder, of each two grains; extract of gentian, one grain: make into a pill, to be taken twice a day; also two drachms of cod-liver oil twice a day. The dose of cod-liver oil to be increased to six drachms twice a day as soon as possible.

February 24th.—Decidedly better; cough and expectoration diminished; pulse 90; skin cool and soft; has more energy, and is now able to take the full quantity of oil prescribed; weight, 6st. 12lb.

Under the foregoing plan of treatment, which was steadily persevered in for several months, she gradually regained her flesh and strength until, by the end of April, her weight was 7st. 9lb. In July she reported herself as quite well, and free from cough and expectoration. At that period there remained a degree of dulness, more evident on the left than right side, and there was less resonance than natural on both; there was a slight blowing sound where the gurgling had been, but no gurgling or other rhonchus. About this period a brother from India came under my care, so that I had frequent opportunities of seeing her. She was apparently in good health, and able to enter into all the pursuits and amusements natural to her age. She continued well until the autumn of 1852, when, from exposure to cold, she had an attack of pneumonia, followed by hæmoptysis and other phthisical symptoms, under which she sunk in a few weeks.

**CASE 12.**—J. C—, aged twenty-two, has had cough and expectoration for some time; complains of loss of appetite, of vomiting, of occasional diarrhoea, and of debility; tongue furred; pulse 78, small and thready; emaciated; flattening of chest below right clavicle; dulness of resonance on percussion; expiratory murmur prolonged and harsh; heart-sounds abnormally distinct. This man improved very greatly from the oil, resumed his occupation, and for many months appeared to be cured. A subsequent return of complaint proved fatal.

**CASE 13.**—Mr. J. H—, aged thirty, had hæmoptysis some years ago, and once to a slight extent this spring. Has been habitually a dyspeptic, and occasionally has suffered much from gastrodynia.

June 28th, 1850.—Has had constant cough and expectoration for four months; great languor and debility; shortness of breath; dulness of resonance on both sides; respiratory murmur deficient in left apex, puerile at right; bronchophony on left side; pulse 90; tongue clean; bowels regular. Ordered, counter-irritation with the lotion of acet. cantharides,\* to take half an ounce of cod-liver oil three times a day.

In the course of two or three months this gentleman appeared to be perfectly cured. I have not seen him since, but have ascertained that he died last autumn of phthisis.

I here add the history of several cases strongly illustrative of the great benefit frequently derived from the employment of cod-liver oil in the treatment of consumption. Being unacquainted with their subsequent history, I am unable to decide whether they ought to be classed with the preceding cases, or to appear amongst those in whom the cure has stood the test of time:—

**CASE 14.**—D. H—, aged twenty-five. Has frequently

\* Acet. cantharides, half an ounce; acetic acid, one ounce and a half: mix.

suffered from catarrh. After feeling unwell, and suffering from cough, &c., for a week or ten days, had, on Sept. 13th, 1848, an attack of profuse hæmoptysis, which returned both on the 16th and 22nd instant. After the hæmoptysis and its immediate consequences were removed, symptoms of softening tubercles supervened. There was likewise much gastric derangement, with loathing of food, and tendency to diarrhoea. On October 10th he commenced taking the oil, together with compound infusion of roses. The physical signs at this date were dulness of resonance below left clavicle, with deficiency of respiratory murmur; imperfect pectoriloquy; dry crackling. There was likewise sweating at night, and some lymph-like matter had been observed in the expectoration. Under the use of counter-irritation by small blisters, and subsequently by tartar emetic, ointment, and constant perseverance with the oil, he apparently recovered; and, when he went from under my care in March, 1849, appeared quite well, and was able to resume his employment. His subsequent history is unknown.

CASE 15.—G. M.—, aged twenty-two.—August 10th, 1848—having been out of health for upwards of a year, has now suffered for a month from night sweats, to which, within a day or two, diarrhoea has also supervened. Occasional rigors, succeeded by hectic flush; pulse 120. Suffered formerly from pain in the left side of thorax, which was removed by blistering; much emaciated; breathing quickened; decided dulness in left infra-clavicular region; cavernous rhonchus; pectoriloquy; expectoration copious and purulent. To take half an ounce of cod-liver oil three times a day. This man improved very decidedly and rapidly, and after a few weeks had recovered strength and flesh; the diarrhoea and night sweats left him; his pulse became less frequent, and he almost lost the cough and expectoration. I then lost sight of him, and am unacquainted with his subsequent history.

CASE 16.—T. N.—, aged twenty, servant. Feb. 28th, 1849. Has been always subject to catarrh, and has had habitual cough for some time past; slight emaciation; dulness in right subclavian region, with deficiency of respiratory murmur, and abnormal distinctness of heart-sounds; skin hot and dry; tongue furred; pulse 100. Some remedies were recommended for his relief, but he refused to take the oil when it was ordered, and I did not see him again until April 11th, when he called on me by his master's desire. There was now, in addition to decided dulness on percussion, cavernous rhonchus and pectoriloquy in apex of right lung; pulse 120; emaciation much increased since he was last seen. To take half an ounce of cod-liver oil three times a day.

May 1st.—Is already much improved, and has gained flesh; pulse 100.

June 4th.—Has now scarcely any cough or expectoration, and is very much stouter; pulse 80 to 90; appetite good; physical signs as before.

This man continued under my notice until July, and persevered steadily in the use of the oil. He then appeared to be gradually recovering. The dulness on percussion remained, as did likewise the pectoriloquy, but the cavernous rhonchus was very decidedly diminished, its place being taken by cavernous respiration. I am not aware of his subsequent fate.

### 3. Those in whom the cure appears to be perfect.

CASE 17.—Emma M.—, aged twenty, maidservant; of phthisical family. November 22nd, 1849. Has had chronic cough for several months, and had not menstruated for three months, until a fortnight since, and then insufficiently; dyspnoea on exertion; languor; slight diarrhoea; pulse 90, soft and feeble; cough most troublesome in the morning; expectoration scanty; deficient resonance on both sides, but without marked difference between the two; heart-sounds abnormally distinct on right side; expiratory murmur prolonged in right infra-clavicular region, in which situation, too, there is almost constant uneasiness; suffers much from pain near the edge of ribs on right side; weight, 7st. 10lbs.; to take two drachms of cod-liver oil three times a day.

December 16th.—Has the catamenia to-day, but too scantily; pulse 86; skin cool; feels stronger, and has now but little cough, except of a morning; bowels regular, the diarrhoeal tendency having ceased; appetite good; tongue clean. To continue the cod-liver oil, and to take a pill containing iodide of iron and powdered liquorice root, of each two grains; extract of gentian, half a grain, three times a day.

18th.—Weight, 8st. 1lb.

January 13th, 1849.—Has materially lost ground during the past fortnight; the cough and expectoration being much in-

creased, and her weight reduced to seven stone and a half; pulse 96, small; no diarrhoea or night sweats; catamenia retarded three or four days; slight but unequivocal dulness on percussion of right infra-clavicular region as compared with left side. Ordered, six drachms of cod-liver oil, three times a day; continue the pill, with iodide of iron, three times a day.

25th.—Is again improving; pulse 96, feeble and small; weight, 7st. 8lbs.

February 9th.—Still has a good deal of cough; the catamenia, although still deficient and irregular as to the time of appearance, improving in quantity; is looking, and says she feels better; pulse 90, small; tongue clean; weight, 7st. 11lbs. Continue.

23rd.—Is progressing satisfactorily; weight, 7st. 12lbs. Continue.

March 14th.—Weight, 7st. 12lbs.; is looking much more robust; pulse 80; appetite good.

April 7th.—Not yet free from cough or expectoration; there is still dulness of resonance in right apex, with prolongation and distinctness of the sound of expiration. Continue.

May 8th.—Is going on favourably.

June 10th.—Cough and expectoration nearly gone; menstruates regularly; is perfectly free from pain and uneasiness in the infra-clavicular region, where formerly she had almost constantly more or less of both.

July.—Is tolerably well. To continue the cod-liver oil another month at least, but may discontinue the pills with iodide of iron.

Two years later this girl came again under my care, with cough, &c., for the cure of which similar treatment, with counter-irritation, was employed. She is alive, and in good health.

CASE 18.—Mrs. G.—, aged forty-five. Has been liable to bronchitis, and has several times had hæmoptysis, which has this day (August 3rd, 1848) returned in considerable quantity. Has not been free from cough for some months. On examination, the blood was found to be mixed with pus, leading to the inference that a small vomica had burst; is emaciated; dulness on percussion of right upper portion of thorax; bronchophony and sonorous rhonchus. The hæmoptysis, or rather expectoration tinged with blood, continued for some days. The dulness increased for some time, but I never could distinctly make out cavernous rhonchus. Once or twice I fancied its presence, but subsequent examinations failed to confirm the impression, and, when absent, there was no cavernous respiration. She was only seen very occasionally by me for a few months, during which she took, by my direction, cod-liver oil, and employed counter-irritation to the chest. She slowly but steadily improved; has had good health for the last two or three years, and was looking well when seen by me about a year since.

CASE 19.—A. B.—, aged eight years.—June, 1848. A tall, over-grown, delicate-looking child, of strumous family. Has been in bad health for some months; much emaciated; pulse 120; tongue clean; bowels regular; appetite good; short and frequent cough; dulness of resonance on right side, where the respiratory murmur is likewise harsh; a moderate amount of mucous rhonchus. Ordered, mercury with chalk, carbonate of soda, and powdered rhubarb, of each three grains: mix, and take twice a week before going to bed; also, cod-liver oil, two drachms, three times a day. Apply a blister to the sternum. Milk diet, with beef-tea for dinner. Tepid sponging twice a day.

This child gradually improved under the above treatment, slightly modified from time to time, the oil however being perseveringly continued. At the expiration of four months he was cured, and still continues quite well.

CASE 20.—Captain B.—, aged twenty-nine.—March 10th, 1850. Has been a good deal abroad, where he suffered from diarrhoea, and for some time, several years ago, from dyspepsia, for which he took a sea voyage with much advantage. Very tall, sallow, and thin; pulse languid, 76; tongue thinly but uniformly coated with a brown fur; bowels torpid; complains of great languor and debility, of feeling unequal to the most ordinary exertion, and of a constant craving and uneasiness at the stomach; urine high coloured; has had more or less of cough and expectoration for some months past; percussion sounds slightly dull; respiration normal; is a good deal emaciated. Ordered, trisnitrate of bismuth, eight grains; disulphate of quinine, one grain; extract of taraxacum, three grains: mix; make into two pills, to be taken three times a day. Nitric acid, twelve minims; simple syrup and tincture of oranges, of each six drachms; water, four ounces and a half: mix; and take one ounce three times a day. Mercury pill, four

grains; compound rhubarb pill, six grains: mix; make into two pills, to be taken before going to rest, and take a draught of senna, with sulphate of magnesia, the following morning.

24th.—Slight hæmoptysis supervened a few days ago, and still continues; blood florid and frothy. Apply blister to the chest, and continue.

31st.—The hæmoptysis has now ceased. There is manifest deficiency of resonance on left side, and likewise want of respiratory murmur; has a good deal of cough, accompanied by very scanty expectoration; in other respects he is much improved, his tongue being cleaner, and appetite good; feels stronger; pulse 76. Omit the bismuth pills, but to continue the nitric acid mixture, and take two drachms of cod-liver oil with each dose.

April 8th.—Much the same; still has a good deal of cough, the sputa, which is scanty, being occasionally streaked with blood. To increase the cod-liver oil to half an ounce for each dose.

20th.—Improved in all respects; cough less troublesome; there is now but little expectoration, and no tinge of blood; tongue clean; bowels torpid; pulse 72. Repeat the mercury pill and senna draught, and continue.

June 1st.—Has continued gradually to mend since last report; cough and expectoration nearly gone; there has been no recurrence of hæmoptysis; looks much stronger and better, and has gained flesh. Continue.

July.—Convalescent.

I have not seen him since, but had a message from him recently, stating that he continues quite well.

CASE 21.—Mr. K—, aged thirty-four. March, 1849. Has been what he terms asthmatic for the last twelve months; constant cough and expectoration of flocculent-looking mucopus; considerable emaciation; flattening of chest; dulness in right apex, with deficient respiratory murmur; puerile respiration on left side; night sweats; bowels regular; tongue furred; pulse from 96 to 100. Counter-irritation. Ordered, nitric acid, twelve minims; spirit of cinnamon, half an ounce; infusion of cuscuta to six ounces: mix, and take one ounce three times a day, with half an ounce of cod-liver oil.

He remained under my occasional observation for many months, and slowly but gradually improved. At the end of a year he was quite well, and is still alive. Of his present state of health I am ignorant; it was good when I last saw him.

CASE 22.—Miss R—, aged thirty.

July 21st, 1849.—Has suffered for two or three years from frequent short cough, and has repeatedly had slight hæmoptysis. None of the attacks of the latter have been severe, a tablespoonful being the largest quantity voided at one time; is very liable to what she terms bilious attacks, with diarrhoea; pulse 90, feeble; skin cold; tongue whitish in the centre, clammy, and reddish at the edges; appetite good; cough is accompanied by scanty expectoration; has frequent subclavian pain; chest somewhat flattened, and less expandible in left upper region; deficient resonance on percussion of left infra-clavicular space; bronchophony and coarse breathing in same situation; respiration elsewhere rather puerile; feels much relaxed, and perspires easily on taking exercise. To keep up irritation on the surface of the chest with the lotion of acet. cantharides, &c.; to take half an ounce of cod-liver oil twice a day. Infusion of Calumba, six ounces; nitric acid, eighteen minims; hydrocyanic acid, twelve minims; spirit of cinnamon, two drachms: mix; take one ounce twice a day. To take moderate exercise daily, and to sponge the chest, shoulders, &c., with salt and water, as cool as can comfortably be borne.

August 15th.—Looks and feels better, but has still a good deal of subclavian pain; physical signs as before; the sound of expiration on left side distinct and prolonged. Continue.

September 1st.—Is certainly better. To omit the Calumba, but continue the cod-liver oil, using syrup and water, pleasantly acidulated with nitric acid, as a vehicle. The oil was continued for eight months without intermission. In the following spring I advised removal to a milder climate, and afterwards, during the summer, to a bracing hilly district, where she passed the summer and autumn with very great advantage, returned home quite well, and is now in better health than for many years.

CASE 23.—The Rev. — B—, aged twenty-nine.

July 15th, 1850.—Has for several months laboured under cough and slight expectoration, with dyspnoea, and latterly uneasiness, scarcely amounting to pain, on the left side of the chest; has lost flesh materially; decided dulness, with indistinctness of respiratory murmur on left side; brochophony

in apex of left lung. Ordered, half an ounce of cod-liver oil twice a day; to discontinue his professional duties, and avoid exposure.

August 12th.—Severe pleurisy of left side suddenly supervened on this day, followed, three or four days afterwards, by effusion, although active treatment was promptly employed for its removal. I did not see him until a few days after the attack, and then found him suffering from great dyspnoea even when in the recumbent posture. The slightest attempt to raise him into the semi-erect position was followed by an increase of dyspnoea, verging on asphyxia, with great distress of countenance and constant cough; pressure at the epigastrium and along the margin of the left ribs causes great pain and cough. Urine high-coloured and loaded; passes wretched nights; pulse, 100, and feeble, when recumbent; is too rapid to be counted when he is elevated. Ordered, mercury with chalk, five grains; compound ipecacuanha powder, ten grains: mix; to be taken at bed-time. Mercurial pill, ipecacuanha powder, of each half a grain; extract of conium, three grains: mix into a pill, to be taken every four hours.

20th.—Pain and dyspnoea much relieved; cough less frequent; pulse 86; tongue cleaner; entire absence of resonance over lower two-thirds of left chest. Continue.

31st.—Dulness now extends over the whole of left side; feels better in other respects, but has intense dyspnoea on making the least exertion; pulse 90. Ordered, iodide of potassium, bicarbonate of potash, of each half a drachm; infusion of gentian, five ounces and a half; spirits of nitric ether, three drachms: mix, and take one ounce three times a day.

September 10th.—Being in a stationary condition, I requested him to resume the cod-liver oil in addition to the iodide of potassium mixture, which he is now to take only twice a day.

22nd.—Dulness in upper part of left side of chest somewhat lessened, and there is likewise slight return of expansion in corresponding portion of lung; pulse 84; dyspnoea diminished; looks better and feels stronger. To live generally. Continue.

October 6th.—Dulness of upper half of left thorax much diminished, and the lung permeable and expanding; breathing, better, but still easily hurried; pulse 94, small; appetite good. Ordered, liquor of taraxacum, one ounce; liquor of potassium, half a drachm; infusion of Calumba, four ounces and a half; tincture of hops, three drachms: mix, and take one ounce twice a day; with half an ounce of cod-liver oil.

At the expiration of several months I again saw him. He was much improved in general health, but had still slight dyspnoea and cough, together with dulness of the inferior part of left thorax, and impermeability of the lower portion of left lung. He was, nevertheless, able to take light duty, and continued to do so a few months ago, being then in a tolerably comfortable state of health.\*

CASE 24.—Miss L—, aged twenty-five.—July 3rd, 1849. Of phthisical family; has been losing flesh and feeling languid and indisposed for the last three months; her only complaint is of cough, accompanied by scanty expectoration, occasionally streaked with blood; pulse 90, feeble and small; tongue furred; looks pale and delicate; bowels regular; menstruation regular; sweats copiously towards morning; dulness of resonance, and deficiency of respiratory murmur in right subclavian region. Ordered, infusion of oranges, six ounces; nitric acid and dilute hydrocyanic acid, of each fifteen minims; spirit of cinnamon, two drachms: mix, and take one ounce three times a day. Soap liniment, eleven drachms; liquor potassæ, one drachm; croton oil, half a drachm: mix. Make an embrocation, and apply twice a day to the sternum.

13th.—Stationary. Take cod-liver oil, half an ounce, twice a day, with a dose of the above ordered mixture.

The oil was afterwards increased in quantity to an ounce twice a day, at which rate it was continued for four months, and afterwards for several months longer in smaller doses. She was cured, and continues well at the present date.

CASE 25.—Mrs. D—, aged thirty-three. Father died of phthisis.—July 10th, 1849. Had severe catarrh some months ago, since which she has never been free from slight cough; emaciated; pulse 84, languid; tongue clean; bowels regular; appetite good. Has had slight hæmoptysis for a few days, which has now ceased; expectoration sinks in water; dyspnoea on slight exertion; dulness on percussion, and deficiency of respiratory murmur below clavicle; respiration elsewhere of the puerile character. Ordered, acetic acid, one ounce and a half;

\* Whilst this article is in the press, I have received a note from this gentleman, giving a most satisfactory report of his state. He continues his professional duties at the present time.

aest. cantharides, half an ounce: mix, and make into a lotion; a piece of lint moistened with the lotion to be applied for ten minutes night and morning to the chest. Compound infusion of roses, six ounces; dilute sulphuric acid, half a drachm; ipecacuanha wine, one drachm; tincture of digitalis, one drachm and a half: mix, and take two spoonfuls every fourth hour.

July 16th.—Weight to-day, 7 st. 4½ lbs. Has had no return of hæmoptysis. Take half an ounce of cod-liver oil twice a day.

August 7th.—Chest in the same condition, there still being dulness, &c.; weight, 7 st. 7½ lbs. Take an ounce of cod-liver oil twice a day. Advised removal to a milder air.

October 4th.—Is in every respect much improved, and has continued the oil to the present date; weight, 8 st. 5 lbs. Became eventually quite well, and continues so.

CASE 26.—Miss H. C.—, aged thirty. Elder sister died of phthisis. June 23rd, 1848. A most delicate-looking person, and a good deal emaciated. Is much subject to dyspepsia, and had a very obstinate bronchitic attack last winter; frequent cough, with but little expectoration; tongue furred and slimy-looking; slight but evident deficiency of resonance below right clavicle, as compared with the other side; respiration coarse; sound of expiration distinct; mucous rhonchus on left side; has frequent subclavian pain on right side. For these symptoms, blistering, expectorants, and attention to the condition of the digestive organs, were perseveringly tried.

July 11th.—Somewhat improved in general health, but extremely feeble and much emaciated; has suffered from profuse night sweats of late; bowels regular; cough troublesome; expectoration mucopurulent, but by no means copious; pulse 80; dulness of resonance, &c., as before; bronchophony in right apex. To have animal food and a glass of bitter ale for dinner. To take two drachms of cod-liver oil three times a day.

22nd.—Is already improved both in strength and appetite; cough diminished. The dose of oil to be doubled.

26th.—Has retrograded; digestive organs much deranged, with loss of appetite and nausea; pulse 100; slight chilliness in the forenoon, succeeded by fever; night sweats; tongue much furred; cough increased. Ordered, bicarbonate of soda, one scruple; water, one ounce; syrup, one drachm; dilute hydrocyanic acid, three minims: mix, and take every four hours, with half an ounce of lemon-juice in a state of effervescence. Continue the cod-liver oil. Take of mercury pill, three grains; compound rhubarb pill, five grains; extract of hyoscyamus, three grains: make into two pills, to be taken at bed-time.

August 10th.—Has appeared to be improving for the last ten days, but to-day I find a return of hectic, with increase of cough, and extreme debility; emaciation increasing; pulse 110, small and thready. In addition to the night sweats, from which she has suffered for some weeks, there is now a tendency to diarrhoea; expectoration more copious; right side of chest less expansible than left; evident flattening below right clavicle; cavernous respiration; pectoriloquy.—Evening: Pulse 130; skin hot and dry. Ordered, infusion of cusparia, six ounces; bicarbonate of soda, two scruples; tincture of cinnamon, three drachms; tincture of opium, twelve minims: mix, and take one ounce three times a day.

After remaining almost stationary for some days, the hectic, night sweats, &c., still going on, and the pulse being rarely below 120 at the time of my daily visit, she began about the 18th to improve; the pulse fell to 100, and on the 21st to 90.

21st.—Ordered, citrate of quinine and iron, five grains; cinnamon water, one ounce: mix, and take twice a day. Continue the cod-liver oil. Advised her removal to a sheltered, dry situation a few miles in the country.

September 11th.—Much improved; pulse 80; no rigors or hectic; appetite and digestion better; is able to walk out daily; expectoration diminished; weight 7 st. 7 lbs.

October 9th.—Has steadily proceeded with the cod-liver oil and chalybeate. Cough and expectoration very much better; right side of chest decidedly flattened, and less expansive than left; pectoriloquy and cavernous breathing, both singularly distinct; weight 7 st. 12 lbs. Continue the cod-liver oil.

Having continued to improve steadily, though slowly, until the end of October, I then advised her to winter in Devonshire. She went there early in November, and continued taking the cod-liver oil till spring.

March 14th, 1849.—Reports herself as quite well, and able to walk two or three miles a day; is free from cough and expectoration, and weighs 8 st. 13 lbs. I saw her again in the summer of 1850, after she had spent two winters in Devonshire. She appeared perfectly well, and continues so at the present time.

## ON A CASE OF WOUND OF THE VAGINA, WITH SEVERE HÆMORRHAGE.

By ROBERT FOWLER, M.D. EDIN.

ON the morning of Feb. 23rd, 1854, a medical man in the neighbourhood called to speak to me respecting a case he had been attending since ten o'clock the night previous. He had sent the friends of the patient to the relieving officer to obtain an order for my attendance, but expressed a wish that I would go with him immediately, as the woman was in great danger, on account of profuse hæmorrhage from (what he supposed) a wound of the rectum. I directly (half-past ten A.M.) accompanied him, and found the woman perfectly blanched from loss of blood; the lips were quite pallid, the whole surface of body completely cold; pupils dilated; no pulse at the wrist, but the brachials beat feebly. It was with difficulty she could be roused from her lethargy, and when she spoke it was in a scarcely audible whisper. The bleeding had then ceased. On separating the buttocks, I could detect no external wound; and on examining the rectum digitally, the finger on withdrawal was quite free from any stain of blood. The source of the hæmorrhage was therefore still undiscovered. On separating the labia, I soon found that I was on the track of the wound, for the mucous membrane of the vulva, which was completely blanched, was quite moist with blood, which adhered in dried clots to the capillary appendices exterior. On searching further internally, my finger removed a small clot, and out gushed a dark-coloured stream (not in jets) of blood about the size of a crow-quill. Pressure by the finger immediately stopped it, and on examining as carefully as I could, I perceived that the stream came from a jagged wound about the size of a sixpence, at the junction of the superior and right lateral walls of the vagina, to the right, and just above the level of the meatus urinarius. A graduated compress of lint dipped in cold water was now applied, and kept in the vagina by two towels used as a T bandage. Sulphuric acid, twenty-five minims in water, every three hours; brandy, half an ounce, in cold water, every hour; all liquids to be given quite cold; hot bottles to the feet.

I now learnt that at nine o'clock the night previous, whilst at her brother's, in Lambeth-hill, Doctor's-commons, she had occasion to go to the out-door privy, and, in the act of sitting down, she came with full force on the upright wooden handle (having a blunted point) of the cover, which happened to be on. Without mentioning it to her brother, she walked more than a mile to her mother's house, in this parish. Bleeding continued from the lower part of her person the whole way, causing her to feel very faint, and compelling her to lean frequently against the walls of the houses. On her arrival, her whole under garments were completely saturated with blood.

The medical man, at a quarter-past ten P.M., found her in a complete state of collapse; no pulse either at the radials or brachials. He ordered hot bottles to her feet, and gave her hot brandy and water. She was extremely restless the whole night, the blood streaming from her whenever she got out of bed (which she would do) to pass urine.

23rd.—One P.M.: No bleeding; pulse just perceptible at wrist.—Five P.M.: Surface of body warmer, and says she feels better. Stomach rejects all fluids, which were directed to be given in very small quantities.—Nine P.M.: Radial pulse stronger; body warmer; sickness better. Catheter drew off six ounces of clear urine. On readjusting plugs, slight bleeding occurred. Elastic catheter kept in bladder.

24th.—Eleven A.M.: Better; body warmer; sickness abated; tongue very foul; pulse 120, stronger. Urine dribbled away all night, causing her great pain from soaking the lint. Ten P.M.: Voice stronger. Discontinued elastic catheter, desiring her to retain urine. Wound has a superficial slough.

25th.—Sore cleaning, and inclined to granulate. Unable to hold urine.

From this date she continued to improve, the sore healing nicely under a dressing of dry lint only, its progress being no doubt slightly retarded by the irritating contact of the urine, which for some days she was unable to retain during the short intervals between my visits. Slight rigors occurred on the 1st of March, but subsided after a calomel and jalap purge, followed by saline mixture.

March 8th.—Wound quite healed. Complaints of anæmic headache. Take one grain of sulphate of iron in one ounce of water, three times a day.

22nd.—I accidentally met her, and she told me that she had

had a small abscess on the labium, externally, which was now well. She complained of frequent desire to make water, with pain on doing so, and inability to retain the urine long. She had also a bearing down pain, but no prolapsus uteri. I had no opportunity of examining the condition of the vagina, as to whether there was any prolapse of its walls, or hernial tumour, or uterine prolapse, in its cavity.

I have brought this case forward on account of the rarity of the curious accident which was so nearly proving fatal; and also as an instance of the wonderful rallying powers of Nature after severe losses of blood. The source of the hæmorrhage must either have been from the extreme end of the pudic vein itself; which, in the position of the wound, might possibly be injured by a force compressing it against the pubic arch; or, if not from it, from one of the many veins which surround the vagina in a plexiform manner, previous to terminating in the branches of the internal iliac.

Bishopsgate-street Without, December, 1854.

### Medical Societies.

#### HARVEIAN SOCIETY.

THURSDAY, DECEMBER 7TH, 1854.

MR. COULSON, President, in the Chair.

MR. URE mentioned the particulars of a case of  
COMPOUND FRACTURE OF THE LEG,

which had been under his care in St. Mary's Hospital. A young and healthy-looking man, twenty-eight years of age, was brought into the hospital on the 24th of July, 1854, having shortly beforehand sustained a compound comminuted fracture of the right leg. About three inches above the instep was an irregular gaping wound, nearly two inches long and one inch broad, from which there was a discharge of blood. On gently introducing the finger, it was ascertained that the tibia was broken obliquely about its lower third, and lying bare in the wound; while the fibula was shattered an inch and a-half higher up. For the space of upwards of four inches above the wound, the integuments were completely separated from the subjacent structures. The accident was caused by the fall of a heap of clay and rubbish, weighing eight tons, upon the limb, while the man was standing with one leg before the other. When Mr. Ure saw the patient, not long after admission, his countenance was good; pulse 108, soft; surface of the body natural; he did not complain of pain. The prominent surgical features of the case were, comminuted fracture of both bones of the leg, a bleeding wound communicating with the fracture, and extensive separation of the integument from its cellular connexions. The hæmorrhage was stanchied by the introduction into the wound of a doesel of lint, soaked in a solution of perchloride of iron. Taking into consideration the age of the individual, the apparent soundness of his constitution, and the fact that the hæmorrhage had been stopped, Mr. Ure determined to use his best endeavours to save the limb. The fractured ends of the bone having been carefully adjusted, and a bandage applied, so as to maintain the loosened integument in apposition with the subjacent parts, the limb was placed on a double-inclined splint. The patient was ordered ordinary diet, with four ounces of sherry daily; ice to allay thirst; and an opiate at bed-time. On the 27th of July, as sloughing had commenced in the part, he was allowed, besides the wine, a pint of porter every day. On the 31st of July, the sloughing process had ceased, as shown by a liminary line round the margin of the wound; the surrounding integument appeared natural. The patient felt well in health; his countenance was cheerful; appetite good; sleep sound; skin cool; tongue clean; pulse soft, 120 in the minute. On the 3rd of August, about a square inch of denuded bone was visible in the cavity of the wound; the discharge from the latter was serous. The process of granulation was advancing steadily from the circumference towards the centre. By the 9th of August, the wound was nearly covered with granulations. The general health of the patient was satisfactory. The limb was placed in a suspensory fracture apparatus. On the following afternoon, the man was seized with acute pain of the right side, aggravated on full inspiration; the tongue was brown, but moist; there was urgent thirst; hot skin; the pulse was 108, full; the pain became so severe that night as to prevent sleep; the surface of the wound was rather dry and

glazed. This attack yielded to the application of leeches and cupping, followed by the exhibition of James's powder, so that in two days the man was convalescent. By the 24th of the same month, the sore was reduced to one-third of its original dimensions, and looked healthy. A month later, the sore was nearly cicatrized. The limb was encased in pasteboard with starched bandages, a small aperture being left, to permit the escape of any discharge. Before ten days were over, the man could move about the ward with the aid of crutches. About this period, a splinter of bone, of irregular shape, not above half an inch by a quarter of an inch in size, and half a line thick, exfoliated; after which the part rapidly healed. He left the hospital cured on the 2nd of November last. Mr. Ure expressed his conviction, that had the posterior tibial artery been wounded in this case, the limb could not have been saved. He adverted to the fact of the minute extent of exfoliation. Considering how much of the surface of the tibia had been laid bare, he deemed it a most fortunate circumstance that, within little more than three months after the receipt of a serious injury of this nature, the man was enjoying good health, and able to move about with tolerable ease.

MR. WEEDON COOKE exhibited a specimen of the uterus and bladder of a young married woman, aged twenty-nine, affected with scirrhus, in which was seen a large vesico-vaginal fistula. The disease commenced three years ago, after her confinement.

MR. W. J. ANDERSON brought forward a

#### NEW FORM OF PESSARY.

He, in the first instance, alluded to the old boxwood ball pessary, stating its good qualities, and the efficient support it affords in cases of procidentia uteri; and then pointed out some of its imperfections, showing that the cavity of the instrument often becomes filled with the vaginal and uterine discharges, as they do not pass through it, but between its external surface and the internal surface of the vagina; if it fitted firmly enough to prevent this, it must produce injurious pressure, and probably sloughing, if left in long enough. Such being the case, it occurred to him (Mr. Anderson) that an instrument might be made, of the same shape, able to give the same support, but sufficiently elastic to avoid all pain when passing in and out of the vagina, equally light, if not lighter, and incapable either of becoming saturated with the discharges, or of retaining them in its cavity. For this purpose, he showed a permanent air-ball pessary of indiarubber, made by Mr. Clarke, 225, Piccadilly, which was calculated to answer all the good purposes of the other, and avoid all its imperfections, it being light, elastic and firm, filling the vagina, without producing injurious pressure, and beautifully clean, from the fact of its being waterproof even to its string.

DR. SIEVEKING then read a paper on some

#### CASES ILLUSTRATIVE OF SOME POINTS CONNECTED WITH THE PATHOLOGY AND TREATMENT OF EPILEPSY;

and commenced by alluding to the centric and ex-centric nature of the complaint. He did not, however, look upon it as a disease, but as a symptom. Several illustrative cases were then mentioned, and especially one occurring after a mild attack of scarlatina, in which the fits were very severe, and were stopped by the employment of anodynes. A table of cases was next brought forward, to show the predominance of the affection of the left side during the fit. Dr. Sieveking then spoke of the use of the cotyledon umbilicus in the treatment of this affection, and brought forward several cases in proof of its beneficial effects. It was described as producing a slightly sedative and diuretic action, though its exact *modus operandi* has not yet been discovered; it, however, appeared to him to exercise some control over the disease, and, at the same time, was innocuous to the constitution of the patient.

#### WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 2ND, 1854.

DR. BARCLAY, Vice-President, in the Chair.

SEVERAL gentlemen were elected members of the Society.

DR. BAINES then read a paper on

#### DIURETICS, AND THEIR USES.

After some introductory remarks, he divided diuretics into two classes—the direct and the indirect. The direct were consi-



dered as local stimulants to the kidneys, their active principles being conveyed by the capillary circulation to the glands, and thereby exciting them to increased action. Some direct diuretics excite the same action by being excreted entire by the kidneys, as is the case with nitrate of potassa, which salt is always found to be thrown out of the system in the same proportion as it has been administered. Other salts of this class, however, experience some change and re-arrangement of elements, and are presented to the kidneys in different states to those in which they were administered. Thus the acetates of the alkalies invariably become converted into carbonates, and in this latter state of chemical combination produce their stimulating effects upon, and are excreted by, the renal organs. Analogous facts were mentioned as occurring during the administration of mercury, when the bile has been found to contain traces of the mineral; and also that ether and alcohol are found in the brain, an organ upon which their specific effects are produced. In the case of indirect diuretics, however, the case is different, their effects being caused through the system generally, rather than by any positive action on the glands in question. Some of these produce diuresis secondarily, the primary effect being manifested on the absorbent system generally, whereby the blood becomes charged with water, and the kidneys then are called upon to excrete it from the body. Mercury and iodine were adduced as examples of this class. Other indirect diuretics act primarily on the stomach, and secondarily on the kidneys, this end being accomplished either by lessening arterial action, and thereby promoting absorption, or by increasing the quality of the blood, and so causing the kidneys to share in the general improvement of the body. Examples of this kind of action were seen in the effects of digitalis, and in the preparations of iron. The beneficial effects of digitalis in cases of dropsy were then discussed, as was also the necessity of relieving the portal system, in cases where the liver and its veins are gorged and congested, before we could hope to rouse the renal glands to increased action. Colchicum, mercury, and taraxacum were instanced as examples of diuretics acting indirectly by relieving the portal congestion, if present. The circumstances modifying the action of these remedies were stated to be:—1. The state of the skin, a profuse perspiration preventing the establishment of a full diuresis. 2. Active catharsis suspends the operation of the kidneys, by diverting the fluid of the system from the kidneys to the intestinal glands; a good instance of the kind being seen in Asiatic cholera, where the kidneys do not and cannot act, simply because all the fluid of the body is evacuated by the stomach and the bowels. 3. No obstruction must exist in the course of the intestinal canal to prevent the flow of the medicine swallowed, as shown by Dr. Barlow. 4. If there be extensive disorganization of the kidney, the due secretion of urine cannot take place. 5. If the anasarca or ascites be very extensive, the pressure consequent upon it acting on the veins and lymphatics prevents the absorption of the remedies or of the fluid to be evacuated—in these cases tapping or puncturation of the limbs must first be resorted to, and then, by removing the pressure alluded to, allow of the removal of the dropsy by diuretics. The subject of the dilution of the saline diuretics was then alluded to, and as their absorption was considered to depend upon the ordinary principles of endosmosis and exosmosis, the opinion that, to be absorbed and so act as diuretics, these remedies must be so far diluted as to be below the specific gravity of the serum of the blood, was upheld; otherwise, in place of a diuretic action, a purgative effect would be produced. The effects of acetate and bitartrate of potassa were instanced as bearing out this view. Blood depuration by the kidneys was then considered, and viewed as possible in some cases. The various cases in which the blood in disease is, by means of the kidneys, thus depurated, were then mentioned. Thus in jaundice, where the flow of bile or its secretion is interfered with, the urine is often found charged with it, and by means of this secretion it is removed from the system. Again, in cases of portal congestion, the urine is often found loaded with purpura; and, in extensive pulmonary disease, Dr. Hassal has detected indigo in the urine, both of which compounds are highly rich in carbon. In health, the solid contents can scarcely be increased by the administration of diuretics, their effects being confined to the increase of the water only of the urine. Thus, if nitrate of potassa is given in a healthy state of the system, we shall find that in the urine secreted the amount of solids excreted only exceeds that under other circumstances by the amount of the salt exhibited, the whole of which passes out of the system by this secretion. This result, too, would be expected, when we remember that in health the two processes of repair and waste go on *pari passu* in direct

relation to the wants of the system, and that, consequently, we cannot expect to do more than increase the fluids, without affecting the amount of the solids, of the urine. But in disease, where the whole animal economy is involved, and suffering from the various effects of faulty assimilation in perverted nutrition, it is possible that some of the morbid elements may be removed by the action of diuretics, as we know the poison of lead is eliminated by the kidneys by the action of iodide of potassium. The diseases most likely to be thus benefited are gout, rheumatism, scrofula, and some, perhaps all, kinds of fever. In confirmation of this view, the treatment of rheumatism by acetate of potassa and nitrate of potassa, and the general good results obtained by the administration of the former salt in cases of ague, as reported by Dr. Golding Bird, was adduced. In the latter case, the quantity of solids excreted fluctuated with the occurrence or non-occurrence of the ague fits. The salts most likely to produce this effect in the system are those which are known to exert chemical changes in albumen and albuminous tissues.

After some discussion on several points, the Society adjourned until January 19th, 1855, when Dr. Cumming will read a paper on "A Case of Disease of the Heart, in which the Dropsy alternated with Symptoms of Mania."

### Reviews and Notices of Books.

*Lectures on the Physical Diagnosis of the Diseases of the Lungs and Heart.* By HERBERT DAVIES, M.D., Physician to the London Hospital, &c. &c. Second Edition. London. 1854. pp. 364.

WE are glad to draw the attention of our readers to this new issue of the very able treatise of Dr. Davies. For the student we know of no better manual, and the older practitioner will learn much that is interesting from the physiological portion of the "Lectures." It is perhaps the most facilely readable of all our manuals on the *spécialité* of which it treats. In addition to the alterations due to the progress of physical diagnosis during the last three years, the author has inserted a chapter in the present edition containing a *résumé* of the Morbid Anatomy and Corresponding Physical Signs of the Diseases of the Lungs, which will be found an admirable refresher to the memory. A lecturer on Medicine has here his notes ready-made for him; he wants, or should want, no further assistance in the class-room.

*Painless Tooth Extraction without Chloroform. With Observations on Local Anæsthesia by Congelation in General Surgery.* By WALTER BLUNDELL, Surgeon-Dentist. London. 1854. pp. 64.

THOUGH written in too party a spirit, Mr. Blundell's tract may be recommended to perusal as containing much interesting matter. Dr. Arnott's proposal to produce temporary annihilation of local sensation by intense cold was at first disregarded; but now almost every day furnishes us with some testimony of its value. We have no doubt the method here proposed will become still more general in respect to the minor and superficial operations, and it may be applicable, for aught we know, in the practice of dentistry. Nevertheless, we shall require far more evidence than at present exists in support of its power of curing (!) cancer, its availability where *deep* incisions have to be made, and of its *never-failing* immunity as respects the devitalization, &c., of the tissues, to which it is applied. Mr. Blundell has invented a particular apparatus for the production of intense cold, capable of producing it in very limited spots, and such as are difficult of access. Stumps and large molars are removed, according to the author, without the least inconvenience.

*Gas Poisons and their Remedy.* Reprinted from the *Mining Journal*. London. 1854. pp. 23.

LIKE the pamphlet just noticed, of too exclusive a tone, yet affording information every gas consumer should be acquainted with.

*A System of Instruction of Quantitative Chemical Analysis.* By Dr. C. REMIGIUS FRESenius. Second Edition. Edited by J. LLOYD BULLOCK, F.C.S. London: John Churchill, New Burlington-street. 1854.

THE name and fame of Fresenius as an analytical chemist are world-wide; the value of his two works "*On Analytical Chemistry*," the one on Qualitative, the other on Quantitative Analysis, have acquired a reputation as great as that of their author.

Most of the standard works on organic and inorganic chemistry, while they describe minutely the properties of the different substances, are usually very deficient in practical instruction and detail for performing the various analyses; and the student who is desirous of ascertaining the chemical constitution of any body is beset with perpetual doubts and difficulties in conducting his analysis, in consequence of this want of instruction. To supply this want the works of Fresenius were written, and they both abound with practical details of great value and of strict scientific accuracy. The English public are much indebted to Mr. Bullock for his judicious translation of the second of Fresenius' works on Analytical Chemistry, that on Quantitative Analysis. This work has been well appreciated in this country, as is shown by the fact that it has now reached a second edition.

*The Physician's, Surgeon's, and General Practitioner's Visiting List for 1855.* By JOHN SMITH & Co., Medical Stationers and Publishers, 52, Long-acre.

THIS is the ninth annual edition of this List, which has now, we believe, superseded anything of the kind in use by medical men. To those who have not yet made it their annual memorandum-book, we cannot do better than advise them to try it. Any practitioner must, by the daily use of this List, become more methodical and business-like in the conduct of his practice than without it; and although we would not say the best man of business is the best practitioner, we may very safely declare that no man can gain or conduct a large or successful practice in any department of medicine without the careful cultivation of habits of business, order, and precision. The "Lists" of the present year are suited for all practices, from a daily list of twenty-five to seventy-five patients a day. The Journal which accompanies the List also contains a valuable amount of information.

*The Practitioner's Pharmacopœia and Universal Formulary; containing 2000 Classified Prescriptions, selected from the Practice of the most eminent British and Foreign Authorities.* With an Abstract of the three British Pharmacopœias, &c. By JOHN FOOTE, M.R.C.S.E. London: Renshaw. 1855.

As an aid to the hard-worked medical practitioner, we can strongly recommend this volume of Mr. Foote's, the formulæ being well selected from the writings of Hunter, Abernethy, Sir A. Cooper, Chaussier, Paris, Babington, Ashwell, Budd, Schonlein, Hughes Bennett, Tyler Smith, Tanner, Clarke, Copland, Churchill, and others. Being arranged according to their physiological and pathological action, they are readily referred to, so that the medical man having made his diagnosis, has at once a large choice of remedies to select from. An important feature in the volume deserving of praise is the strict accuracy with which the formulæ have been given, a result that must have been attained by an amount of trouble only appreciable, perhaps, by those who have had to correct the press of a similar work.

In perusing the abstract of the three British Pharmacopœias, we have been forcibly reminded of the great absurdity of the present ridiculous system of having different formulæ for the three—in these days of steam—united portions of Great Britain. A prescription, prepared one day in London, and taken with benefit and mitigation of pain, may positively

become almost poisonous if made up a few hours subsequently in Edinburgh or Dublin. How much longer is this folly to be endured? If we must have three separate corporate bodies, three colleges for physicians, surely we may insist, without any great stretch of authority, that they shall pay such attention to the welfare of the public as a common code of pharmaceutical laws will alone realize.

*Microscopic Nature and Rational Medicine.* The substance of Two Letters addressed to Professor R——. By E. C. SWANN. London. 1854. pp. 16.

It is possible that in these days of microscopic investigation some of our readers may be deceived by the title of this brochure. We caution them that its pages are filled with the rankest doctrines of "globulism," or homœopathy.

*Medical Jurisprudence.* By A. S. TAYLOR, M.D., F.R.S. Fifth Edition. London: John Churchill, New Burlington-street.

ANY review of this work would fail to convey an accurate opinion of its extraordinary merits. It is a production which exhibits the results of immense labour. In a word, it may be said that this single book contains all that is known on the subject to which it relates. A due appreciation of this interesting, valuable, and useful volume requires that its pages should be carefully and deliberately consulted.

## THE WATER-SUPPLY AND SEWERAGE OF THE METROPOLIS.

To the Editor of THE LANCET.

SIR,—Your recent leading articles on the sewerage of London, and on the supply of pure water, lead me to think that you will give insertion to the enclosed letter, which I forwarded last week to Sir B. Hall.

Yours obediently,  
Parliament-street, Dec. 1854. EDWARDS CRISP, M.D.

To Sir B. HALL, Bart., President of the Board of Health.

SIR,—As a vestryman of St. Margaret's, Westminster, I feel it my duty to place before you the following question, and I believe it is one that materially concerns the public health. On the 30th of November, the joint vestries of St. Margaret and St. John met to consider the report of the Burial Board, which Board recommended a piece of ground in Gasnet-lane, Wandsworth, approved of by Lord Palmerston, provided it be deeply drained into the Thames. In other words, his Lordship advises us to bury our dead in swampy ground, and afterwards to drink the water!

I scarcely need comment upon the following statement of the Registrar-General respecting the water supply (p. 431, 1854):—"In the six districts supplied by the West Middlesex Company, the deaths from cholera were 15 in 10,000 inhabitants. In the twenty districts supplied by the New River, East London, and the Kent Companies, 48 in 10,000. For the twelve districts supplied with water taken between Battersea and Waterloo Bridges, 123 in 10,000."

I do not, Sir, ask for a reply to this letter, but leave you to deal with this grave matter as you think best; and probably Dr. Paris, the learned President of the College of Physicians, and President of the Medical Council, whose book "*On Cookery and Diet*" has gained him an European reputation, will tell you the effect such a cold infusion of human remains is likely to produce on the bodies of the living. The vestry rejected the report (the numbers being 21 to 16) on the ground of the injury likely to accrue to the public health, but the question is again to be considered on the 2nd of February.

I am, Sir, yours obediently,  
EDWARDS CRISP, M.D.

THE CURABILITY OF CANCER, in a local form, has been stated by Bouillaud and Velpeau; and recently, under the effect of the hot vapour of iodine by a special apparatus, a case of cancer was said to be cured in France.

## THE LANCET.

LONDON: SATURDAY, DECEMBER 30, 1854.

FROM the most probable accounts, it appears that the English military hospitals at Scutari at this moment contain—we cannot say accommodate—4000 sick and wounded soldiers; the hospitals at Balaklava, it is estimated, contain 3000 more; and if to these we add, on a very moderate calculation, 1000 patients still in the regimental hospitals in camp, or on board ship for transfer from the seat of war to the hospitals at Scutari, we find an appalling total of 8000 men, whose services are lost to the army, and whose lives are even in greater peril from the want of an efficient organization of the means of restoring health, than from the injuries or the diseases which have laid them low.

If we for a moment shut our eyes and steel our hearts against the aspect of so great and fearful a mass of human suffering, rendered more terrible by the consciousness that a large proportion of it is chargeable upon the want of energy and intelligence, a commercial country and an economical ministry may perhaps be induced to consider the financial and political cost of the miseries our soldiers are condemned to endure. The hazards of war, the devastation of disease, and the arrivals of reinforcements, keep up a continual fluctuation in the numerical strength of the army. We cannot learn, with any pretension to accuracy, its present aggregate force. But that the effective force now before Sebastopol is very large no one pretends. If it be a matter of such imminent and urgent need to support it by a band of 10,000 foreign mercenaries, that Ministers shrink from the responsibility of the further conduct of the war unless that aid be granted them, the English army must be small indeed. Does it, reduced by pestilence and death, now muster 24,000 men fit for active duty? Assume that it does, and we arrive at the conclusion that one-fourth of our army is withdrawn from service; has to be supported in inaction; being useless, is separated from the main body and the authority of the Commander of the Forces; and has to look for the prospect of restoration to health, and of return to the hardships, dangers, and glories of the campaign, to the skill, the devotion, and the arrangements of the medical department.

Skill and devotion are not wanting: but what shall we say of the arrangements, of the organization of the medical and surgical department under this great emergency and this terrible pressure? Of what avail is superhuman individual devotion in the presence of calamities so great? The care of 8000 men, disabled by sickness and wounds, would surely tax the energies of a vast and well-ordered administration. What must be the suffering, what the loss of life and money—we blush to set pounds sterling in the same account with the lives of brave men—occasioned by the absence of an effective and adequate administration?

Why is the medical department—that department upon which hang the lives of 8000 soldiers, the fourth of our army; nay, possibly, the success of the campaign and the honour of the British arms—inefficient and miserably inadequate to the discharge of duties of such magnitude and responsibility? Are

the surgeons too few in number, or deficient in zeal and skill? The War Minister tells us that there is one surgeon to every seventy-seven of force, and no one questions their individual efficiency. But is one surgeon to every seventy-seven men an adequate numerical proportion? Consider that one-fourth of the men require the active services of the surgeon. Setting aside, for the present, the patients still tended by the regimental surgeons, and confining our attention to the 7000 hospital patients, we find that these are attended by 280 hospital surgeons and assistants; that is, a proportion of one surgeon to twenty-five patients. But it is certain that a considerable deduction must be made from this number of surgeons, on account of sickness and the imposition of other duties. It is not unfair to conjecture, that every surgeon has an average of at least forty patients. Compare this view with the arrangements of our civil hospitals. In London there are thirteen general hospitals, containing about 3000 patients. These are ministered to by about 130 regular physicians and surgeons, assisted by perhaps 200 house-surgeons and dressers. In the civil hospitals, therefore, the proportion of medical officers to patients is about one in ten. It must, indeed, be admitted, that all these medical men do not devote the whole of their time to their hospital duties; but making all due allowance for this fact, and considering also the general perfection of the arrangements which time, ample means, and experience have wrought, it will still be obvious that the patients in our civil hospitals enjoy a far greater share of medical and surgical aid than falls to the lot of our sick and wounded soldiers. To this consideration must be added, the greater severity and acuteness of the cases which overcrowd our military hospitals; and that consequently each patient requires greater and more constant attention.

But if any further evidence were required to prove that the surgical staff is numerically defective, we should find it in the accounts daily reaching England of the exhausting and overwhelming labours which the surgeons have to undergo; of the insufficient attendance upon the sick and wounded; in the self-accusing fact, that the administration is insufficient for its duties—namely, the admission of external volunteer assistance; and in the remarkable fact, which we learn from *The Times'* hospital correspondent, that for want of time, or for the want of method, *no registration is kept of the causes of death*. It will be remembered that we have on several occasions insisted upon the necessity of carefully registering the causes of mortality. It is impossible to conceive that that management can be efficient which does not provide for this obvious and essential duty. Shall we add another consideration, a plea in the name of science? In the presence of this appalling amount of human misery, may we not still lament the waste of opportunities of improving knowledge—knowledge which, in its acquisition, is a stimulus and compensation to the man who loves his art; and in its application becomes a safeguard and a blessing to future sufferers!

Is this deplorable absence of all system, of all organization, of a responsible, controlling, guiding head, an evil that was not foreseen, and could not be avoided? Have we not had the experience of former wars, or are we unable to profit by it? If the teachings of past experience are despised, can we shut our eyes to the advantages of actual example? We are in strict alliance with the French, working side by side with them, enjoying day by day the opportunity of witnessing the

benefits attending their admirable administration of their medical department; and have we not the good sense to adopt that which we had not the foresight or the energy to initiate? We insist upon this, although the Secretary-at-War contends that the superior equipments and organization of the French ought not to be adverted to as a matter of reproach, on the singular ground that they had a lesser number of wounded and sick, and therefore less pressure upon their resources. The fallacy of this plea will be manifest to any one capable of reflection. Is it shown that either on the battle-field of Alma, or subsequently in our hospital accommodation and appliances, we had made due provision for the medical and surgical care of even an equal number of sick and wounded with that which the French were prepared for? Nay, was there any organization at all? And is there need of argument to show that the greater the concurrence of sanguinary engagements, the greater the raging of pestilence, the more numerous the casualties, the more terrible the wounds, the greater the number of patients, the greater, the more imperative, is the need of system, of adequate power, of extensive and expansive organization, to meet and to mitigate evils that cannot safely be postponed or neglected?

Circumstances so deplorable and discreditable to the nation, and calamities so ruinous and urgent, call for a vigorous and instant remedy. The Ministers have sent out a commission of inquiry. The public is not informed as to the extent of their powers of inquiry, and we are still less aware that they have any considerable powers of reform. What is wanted is almost dictatorial power. The need is great and pressing; the lives of brave men are too valuable to be thrown away while bureaux are deliberating and discovering insurmountable obstacles in the formalities and *convenances* of official procedures. It is the duty of Ministers to despatch some man eminent for talents and experience, capable of enforcing respect,—some man whom they can trust implicitly with full powers of action, that he may have liberty to remedy the evils he may discover.

THERE are many cases in our hospitals which it is of the utmost importance that all students should be familiar with, inasmuch as practical experience can alone render them competent to treat such cases hereafter, but which, under the present system of hospital management, are generally available for the instruction of the dressers only. There are three classes to which this remark especially applies: cases of fracture, of strangulated hernia, and of retention of urine. Everybody who is acquainted with the London hospitals knows full well that the primary and most important part of the treatment to which patients presenting with any of these lesions are subjected, is not conducted, or even directed, by either the principal or the assistant-surgeon. These are casualties which may and do come at all hours of the day and night, and unless a necessity for recourse to the knife appears, the hospital surgeon is not summoned to the case. No one, we presume, will deny that if there are any surgical emergencies in which it is of the utmost consequence to the patient that he should have a skilful and practised hand applied at the outset of the treatment, certainly the conditions of a strangulated intestine or an obstructed urethra present those emergencies. To whom, then, are our hospital patients in these circumstances entrusted? Without doubt, in three cases out of four, to a

well-read but untrained dresser or house-surgeon; to one who has seldom, if ever, witnessed the treatment of a similar case but when applied by a predecessor in office almost as inexperienced as himself. We do not stay to insist upon the diminished chances of the patient in such a predicament. We do not attempt to calculate the amount of irreparable injury inflicted by a heavy hand, unwarrantable force, or an ill-applied catheter. We will not recall scenes in which the patient has been surrounded by youthful aspirants for surgical triumph, each in succession striving to return the unyielding hernia, or to reach the occluded bladder. We could bear abundant witness to the fatal consequences of such management; but our purpose here is to show how great and important opportunities for the impartation of clinical instruction are lost in the sacrifice of these cases to those who painfully evidence their inability to deal with them, far less to teach their management to others. True, the patient may furnish the subject of an hour's *clinique* by the professor who first saw him when, dissolution impending, he was summoned to use the knife; or when an autopsy has revealed the antecedents of the case. True, it remains the professor's duty to explain and illustrate, as best he may, in the lecture room, how to manipulate a hernia or manage a catheter; but how does this recompense a student for his loss of an opportunity of witnessing the practical performance of his instructor in the hour of emergency, and of hearing from his lips those remarks which, at that instant, are called for upon the condition and progress of the case?

To the current management of fractures, also, objections of a similar kind arise. This large and important class of cases, presenting, however, for the most part emergencies of a less hazardous order than those just referred to, are mainly committed to the care of the resident dresser, and are only "looked to" by the surgeon at his visit. Yet few lesions exercise a greater influence over the subsequent career of a working man, and this because the manner in which the limb is treated mainly decides the alternatives of perfect soundness or permanent lameness. Rarely have pupils the good fortune to see a fracture reduced by an experienced hand, still more rarely to have their attention drawn to the practical management of the process, as modified by the nature of the injury, the region in which it is situated, and other collateral conditions. We cannot boast the efficiency of our clinical system while, with the exception of a few favoured dressers, the students derive their experience of hernia, urinary retention, and other such every-day but most important casualties, from the rare opportunities of witnessing the operations which accident throws in their way, or learn the treatment of fracture by crowding, in their mid-day promenade, the beds of those patients whose extremities they observe to be enveloped in bandages or other fracture apparatus.

Here, then, is a great field yet to be made available for the purposes of clinical instruction. That it has not hitherto been so indicates some radical defect in the system pursued. We do not hesitate to say that the evil may be traced to its root in an administration which limits the hospital staff to a number inadequate to perform the duties required. The same cause which ensures neglect and death in the camp and battle-field, gives constant occasion to the ills we deplore at home. Additional assistant-surgeons and physicians are required, and although not the best method, might be selected from the most

promising young men who, having quitted the school, are still pursuing their own education and professional advancement in a creditable manner. Neither the number nor the duties of the full surgeons require augmentation. Granted that it is necessary to secure the most experienced men to fill the highest offices; such are too much engaged to undertake additional labour. But there is at the present day a large class of young men rising up who would energetically and successfully turn to account the enormous supply of materials for clinical instruction which the metropolitan hospitals present, not only in the wards, but in the out-patient departments.

We are of opinion that the duty of superintending the cases of emergency alluded to, or a certain stipulated proportion of them, should be entrusted, for clinical purposes, to one, in rotation, of the three or four assistant-surgeons of the hospital, and not to the house-surgeon or dresser, whose fleeting term of office almost certainly ensures a supply of untrained and inexperienced officers in this very important department of the service. A board should be placed in a conspicuous situation within the entrance of the building, and every casualty of importance, with the name of the ward to which it is taken, should be posted immediately on its arrival; and a hospital bell should be rung, after the manner usually adopted for the lectures of the school, for the purpose of giving notice to all students living near, that a practical demonstration is about to take place. The assistant-surgeon of the week, having been summoned, should then undertake the early management of the patient; and, if an efficient officer, he would soon be surrounded by students, prepared to profit by his mode of conducting it, and to assist in matters of detail. Fractures do not always require the immediate application of the splint or starch bandage, and, when occurring at unseasonable hours, might often be temporarily supported until the first suitable period for demonstration arrives, when it should be put up in the presence of the students, either by the assistant-surgeon or by the dressers under his eye. In all cases, the nature of the casualty should be explained, and the grounds for the treatment decided upon be clearly stated. For cases in which a capital operation appears imminent, the assistant should request a consultation with the full surgeon, and either assist at or perform it, at his principal's option.

There is also another mode of conducting clinical studies, not surpassed, perhaps, by any for its utility to the student, which is equally applicable to the surgical and medical wards. In the former, it may be associated with demonstrations of the minor operations, but is particularly adapted to cases not requiring mechanical treatment; in the diagnosis of external tumours, and also of skin diseases, a class deserving especial attention in the out-patient department. In the medical wards, it is particularly useful in developing a practical acquaintance with the stethoscope, and with the physical diagnosis of diseases of the chest and abdomen. It consists in submitting a patient, who has not before been seen by the students, to the members of a small clinical class, and inviting them to examine it, during a short period, regulated according to the nature of the case. Each is then required to state briefly his diagnosis, after which the professor presents his own, giving the grounds on which it is supported, and pointing out the errors, if such there be, in the diagnoses of the class. It is impossible to over-estimate the value of this plan. By it the pupil is trained to a systematic method of examining

his patient, so as to arrive by the shortest possible route at the salient points of the case.

Many objections might doubtless be raised, and some little difficulties anticipated in the working of the scheme so briefly sketched, but we have no space to enter upon them here. Suffice it to say we have well and carefully matured the plan, and are prepared to meet them. The arrangement proposed would not detract from the value of the dressership as it now exists, while it would extend practical advantages innumerable to the aggregate body of students, the majority of whom cannot be officially attached to their hospital. Space warns us to reserve other suggestions, especially in relation to the management of out-door cases, for future consideration. One thing it is important for those who preside over our schools of medicine to bear in mind—viz., that clinical instruction is the requirement of the age; and the institution which best provides it will be the most successful in its results, and will be most likely to obtain the esteem and confidence of the profession.

THERE is no class of individuals on whom some clauses of the Militia Bill are calculated to inflict greater injury, than the surgeons attached to the various militia regiments. The position of these gentlemen is generally acknowledged to be one of extreme hardship. The Earl of DERBY recently took occasion, in the House of Lords, to express himself in the following terms:—

“You place your militia in a certain locality, and you form the force out of persons more or less in that locality. You then embody them, and, to a certain extent, you subject them to inconvenience; but they are embodied only for a short time, and they hope soon to return to their regular avocations. The next step you take is to send them out for five years to a foreign country, and, in that case, in what situation do you place the medical officer? He enters the regiment, and is content with the poor pay he receives, because he has an independent practice in the locality, but when you despatch the regiment to Malta or Gibraltar, he will either not go and you will have to send out an inferior man, or, if he does go, it will be to the ruin of his own private practice, which it is impossible to suppose he can regain when his period of service has terminated. He is entitled to no half-pay when he comes back again, and you therefore claim from that man the sacrifice of his connexion, his practice, his profession, and his means of livelihood; you send him abroad for five years, and at the expiration of that period you turn him loose upon the country to make his way as he can. Surely, you cannot expect that a medical man, a gentleman well informed and well educated, will consent to forego all the advantages of private practice to form part of a militia regiment on this footing, though he would be proud and happy to form a portion of the corps, if the objects for which the force was originally raised were adhered to?”

There can be no question that, in the present state of the public mind, an effort for redress upon the part of those chiefly interested in the matter will be attended with success. We are glad to perceive, from a circular which we have received, that the militia surgeons stationed in the neighbourhood of Dublin have already commenced an organization for effecting a change. We shall next week refer more fully to this subject.

**MEDICAL MEN FOR THE ARMY.**—The Royal College of Surgeons of Edinburgh have issued a notice to medical students, intimating that those whose course of study would be completed at the end of the present session, and who intend to apply for admission to the army medical service, may be admitted to examination for the diploma on or after the 16th of January, provided they produce a certificate from the Director-General, stating that it is his intention so to employ them if found competent. The examinations, however, will be as strict and comprehensive as if the candidates had finished their course of study.—*Glasgow Commonwealth.*



## Correspondence.

"Audi alteram partem."

## TO WHAT AGENT OR AGENTS ARE THE JEWS INDEBTED FOR THEIR REPORTED EXEMPTION FROM CHOLERA?

To the Editor of THE LANCET.

SIR,—Whilst reading, in THE LANCET of the 25th ult., Mr. C. Rodney Huxley's article "On the Treatment of Choleraic Diarrhoea by Olive Oil," I was struck with the following passage:—

"And so surely will it yet be learnt that the remarkable escape of the Jews in seasons of cholera is attributable to the frequent use of this oil. The fact is so notorious that I am surprised the subject has been passed over as little more than the result of accident."

Mr. Huxley, like many others whose views have been published in THE LANCET on the exemption of the Jews from attacks of cholera, attribute that exemption to the use of olive oil. For a time I was of the same opinion; but whilst searching for facts, for a certain purpose on this subject, I found that the members of the Jewish persuasion made great use of vinegar and lemon-juice, as well as of olive oil, with articles of diet. The information then obtained induced me to write, in a paper read by me before the Epidemiological Society, July 3rd, 1854, thus:—

"Perhaps it will be found, upon further inquiry, that the members of the Jewish persuasion of the present day are somewhat indebted to the use of vinegar and lemon-juice, as well as to olive oil, for their reported exemption from attacks of cholera. I possess a statement of the use made of both with articles of diet, which seems to throw a light upon the subject. The merit hitherto, as far as I know, has been given to olive oil, abstinence from spirituous liquors, as well as to the precautions taken with respect to animal food before cooked, and to the observance paid to the cleanliness of all cooking utensils."

At page 97 of THE LANCET for July 29th, 1854, will be found a letter of mine "On the Exemption of the Jews from Cholera," which refers to some observations of the editor in the preceding number in reply to questions asked by Mr. G. L. Spencer. On referring to these, Mr. Huxley will find that the subject has not been "passed over as little more than the result of accident." Mr. Huxley, or any other gentleman who maintains the same views as himself, would do great service to the cause of research, if he or they would endeavour further to prove that olive oil plays the prophylactic as well as remedial part in choleraic diarrhoea, or that state of derangement which precedes cholera. For my own part, I wish to learn of others, at the same time beg to state that, as far as the Jews are concerned, I am inclined to think that to the vegetable acids is partly due the exemption that sect claim from attacks of cholera.

I believe it is now generally understood that the inhabitants of cider counties, such as drink cider, are to a very great extent exempt from cholera, indeed, almost entirely so. Very few persons in cider districts make use of olive oil; but should it be proved that olive oil is the safeguard as regards the Jews, perhaps it may be found that butter, cream, lard, and the fat of very fat bacon, is that of those who reside in some cider counties, where they are plentifully supplied with such, and not to cider.

Olive oil, as a remedy against cholera, was highly lauded in 1849; perhaps many others are prepared to bear testimony as to its efficacy. That man would deserve great praise who could ensure his fellow-creatures safely against the invisible darts of the hidden foe, cholera. But will such an one be found? Why should we despair? The immortal Jenner left a shield to protect mankind against one of the foes to the human race, and might, perhaps, under Divine Providence, have been the means of saving many a child who now, as a man, is fighting the battles of his country, with a view to overcome a visible foe to ourselves and to our noble allies.

There is yet much of value to be gathered together as regards cholera in all its phases; but where is the storehouse to deposit the scattered grains? As far as the prophylaxis of cholera is concerned, to your readers I beg to offer myself as the recipient of their views, whatever they may be, which shall be so placed as to ensure attention with due regard to one and all.

Much gratification will be afforded me by being enabled to place in the hands of the Cholera Committee of the Epidemio-

logical Society whatever documents may be sent to my residence for that purpose, and the Cholera Committee will doubtless be pleased with numerous answers to one of the queries asked by that committee, viz.:—"Do you know any cases showing the value of prophylactic measures, medicinal dietetics, &c.? State the particulars of your experience."

I am, Sir, your obedient servant,

Berners-street, Nov. 1854.

J. H. TUCKER.

## SUPPRESSION OF ILLEGAL PRACTICE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Nov. 4th, 1854, appeared a letter from "Medicus," containing what appeared to me an excellent suggestion—viz., "that every medical man who loves his profession should be requested to send you the names of all those unqualified individuals practising in their locality." To do this would be little trouble to any one. Much advantage would be gained by having their names published: first, in making the public generally aware of the number of mean-spirited, shabby fellows who are sailing under false colours—obtaining money under false pretences—practising a lie, and destroying their health; secondly, it would have the effect of shaming some amongst ourselves, who (with sorrow must it be confessed) meet and consult with these men. For it is a fact, Sir, that some physicians are guilty of this miserable practice. They say, in excuse, "Oh! I did not know that the man was unqualified," or "He was in practice before 1815," knowing at the same time that such is not the case; or, at any rate, rather than inquire whether such be the fact or not, preferring to clutch their fees and gulp the shame, and remain in intentional ignorance. I am not supposing cases. Should you insert this, and it should meet their eyes, I hope they will take a hint, and amend their manners.

As a further means of carrying out the suggestion of "Medicus," why should not a society be formed expressly for the purpose of suppressing quackery and illegal practice? This can be done by means of a society only. Individuals cannot take the initiative, and commence a prosecution on their own account. They have not time, nor can they bear the notoriety of an information or suit. With a society it is different. I should say, let every medical man in the country be applied to individually for a subscription, (it need be a very small one), and have his name enrolled as a member, and a committee formed in London for carrying out the objects of the society, and I think we should soon see beneficial results. If you think this worthy of notice, you would oblige me by giving it a place in your journal.

I am, Sir, yours most obediently,

Dec. 1854.

MEDICO-CHIRURGUS.

## THE EAST INDIA COMPANY'S SERVICE.

To the Editor of THE LANCET.

SIR,—By the last mail I sent you a few remarks on the nature of the treatment medical men receive at the hands of the Hon. East India Company in India. I requested your impartial inquiry and warning to young men commencing life in the profession, against coming to India. Truth is all I desire between the employer and the employed. The unfairness of the dealings of the East India Company with their medical servants may be judged of by the purport of the memorials sent to the Court of Directors during the last five years. Until the medical branch is again put on an equal footing with the military branch of the service, let all young men beware. All that the service asks for is, an equal footing; but this they are denied. Until such is made the rule, a young man had far better come out to India as a cadet of infantry, even should he have obtained a diploma from a College of Surgeons. On another occasion I will enter more fully into proof of this, should I find that you are willing to discuss the interests of the service.

I remain, Sir, yours faithfully,

Bombay, November, 1854.

AMROUS.

UNIVERSITIES OF ABERDEEN.—Several petitions have been received by Lord Aberdeen with respect to the University of Aberdeen. Considerable difference of opinion, it appears, exists between "New" and "Old" Aberdeen as to various changes in the Faculties of Divinity, Law, &c.; but all agree that the Faculty of Medicine would be better managed in Edinburgh, London, or some large town, where facilities of hospitals, medical schools, &c., exist so much superior to those in the small towns of the far north.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.**—At the usual quarterly meeting of the *Comitia Majora*, held on Friday, December 22nd, the following gentlemen, having undergone the necessary examinations for diploma, were admitted Members of the College:—

DR. LEARED, Finsbury-circus.  
DR. PRATT, Upper Southwick-street, Hyde-park.  
DR. SMITH, Norfolk-terrace, Westbourne-grove.  
DR. TUNALEY, Millbrook-place, Harrington-square.

Also—

DR. GRIFFIN, Killarney;  
DR. HENDERSON, Ramsgate;

were admitted Extra-Licentiatees.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 20th inst.:—

BROCK, WILLIAM KORTRIGHT, Army.  
COLLISON, JOHN BOWMER, Army.  
COOK, HENRY, Army.  
EWINGTON, CHARLES HENRY THOMAS, Army.  
FAUGHT, JOHN GEORGE, Army.  
LLOYD, EDMUND EYRE, Army.  
MICHAEL, JOHN, Army.  
MUSCHAMP, WILLIAM HENRY, Army.  
PERRY, GEORGE, Army.  
WOOD, JOHN, Army.

The following gentlemen were admitted Members on the 22nd inst.:—

BALL, JOHN WOODHOUSE, Measham, Derbyshire.  
BARRETT, FERREED SESSIONS, Kingston Baginbaze, near Abingdon.  
BENNETT, HENRY PHILIP, Army.  
BURN, EDWARD, Cheltenham.  
DUNMAN, GEORGE, Camberwell.  
HAMILTON, WILLIAM, Tarbert, county Kerry.  
HYDE, GEORGE CLARENCE, Army.  
PARKER, THEOPHILUS ROBERT BUSH, Clifton, near Bristol.  
READ, JOSEPH, Army.  
ROWLAND, HENRY MARSHALL, Newcastle-on-Tyne.  
STRONG, HENRY JOHN, Sloane-square, Chelsea.  
WILLIAMS, CLEMENT, Army.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on—

*Thursday, December 21st, 1854.*

BROWN, ROBERT GIBSON, Whitby, Yorkshire.  
HOLTAM, CHARLES, Cleeve Prior, Worcestershire.  
JOHNSON, DAVID, Sedgley, Staffordshire.  
KEAL, WILLIAM, Oakham, Rutland.  
LONGE, EDWARD, Downham, Norfolk.  
MUSHET, JOHN GEORGE, Camden-town.  
NOWELL, JAMES, Bradford, Yorkshire.  
PORTER, HENRY, Peterborough.  
STONEHOUSE, CORNELIUS, Leeds.  
TOWLE, HENRY, Colston Bassett, Notts.  
WIKLEY, CHARLES, EDWARD, Leeds, Yorkshire.

**TESTIMONIAL TO MR. T. M. STONE, OF THE ROYAL COLLEGE OF SURGEONS.**—This gentleman, who, we believe, for nearly a quarter of a century has held office in the College of Surgeons, has just been presented with a substantial mark of the estimation in which he is held by the profession, having been invited to a dinner at the Freemasons' Tavern on Thursday the 21st inst., on which occasion the chairman, Henry Watson, Esq., F.R.C.S., presented Mr. Stone, in the name of the subscribers, with a massive silver salver, bearing the following inscription:—

“Presented, with a silver tea and coffee service, to THOMAS MADDEN STONE, on his retirement from the office of Librarian to the Royal College of Surgeons of England, by a few members of the profession, to mark their approbation of his ready and courteous attention in fulfilling the duties of his office, and as an expression of their appreciation of his worth. 21st December, 1854.”

The list of subscribers contains the names of some of the

most distinguished members of the profession, including members of the Council of the College of Surgeons, who must feel great pleasure in seeing one of their officers receiving so elegant a testimonial of professional approbation.

**UNIVERSITY OF EDINBURGH.**—It was proposed to divide the Natural History Chair in this University, lately held by Dr. Edward Forbes; but the Town Council, as well as the *Senatus Academicus*, have come to the conclusion that this change would not be advisable. Some excitement was caused when it was thought Professor Owen and Dr. Carpenter were candidates; but these gentlemen have felt more astonished themselves than any one else at the imaginative statement of the *Association Journal*. A reorganization of this ancient University is shortly expected.

**BRISTOL ROYAL INFIRMARY.**—A quarterly meeting was held at this institution, on the 15th instant. Subscriptions (now amounting to £8803) are encouraged from working men. Every two guineas given by the workmen of a factory, per or by some person, constitutes a per subscriber, with all the privileges; every donation of thirty guineas a per governor. It is objected to give the same privilege to clergymen sending £30 as the result of a charity sermon.

**THE ACADEMY OF MEDICINE IN PARIS** has done honour to the obstetric profession this year by devoting their Oration to a most laboured and brilliant discourse on the lives and works of Capuron, Desormeaux, Deneaux, and Baudeloque, in which the career of each of these eminent practitioners is traced out. The life of Capuron is perhaps unexampled in the pages of modern medical biography.

**THE FRENCH AND ENGLISH HOSPITALS IN THE EAST.**—The following extract is from a private letter, dated the 10th of November:—“The ships they continue to send the sick and wounded in from Balaklava are beyond all description. The *Avon* arrived with 200 a few days ago, having lost, I believe, about one-half on the passage. I ventured on board, and the stench very soon gave me a violent attack of diarrhoea. The men were without beds or blankets, with one assistant-surgeon and eight orderlies, who were taken ill directly the ship put to sea, so the poor fellows were obliged to take care of themselves. Everybody here is mad about it. One would have thought that they had had time to make some of the ships into floating hospitals. When these men arrived, although the authorities knew they were on their way, there were only seven beds ready. They landed some hundred in the last stage of dysentery, who had to sit and crouch all night in the cold wards without even blankets; the consequence is that to-day there have been about twenty more deaths than usual. The French and English hospitals form a striking contrast; the former is arranged on the most beautiful plan, and it is quite a pleasure to go over it. God knows how many lives might have been saved if there had been some management in ours. At this moment there are officers lying on mattresses placed on the floors, and close by the principal entrance to the hospital there are twenty good English iron bedsteads that Lady Stratford sent over for the hospital, which have been lying there for the last three weeks, and are now quite rusty.”—*The Times*.

**PATRIOTIC FUND.**—As an instance of the good feeling existing amongst students of medicine, as regards the object of the war, it is interesting to find the students of one medical school in Dublin—the Richmond—have subscribed £71 12s. 6d. to the patriotic fund.

**THE FRENCH HOSPITALS IN THE CRIMEA,** according to the *Moniteur*, are now in the highest state of organization. The French Director-General of Hospitals has returned to Constantinople, and is to have the decoration of the Legion of Honour for his success. “Having established,” says the Government paper, “that, under the fire of the enemy, as well as in the midst of the most deadly epidemics, the courage and devotion of the French medical service has never flagged; the hospitals at Pera now presenting models of arrangement and good management on the most extended scale.”

**INDUSTRIAL PATHOLOGY.**—Amongst the facts of this interesting study, we find there are a quarter of a million of the population living constantly underground in the darkness of mines. The average age of Sheffield workmen is thirty-five years; the average age of the “dry grinders” of needles very much under this figure. The chief disease amongst tailors is fistula; amongst bakers, scrofula and skin diseases; the latter are advised to rub their hands with oil, to prevent the flour insect and weevils irritating the skin. Follow-

melts' hands, it is said, are remarkably soft. The most dangerous part of the painter's trade is "flattening," white lead, turpentine, and closely-heated rooms generating colic: the remedy is sulphuric acid, cleanliness, tubs of water, and fresh air; and, as an antidote, the more frequent use of "white zinc" or "zinc lead." Pegged boots are superseding stitched, and relieving shoemakers of their sitting position. In the manufacture of lucifer-matches, heated or allotropic phosphorus is said to be not so dangerous to the jaw-bones as ordinary phosphorus.

**A NEW STATE.**—"Were you ever in the mesmeric state?" said a believer in the *Zoist* science. "I never was, stranger," was the reply. "I hail from the state of Indiana, but I lived six years in another state, Iowa."—*American paper*.

**OBITUARY.**—On the 5th inst., at his residence, Brierley-hill, Staffordshire, of disease of the heart, Mr. SAMUEL HUDSON, aged fifty years. He was universally respected, and his loss will be deeply felt.

**HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, DECEMBER 23RD.**—Twelve hundred and ninety-one persons—viz., 639 males and 652 females, were recorded in the London registers of deaths in the week that ended last Saturday. This is nearly the same number as was returned in each of the two previous weeks. In the ten weeks corresponding to last week of the years 1844-53, the average number of deaths was 1249, which, if a correction is made for increase of population, becomes 1374. The mortality of last week is therefore less than the estimated amount; but as the latter is increased by the influenza which prevailed in 1847, the present return is less favourable as regards the public health than the comparison appears to indicate. 316 persons, of whom 233 were children, died from diseases of the zymotic order, a number somewhat in excess of the ordinary mortality at this period. Scarlatina is less prevalent than it has been lately, if the deaths from it, which were 100, 95, and 79 in the last three weeks, may be received in evidence. From small-pox there died 20 children and 14 adults; from measles, 39 children; from hooping-cough, 41; and from fever, 60 persons.

Last week the births of 741 boys and 733 girls, in all 1474 children, were registered in London. In the nine corresponding weeks of the years 1845-53 the average number was 1429.

## BOOKS RECEIVED FOR REVIEW.

American Journal of Insanity.

Dr. James Bird's Letter to Sir Charles Wood on Examining Medical Boards for Indian Appointments.

Dr. J. Wilson's New and Infallible Mode of Treatment for Asiatic Cholera.

Dr. Evariste Warlomart, Du Pannus et de son Traitement.

Dr. James Arnott on Benumbing Cold as a Preventive of Pain and Inflammation from Surgical Operations.

Dublin Hospital Gazette.

Dr. Alfred S. Taylor's Manual of Medical Jurisprudence, Fifth Edition.

Dr. John Snow on the Modes of Communication of Cholera. Portrait of Mr. William Sands Cox.

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## TO CORRESPONDENTS.

**Borough Prison.**—A fee, under such circumstances, should undoubtedly be paid; but the summons upon which our correspondent attended the inquest being a summons for an ordinary and not for a medical witness, he cannot recover at law. We cannot think, however, that the coroner will withhold the fee under all the circumstances of the case.

**A. B.**—Next week.

## AN EXPERIMENT ON TEMPERATURE.

To the Editor of *THE LANCET*.

SIR,—Could you kindly inform me, through the medium of "*Answers to Correspondents*" in your journal, whether the sun's rays would have the same effect upon the thermometer placed in vacuo as upon one equally exposed to the sun's influence, and surrounded by the atmosphere. To make plain what I mean, take two air-pumps; place a thermometer under each. Exhaust one; leave the other unexhausted. Place the two in the sun. Would the temperature indicated by each thermometer remain the same?—I am, Sir, yours obediently,  
Stoke Newington, December, 1864. J. D.

*Dr. Webster* will find his request has received attention.

The Report of the meeting of the medical practitioners at Islington, held in consequence of the unjust treatment of the medical officer of the Workhouse and Infirmary by the trustees of that parish, was not delivered until five o'clock on Thursday evening. Its insertion at that late period was utterly impossible.

## LITHOTOMY KNIFE AND STAFF.

To the Editor of *THE LANCET*.

SIR,—In *THE LANCET* of the 23rd instant is a description of a lithotomy knife and staff, said to be invented by Mr. Roper. In the year 1829 or 1830, I invented a knife and staff precisely similar to them, and had them made by Evans and Co., St. Paul's-church. I then lived at Worthing, Sussex, and, being much engaged, I sent the instruments by the late Mr. G. Stone, surgeon, of Cripplegate, to the late Sir Astley Cooper for his opinion of them. He condemned them as *utterly useless*. About six or seven years after that I saw in *THE LANCET* a statement, said to have been made by Sir A. Cooper at one of the hospitals while visiting Scotland, that he had seen a knife and staff just invented by his friend, Mr. Lee, (I think that was the name, but am not quite sure), which for the future would render the most difficult and dangerous operation in surgery *safe and easy*. He then described the very instruments which I had sent to him six or seven years before, and which he had condemned. Much surprised and hurt at such conduct from so great a man, and one who had always professed great friendship for me, I sent a statement of the affair to *THE LANCET*, requesting an explanation from Sir Astley, and the Editor remarked that certainly the conduct of Sir A. Cooper required explanation. However, he took no notice of it. I regret I cannot at this moment recollect the *dates*, and cannot refer to *THE LANCET*, as, just before I left Worthing, about three years ago, I sent all *THE LANCETS*, from the first number, to the Literary Institution of that town. I think it was about March or April, 1833. I believe the reason Sir Astley Cooper gave for condemning the knife was, that the knob would probably break off within the groove.

If there be any merit in the knife and staff, therefore, it is due to me as the inventor. I am, Sir, your obedient servant,  
Croydon, December, 1864. H. J. GORE, M.D.

*Dr. H. H. Broughton.*—The subject shall receive attention in due time.

*A Subscriber* and others, who have addressed us on the subject of the militia surgeons, are thanked.

*A Visitor.*—We have not attended the exhibition since the return of the curious little creatures to the metropolis. On an early occasion we will go to the Linwood Gallery, and give our attention to the peculiar points mentioned.

## MILITIA SURGEONS.

To the Editor of *THE LANCET*.

SIR,—I have the misfortune to be a militia surgeon. When I accepted my commission, I flattered myself that, though not over-paid, I should not be over-worked; but you shall judge. I have the entire medical care of 30 officers, 681 rank and file, of whom 102 passed through hospital last month, 161 women and children, many of whom reside away from barracks. I have alternate weeks to visit the military cells, and attend the sick there; to pass recruits; to inspect prisoners; to make regimental inspections each week; and, to crown the whole, to be always at hand, and be liable to be called out, as I frequently am, at all hours of the day and night. I have my daily, weekly, and monthly returns to make, and, in consequence of the scarceness of surgeons in the line regiments, I have frequently to take their duties when they are absent. I have to live at an expensive mess, to subscribe to its funds, as well as to those of an equally costly band. I have been thus circumstanced for three months; no assistant-surgeon has yet been procured, and I doubt if one will ever be found at the present terms of remuneration.

Do you not think that, under my present circumstances, Government ought either to grant me part of the pay of the vacant assistant-surgeonship, that I may be enabled to employ the assistance of a civil practitioner, or give some prospect of a small pension per diem for a limited period, to prevent my finding myself at the disembodiment of the regiment entirely out of pocket, and my services unrecognised?—I am, Sir, yours obediently,  
December, 1864. M.D.

In consequence of the Index appearing in the present number, we are compelled to postpone the publication of Dr. Andrew Clark's letter "*On the Microscopic Recognition of Tubercular Matter in the Sputum*;" also Mr. W. P. Brookes' admirable letter relative to the Services of the Army and Navy Surgeons in the East, and numerous articles in type.

A NUMBER of other correspondents next week.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Andrew Clark; Dr. H. J. Gore, (Croydon); Dr. Webster; Mr. W. P. Brookes, (Much-Wenlock); A Thirty Years' Subscriber; Mr. B. Sloper, (Aberdare); Mr. R. Bell, (Cockermouth, with enclosure); Dr. Whyte, (Naples); Mr. J. Langford, (St. Clement's, with enclosure); Mr. W. H. Horn, (Salford); Mr. J. McBean, (University of St. Andrew's, with enclosure); L.S.A. (with enclosure); Mr. Jas. Thin; J. D.; Dr. H. H. Broughton; A Subscriber; A Visitor; &c. &c.

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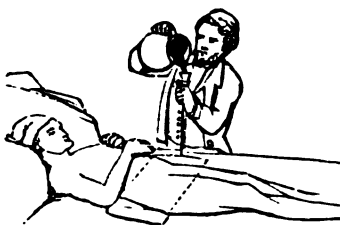
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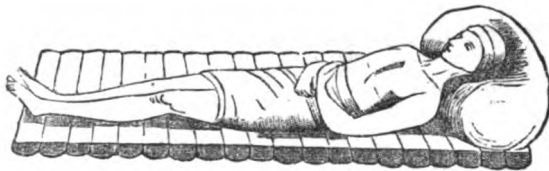
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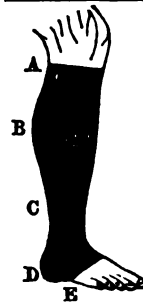
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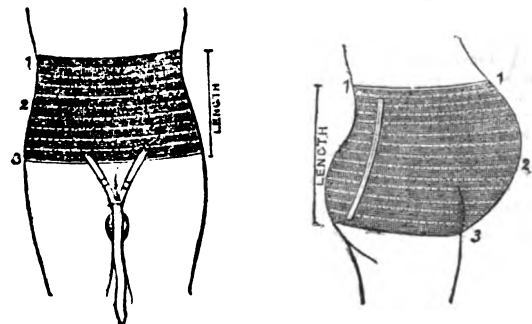
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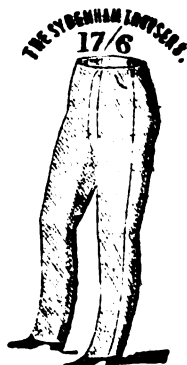
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N.B.—A Descriptive Pamphlet of the Niam-Niams, price Sixpence, with a Plain Engraving; coloured ditto, One Shilling. To be had at the Museum, and per post free, 4d. extra.

**Western General Dispensary, New**

ROAD, ST. MARYLEBONE.—Notice is hereby given, that the Half-yearly Meeting of the Governors of this Institution will be held at the Dispensary house, on Wednesday, the 31st of January, 1855, when a PHYSICIAN will be elected in the room of Dr. McIntyre, resigned. The ballot will be opened at three, and closed at five o'clock. Candidates must be Fellows or Licentiates of the Royal College of Physicians of London, and are required to forward their Qualifications and Testimonials, directed to the Secretary, on or before the 8th of January.

December 20th, 1854.

By Order,

J. MARTIN, Secretary.

PRACTICAL MIDWIFERY.

**General Lying-in Hospital, York-**

ROAD, LAMBETH.—This Hospital receives Two HOUSE SURGEONS, who attend all the Cases, both in and out of the Hospital, under the superintendence of the Physicians. Gentlemen wishing to hold this Office are required to have attended Two courses of Lectures on Midwifery. The Office is held for three months, and the fee required for that time is twenty guineas, including Board. Further particulars may be ascertained at the Hospital.

By order of the Weekly Board,

W. WARREN HASTINGS, Secretary.

22nd December, 1854.

**Salford and Pendleton Royal Hos-**

PITAL AND DISPENSARY, LANCASHIRE.—Wanted, an ASSISTANT to the HOUSE-SURGEON, whose duties will consist in Dispensing the Medicines, attending to the patients in the absence of the House-Surgeon and visiting the home-patients in the out-districts. One who has attended the whole or part of his lectures and hospital practice, and served an apprenticeship to a surgeon, will be preferred. Salary, £20 a year. Applications and testimonials to be sent in on or before the 4th of January next.

W. HENRY HORN, House-Surgeon and Secretary.

# MEDICAL BENEVOLENT COLLEGE.

The Council have the gratification of announcing that the Right Honourable the EARL OF CARLISLE has kindly consented to preside at the Third ANNIVERSARY FESTIVAL of this Institution, on WEDNESDAY, the 28th of FEBRUARY next, at the LONDON TAVERN, Bishopsgate-street.

The Council desire to remind their Medical brethren that, as this Festival will precede the opening of the College in June next, it is of the utmost importance that it be numerously and influentially attended. They therefore especially invite the earnest and extensive co-operation of the Profession on this occasion. The Medical Benevolent College will be essentially a Medical Institution; it is for the Members of the Profession to see that the young plant is developed into vigorous and sturdy manhood.

Much yet remains to be done, but with a long pull, a strong pull, and a pull altogether; the ensuing year will not pass away without seeing the completion of the Medical Benevolent College, the first symbol of the real and living unity of the Profession.

*The first list of Stewards will be published at an early period.*

\*\* Gentlemen willing to become Stewards are requested to send in their names to the Secretary, at the Office, 37, Soho-square; and Gentlemen desirous of obtaining the aid of their friends or influential parties, may obtain, on application, all the necessary papers relating to the Institution.

By order of the Council,

EDWARD HENRY SIEVEKING, M.D., Honorary Secretary.  
HERBERT WILLIAMS, Assistant-Secretary.

Office, 37, Soho-square, 21st December, 1854.

**Mr. G. Hind, F.R.C.S., resumed his DEMONSTRATIONS** on the morning of the 15th of September, at the usual hour.

Class-room, 29, Newman-street, Oxford-street. Private residence, 9, South-crescent, Bedford-square.

**King's College, London.—The Council** have an ASSISTANT-SURGEONCY in the HON. EAST INDIA COMPANY'S SERVICE at their disposal. Students of the College who Matriculated in the Winter Session, 1849-9, or subsequently thereto, are eligible.—Full particulars may be obtained by application to Dec. 15th, 1854. J. W. CUNNINGHAM, Secretary.

**Society for the Relief of Widows and ORPHANS of MEDICAL MEN in LONDON and ITS VICINITY.** (Founded, 1788)—63, Berners-street, Oxford-street.

The Members are reminded that a Court of Directors will be held on Wednesday, January 17th, 1855, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. All legally qualified Medical Practitioners, residing in any part of the County of Middlesex, or within seven miles of the General Post Office, St. Martin's-le-Grand, are eligible, and the benefits of the Society are restricted to the families of deceased Members of not less than two years standing. The annual Dinner will take place on Saturday, February 3rd. CHARLES R. WALSH, Secretary.

**Staffordshire General Infirmary.—**

HOUSE SURGEON and SECRETARY Wanted.—The office of HOUSE SURGEON and SECRETARY having become Vacant by the Resignation of Mr. R. HALL BAKEWELL, Candidates are requested to send in their Testimonials, addressed to the "Board of Management of the Staffordshire General Infirmary, Stafford," on or before Wednesday, the 10th of January, 1855. They will be required to be unmarried, and Members of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and legally qualified Apothecaries. Friday, the 12th of January next, is hereby appointed for the Examination of the Testimonials of Candidates, and for their personal appearance before the Board of Management of the Infirmary. The Salary is £100 for the first year, increasing £10 a year until it reaches £140. Furnished Apartments, together with Coals, Gas, Washing, and Board, will be provided by the Institution. The successful Candidate will be required to enter upon his duties immediately after he is appointed. Further particulars may be obtained upon application to Mr. Bakewell, at the Infirmary.

It is particularly requested that Governors will have the kindness to forbear pledging themselves till after the selection of Candidates by the Board of Management, in accordance with the subjoined Rules:—

"43. That on the day so appointed, the Board of Management (five Members at least, being present) investigate the testimonials and qualifications of the several Candidates, and select the names of not less than two, and not more than three, who in their judgment shall appear best qualified for the vacant office, and for whom only the ballot shall be taken at the General Board of Governors, which shall not be held until after the expiration of ten days from the announcement of the decision of this Board to the various Candidates. After the selection of Candidates by the Board, a form of proxy shall be sent to each Governor, which form only shall be received by the General Board, at which the election takes place.

"44. That all elections of Physicians, Surgeons, and House Surgeon, be ultimately vested in Special General Boards, and be determined by ballot; and that Governors and Ladies (having the qualification of Governors) be allowed to vote by proxy, such proxy to be delivered, signed in the handwriting of the party, by a Governor retaining his title to vote; but no person shall act as proxy for more than three Governors at the same time; and all previous questions relative to such elections, as well as all questions respecting any other affairs of the Infirmary, shall be decided by a majority of Governors present. No Governor shall be entitled to more than one vote in behalf of his own benefaction and subscription, in cases where the Governor is both a benefactor and subscriber."

By Order,

Staffordshire General Infirmary,  
Stafford, Dec. 21st, 1854.

R. HALL BAKEWELL,  
House Surgeon and Secretary.

TO THE PROFESSION.

**Mr. Bowmer, M.R.C.S. Eng., 50,** LINCOLN'S INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms. Practitioners can be supplied with ASSISTANTS, adapted to their requirements, upon application, free of expense. Assistants wishing to secure engagements may register their names, &c., personally, or by letter.

Attendance from 11 till 4.

**For Disposal, Medical Practice, in a** fine agricultural district (a western county), near a pretty village, and station of a trunk Railway. An excellent opening for a Gentleman recently commenced.—Address, for further information, L.S.A., Post-office, Leeds.

**To be Disposed of, a long established** and respectable GENERAL PRACTICE, (the proprietor retiring,) in a large manufacturing town in the West Riding of the county of York.—All particulars may be obtained of Messrs. Butterfield and Clark, Wholesale Druggists, York.

MEDICAL.

**For immediate Disposal, in the vicinity** of one of the most important towns in England, a small but very select PRACTICE. To a Gentleman of some private means this would be found a very eligible opening. Satisfactory reasons will be given for the present possessor retiring, and the fullest information will be afforded, by application to Mr. Arthur Lloyd, 63, Fleet-street, London.

**Birmingham and Midland Counties** LYING-IN HOSPITAL and DISPENSARY FOR THE DISEASES OF WOMEN and CHILDREN.—Wanted, a RESIDENT SURGEON, whose duty will be to attend cases. He must be either a Member of the Royal College of Surgeons, or Licentiate of the Apothecaries' Company. For particulars, apply to Mr. David Core, Secretary, Lying-in Hospital, Broad-street, Birmingham.

**Wanted, a House-Surgeon to the** CARDIFF INFIRMARY. He must be a Member of the College of Surgeons of London, Edinburgh, or Dublin, and a Licentiate of Apothecaries' Hall, London. Salary, £100 per annum, with apartments in the house, coals, and candles.—Testimonials and applications to be addressed to the Committee of the Glamorganshire and Monmouthshire Infirmary, care of Mr. Granger, at the Cardiff Infirmary. The Election will take place on Thursday, 8th day of January, 1855.

TO THE MEDICAL PROFESSION.

**Billericay Union.—Notice is hereby** given, that the Board of Guardians of this Union will, at their Meeting to be held on Tuesday, the 2nd day of January next, proceed to the Election of a MEDICAL OFFICER, to attend the Poor in the under-mentioned District for the year ending Michaelmas, 1855, at the following rate of Salary:—District of Brentwood.—Parishes of Brentwood, South Weald, Shenfield, Ingrave, East Horndon, Childerides, West Horndon, and Little Warky.—population, 6773. Salary, £80 per annum. In addition to the above Salary, the following extras will be paid:—Surgical operations as per General Consolidated Order of the Poor-Law Commissioners of the 29th July, 1847. Midwifery cases, within two miles, at 10s. per case; beyond two miles, at 15s. per case. All Medicines, Leeches, and Medical and Surgical applications (trusses excepted) must be provided by, and at the expense of the Medical Officer. Vaccination cases, within two miles, at 1s. 6d., beyond two miles, 2s. 6d. per head for each successful case. Candidates must send their application in writing, (with testimonials as to qualifications and fitness) under cover, directed to me, at Billericay, on or before the 1st day of January next.

HENRY SAW, Clerk.

Billericay, Essex, 20th December, 1854.

# Messrs. Lane and Lara, MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC ASYLUM REGISTRARS,

14, JOHN STREET, ADELPHI.

(Established A.D. 1888.)

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals, and every other description of business transacted for the Profession at a fixed and moderate cost. A postage stamp must be enclosed in every communication requiring an answer.

Office hours from 12 till 4.

## Partnership. — An M.R.C.S. and

L.A.C., not over thirty years of age, with gentlemanly manners and good address, may invest £900 in a first-class watering-place GENERAL PRACTICE. A nett Income of £500 a year may be fairly calculated on as a commencement.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

## Unlimited Introduction. — Price

£300, with immediate and entire possession, a GENERAL PRACTICE in a large and central manufacturing town, yielding over £500 a-year. The purchaser will have the option of taking a separately conducted Retail, yielding between £400 and £500 per annum, at valuation. The vendor is retiring from the Profession, but will continue to reside in the place.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

## Lunatic Asylum.—For Sale, in the

immediate neighbourhood of a large and wealthy town, a handsome FREEHOLD HOUSE, with nearly four acres of ground, licensed for the reception of insane patients of both sexes. Price £2800, to include furniture and fixtures, or may be had at a valuation, nothing being required for goodwill.

Apply to Messrs. LANE & LARA, 14, John-street, Adelphi.

## From ill-health, Wanted to Sell or

Exchange, a bona-fide GENERAL PRACTICE of £900 per annum, highly respectable, with very low expenses, and a most commodious residence in a populous town. Terms, half-a-year's purchase.

Address M. R., care of Messrs. LANE & LARA, 14, John-street, Adelphi.

## A Medical Assistant, aged thirty,

who has had the sole charge of a Dispensary near five years, wishes to engage with a County Practitioner. Can visit in the absence of the Principal.—Address, Medicus, 84, Upper-street, Islington.

MEDICAL.

## Wanted, a qualified Assistant to

Visit, Dispense, and keep the Books. Salary £50 a year. References required.—Apply to Mr. Joseph Dakin, High-street, Poplar.

## Wanted to Dispose of a Medical

PRACTICE, producing about £250 a-year. As from serious indisposition an immediate Sale is desirable, a small sum will be taken.—Apply by letter, post-paid, to H. S., Post-office, Balham-hill, near Clapham.

## Wanted, a Practice, capable of re-

turning £500 to £700 a-year, in a good neighbourhood; the manufacturing districts or a large town objected to.—Address, M.D., THE LANCET Office, Strand, London.

## Wanted immediately, in large Iron

Work Practice, an Out-door ASSISTANT, (Qualified), to Visit, Dispense, &c. A Welchman would be preferred, or a Gentleman who has been accustomed to a Mining Practice. None but Licentiates of the Hall need Apply.—Apply A. S., 4, East-terrace, Cardiff.

MEDICAL.

## Wanted immediately, an Out-door

Visiting and Dispensing ASSISTANT fully competent to practise all the Branches of the Profession, and of unexceptionable character.—Address, Medicus, Post-office, Durham.

MEDICAL.

## Wanted, by a Medical Gentleman,

unqualified age, Thirty-five, a Situation as out-door Visiting and Dispensing ASSISTANT, in town or country. Has had great experience in town and country Practice, Midwifery, &c., and can produce high testimonials. Address, W. Fowler, Surgeon, Maldstone.

## Wanted, by a Married Medical Man of

standing and experience, a PRESCRIBING or GENERAL PRACTICE, of from £100 to £500 a year, not in London. The Advertiser can give, and will expect, the highest references. None need apply whose Practice will not bear the strictest investigation. Principals only treated with.—Address, stating annual value, premium, and locality, to A. B. C., 38, Duke-street, Grosvenor-square, London.

## To the Medical Profession.—To be

Disposed of immediately, by private treaty, at Northwich, Cheshire, in consequence of the decease of the Proprietor, the Stock, Surgical Instruments, Fixtures, &c., of a Surgeon, together with a large Collection of Valuable Surgical Books, if required. Any Gentleman wishing to Commence Business will find this well worthy his attention, the late proprietor having had an extensive Practice for the last eleven years.—For particulars, and to treat for the same, apply to Mrs. Weston, Northwich; or to Mr. Thompson, Chemist, 12, Church-street, Liverpool.

## Medical Transfer and Partnership.

30, Bucklersbury, London.

## Mr. Orridge, Medical Transfer Agent

and Referee, in offering his services to the Profession, takes leave to point out that the instrumentality of his extensive connexion enables him to afford particular advantages in the furtherance of their respective objects both to gentlemen about to relinquish, (either wholly or in part,) and also to those about COMMENCING practice.

He has the satisfaction of being permitted to give reference to the testimony of practitioners of the first respectability, between whom he has been concerned professionally, in proof of the sincerity of his endeavours to conduct these transactions in an honourable and equitable manner.

Mr. Orridge's Agency embraces the Transfer and Valuation of every description of Medical Property. He may be consulted at his Office between the hours of Eleven and Four, or elsewhere by appointment.

## Purchase Required.—Mr. Orridge

will be happy to be favoured with the Confidence of any Gentleman practising in some large Town easily reached from London, whose receipts are not less than £1000 yearly, and who may wish to Retire after two or three years' Partnership Introduction.—Communications addressed to 30, Bucklersbury, will be confidentially received.

## Purchase Required.—Mr. Orridge

will be happy to be favoured with the Confidence of a Practitioner at the West-end of London, or in some good Town easy of access, who may desire a PARTNER for not less than ten or fourteen years. The Share accorded to be at least £500 per annum. Two years' purchase will be given.—Apply to Mr. ORRIDGE, 30, Bucklersbury.

MEDICAL.

## Mr. Orridge is instructed to Transfer

a GENERAL PRACTICE in a Western County, returning about £700 per annum, inclusive of Appointments. The Residence is a very good one, situate in one of the most delightful spots in the kingdom. A short introduction will be given. Premium, £400.—Apply to Mr. ORRIDGE, 30, Bucklersbury, London.

## Medical Partnership.—Mr. Orridge

is instructed to Transfer the HALF-SHARE of a highly respectable Rural PRACTICE, within twenty-five miles of London, with succession to the whole at the end of ten years. Receipts about £1200 yearly. £1000 to be paid on entrance, and the residue at the end of the term.—Address to F.B.C.S., care of Mr. ORRIDGE, 30, Bucklersbury.

MEDICAL.

## Mr. Orridge is instructed to Transfer

the Succession to a small respectable PRACTICE (with ample field for extension), in a Borough Town, about 100 miles from London. The entrance money will be moderate.—Apply at 30, Bucklersbury.

TO MEDICAL ASSISTANTS.

## A General Practitioner in the coun-

try is in immediate want of a Visiting and Dispensing ASSISTANT. Terms liberal, references required.—Apply by letter to A. B., Post-office, Long Sutton, Lincolnshire.

TO MILITIA SURGEONS.

## An M.D. will take the duty of any

full Surgeon ordered to the Mediterranean, who can effect the Transfer of his Appointment, which will be resigned upon the regiment returning home. Address, M.D., care of H. Manning, Esq., 13, Brompton-crescent, London.

TO SURGEONS.

## For Sale, at less than half the original

cost, an elegantly-fitted SHOP, well stocked, where a Practice and Retail of seven years' standing, but neglected for the last few months, might soon be regained, and extended to any amount.—Apply, Medicus, Mr. Wood's, 30, Felix-terrace, Liverpool-road, Islington.

TO SURGEONS.

## To be Disposed of immediately, a

good PRACTICE, near one of the most flourishing Towns in the West Riding of York. Appointments worth £100 per annum.—For further particulars apply to B. Fell, Chemist, Huddersfield.

TO SURGEONS AND CHEMISTS.

## A capital Counter Practice, in a

populous district near London, with a neatly-arranged SHOP, to be SOLD a bargain. An introduction given. Premium, £100, including Fixtures, Stock of Drugs, &c., the present Proprietor about entering on another engagement.—Address, A. B., 118, High-street, Shoreditch.

## A Gentleman wishes to obtain a

Situation for his Footman. The young man is Twenty-one years of age, and 5 ft. 10 in. in height; and can be recommended in the strongest possible terms for sobriety, honesty, civility, activity, and cleanliness in person and at his work. Upwards of fifteen months' unexceptionable character.—Address, post-paid, A. Z., THE LANCET Office, 423, Strand.

## Middlesex Hospital.—Medical Stu-

dents will meet with every accommodation, and can have the use of a handsome sitting-room with fire and candles, a comfortable bed-room, an excellent breakfast of ham, eggs, or chop, and the perusal of the morning papers, for 3s. per day, including attendance, boot cleaning, &c., at Mr. Stacey's, 2, Berners-street, Oxford-street.



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